January 3, 2012

AGENDA

♦ PUBLIC NOTICE ♦

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

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

Wednesday, January 18, 2012 - 9:00 am

Thursday, January 19, 2012 – 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 <u>after</u> 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 December 7-8, 2011, Minutes for Possible Action
- 2. Applications for Out-of-State Wholesaler Non Appearance for Possible Action:
 - A. AmerisourceBergen Drug Corporation Bethlehem, PA
 - B. BioMimetic Therapeutics USA, Inc. Franklin, TN
 - C. Boehringer Ingelheim Vetmedica, Inc. St. Joseph, MO
 - D. Covis Pharmaceuticals, Inc. Cary, NC
 - E. ESI Distribution Service St. Louis, MO
 - F. Exel Inc. Elizabeth, NJ
 - G. Exel Inc. Westerville, OH
 - H. IVESCO Holdings, LLC Iowa Falls, IA
 - I. IVESCO Holdings, LLC Jerome, ID
 - J. Leafa Printing Plus LLC Newport Beach, CA
 - K. Modern Medical Products, Inc. North Hollywood, CA
 - L. Noramco, Inc. Wilmington, DE
 - M. Owens & Minor Distribution, Inc. Tolleson, AZ

Application for Nevada MDEG – Non Appearance for Possible Action:

N. RecoverCare LLC – Reno

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- O. Surgery Center of Southern Nevada West Las Vegas
- P. Well Care Pharmacy I, LLC Las Vegas

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

- Q. Cardinal Health 414, LLC West Valley City, UT
- R. Great Earth Compounds West Hollywood, CA
- S. InfuScience Eagan, MN
- T. Mission Road Pharmacy, Inc. Los Angeles, CA
- U. New York Blood Center, Inc. Westbury, NY
- V. Palmer Pharmacy & Much More Easton, PA
- W. Pencol Compounding Pharmacy Denver, CO
- X. PetMeds2Go.com Dike, IA
- Y. TheraCom Rockville, MD
- Z. Valley View Drugs, Inc. La Mirada, CA

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

- AA. All-States Medical Supply, Inc. Fletcher, NC
- BB. Americare Respiratory Services, Inc. Santa Ana, CA
- CC. Anla Healthcare Corporation Addison, TX
- DD. ATG Rehab Sacramento, CA
- EE. Bellegrove Pharmacy Bellevue, WA
- FF. Boardman Medical Supply Co. Girard, OH
- GG. Canyon Healthcare Hemando, MS
- HH. CareSource Incorporated The Colony, TX
- II. CPAP Supply, USA Midlothian, VA
- JJ. Diabetic Care Services & Pharmacy Eastlake, OH
- KK. Diabetic Solutions, Inc. Coral Springs, FL
- LL. Diabetic Supply of Suncoast, Inc. Dorado, PR
- MM. Diabetic Supply & Support, Inc. Jacksonville, FL
- NN. Gathright-Reed Medical Supply LLC Oxford, MS
- OO. Healthcare Durable Medical Equipment Ann Arbor, MI
- PP. Hometown Medical Supply Mena, AR
- QQ. Home Care Delivered, Inc. Glen Allen, VA
- RR. Ion My Health Jupiter, FL
- SS. KCI USA, Inc. Addison, IL
- TT. KingdomCare LLC Thomasville, GA
- UU. Madison Medical Supply, LLC Lubbock, TX
- VV. M.E.D. Supplies Amelia, OH
- WW. Medtronic USA, Inc. Brooklyn Park, MN
- XX. Mini Pharmacy Enterprises, Inc. Los Angeles, CA
- YY. Mobility Rehab Products LLC Westminster, MD
- ZZ. My Ideal Care, LLC Thomasville, GA
- AAA. National Wellness Supply West Palm Beach, FL
- BBB. Neighborhood Diabetes, Inc. Woburn, MA
- CCC. NH Med Services Denton, NC
- DDD. Regenesis Biomedical Inc. Scottsdale, AZ
- EEE. SaraCare Corporation Plantation, FL
- FFF. United Care Group West Palm Beach, FL
- GGG. US Med, Inc. Miami, FL
- HHH. Wound Care Resources, Inc. Yorkville, TN

♦ REGULAR AGENDA ◆

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

| A. B. C. | Michelle Badten, R.Ph Kenton Crowley, R.Ph Timothy Brown, R.Ph | (11-092A-RPH-S) (11-092B-RPH-S) (11-092C-RPH-S) |
|----------------|--|---|
| D. E. | Pathway Specialty Compounds Kirstin Y. Lester, PT | (11-092-PH-S) (11-105-PT-S) |
| F. | Miranda McKerlie, PT | (11-103-PT-S) |
| G. | Elizabeth Sundling, PT | (11-106-PT-S) |
| H. | Decker Stirek, PT | (11-114-PT-S) |
| I. | Vanessa Ebosiem, R.Ph | (11-026-RPH-S) |
| J. | CVS/pharmacy #8804 | (11-026-PH-S) |
| K. | Kenneth E. Heaton, R.Ph | (10-078A-RPH-S) |
| L. | Jeffrey C. Petersen, R.Ph | (10-078B-RPH-S) |
| M. | Wal-Mart #10-2592 | (10-078-PH-S) |
| N. | Sothy Him, R.Ph | (10-048A-RPH-S) |
| Ο. | Jason Williamson, R.Ph | (10-048B-RPH-S) |
| P. | Walgreens #07841 | (10-048-PH-S) |

- 4. Applications for Nevada Pharmacy Appearance for Possible Action:
 - A. Ken's Pharmacy Las Vegas
 - B. Procare Pharmacy Las Vegas
- Request for Reinstatement of Pharmacist License Appearance for Possible Action:

Scott T. James

- 6. Applications for Out-of-State Pharmacy Appearance for Possible Action:
 - A. DCRX Infusion Astoria, NY
 - B. Equinox Healthcare Ellicott City, MD
 - C. University Specialty Pharmacy Commerce, CA
- 7. Application for Pharmacist License Reciprocation Appearance for Possible Action:

Thomas E. Strebel

- 8. Applications for Nevada MDEG Appearance for Possible Action:
 - A. Global DME Las Vegas
 - B. RespMed, Inc. North Las Vegas
 - C. State Medical Equipment Las Vegas
- 9. Request for Pharmaceutical Technician License Appearance for Possible Action:

Trina D. Trinidad

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

Niko Ligutom

11. Appearance by Linda Fox for Possible Action:

Department of Corrections Automated System

- 12. Discussion and Determination for Possible Action:
 - A. E-Prescribing CII's
 - B. Declination of Pharmacists to Fill Prescriptions
- 13. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 - 1. Legislative Committee on Health Care
 - 2. Creighton Student Rotation
 - 3. Paralegals Presentation (12/20)
 - 4. Child Death Review Committee (1/6)
 - D. Reports to Board
 - 1. Partnering with JTNN on Prescription Drug Abuse Education
 - 2. Letter of Support for Nursing RAC
 - E. Board Related News
 - 1. DEA Final Rule Placing Carisoprodol in Schedule IV
 - 2. Gallop Poll Favorable for Pharmacists
 - F. Activities Report
- 14. Your Success Rx Reports for Possible Action:
 - A. Russell Smith
 - B. Chona Sabistina
- 15. General Counsel Report for Possible Action

PUBLIC HEARING FOR POSSIBLE ACTION

<u>Thursday</u>, <u>January 19, 2012 – 9:00 am</u>

16. Notice of Intent to Act Upon a Regulation for Possible Action:

Amendment of Nevada Administrative Code 639.510 Schedule 1 Bath Salts Because of abuse of a variety of synthetic compounds that produce stimulant effects when ingested, snorted or injected, sold in retail outlets under the guise of "bath salts" or "plant food", law enforcement has requested placing these compounds in Schedule 1.

17. Next Board Meeting:

March 7-8, 2012 – Reno

18. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note:

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

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

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

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

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

BOARD MEETING

at the

Airport Plaza Hotel 1981 Terminal Way Reno

December 7th and 8th, 2011

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

Board Members Present:

Jack Dalton Beth Foster Kirk Wentworth Russell Smith Jody Lewis Kam Gandhi Cheryl Blomstrom

Board Members Absent:

Board Staff Present:

Larry Pinson Jeri Walter Carolyn Cramer Keith Marcher

PUBLIC COMMENT

On December 7th, President Foster asked for Public Comment and there was none.

On December 8th, President Foster asked for Public Comment and there was none.

CONSENT AGENDA

- 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-El 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

Discussion:

The consent agenda applications and supporting documents were reviewed.

NOTE: Jack Dalton recused from participation on Item ZZ as he works for Wal-Mart and Russ Smith recused from participation on Item L as he works for Walgreens.

Board Action:

Motion: Kam Gandhi found the consent agenda application information to be

accurate and complete and moved for approval with the exception of

Items ZZ and L.

Second: Cheryl Blomstrom

Action: Passed Unanimously.

Motion: Kirk Wentworth moved for approval of Items ZZ and L.

Second: Jody Lewis

Action: Passed Unanimously

Discussion:

Motion: Cheryl Blomstrom found the minutes accurate and complete and moved

for approval.

Second: Kam Gandhi

Action: Passed Unanimously.

REGULAR AGENDA

3. Discipline for Possible Actions:

Gail Krivan, MD

(11-004-CS-N)

Gail Krivan appeared and was sworn by President Foster prior to answering questions or offering testimony.

Scott Freeman was present to represent Dr. Krivan.

Carolyn Cramer advised the Board that Dr. Krivan had signed a stipulated agreement and she reviewed the highlights of the agreement. Dr. Krivan had pre-signed prescription pads and left them with her staff when she went on vacation. 115 prescriptions for controlled substances were issued while she was not present in the office. Dr. Krivan recognizes now that this practice is both illegal and unethical and has taken corrective action. Dr. Krivan has agreed to probation for two years with conditions. Ms. Cramer asked for approval of the stipulated agreement.

Board Action:

Motion: Cheryl Blomstrom moved to approve the stipulated agreement as

presented.

Second: Kam Gandhi

Action: Passed Unanimously

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

Christopher Irwin

This request has been continued.

- 5. Applications for Nevada MDEG Appearance for Possible Action:
 - A. Amira Medical Supply Las Vegas

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

Mr. Igeleke was asked about his experience in the MDEG field because he was not listed as an employee at JC Medical Supply on the annual inspection forms. He explained that he worked as a volunteer for his uncle, who owned the business, for three years so he could learn all aspects of the business. Mr. Igeleke stated that he

developed the company's policies and procedures, made vendor contacts, maintained inventory controls, managed expenses, worked through the accreditation process, secured the appropriate licenses and was knowledgeable in compliance issues for JC Medical Supply.

The Board questioned Mr. Igeleke regarding his knowledge of diabetic supplies and he admitted that he did not feel comfortable with those products because he needed to be accredited and he was not. Ms. Igeleke indicated that they did not plan to provide diabetic supplies at this time, but it was something they wanted to do in the future.

After discussion, it was determined that the Igeleke's would remove diabetic supplies from their application for MDEG provider.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for MDEG license for

Assistive Equipment only. The Igeleke's could come back to request

approval for other areas as they become accredited.

Second: Kam Gandhi

Action: Passed Unanimously

B. Forrester Custom Prosthetics – Reno

Scott Forrester appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Forrester explained that he is a Certified Prosthetist and has worked at Ultra Prosthetics in Carson City since 2005 until August, 2011 when he decided to open his own business in Reno. Mr. Forrester provides specialized prosthetics to amputees in Nevada. He has worked with many returning military amputees to ensure they receive the best possible fit and care that he can provide.

Board Action:

Motion: Jody Lewis moved to approve the MDEG application for Forrester Custom

Prosthetics.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C. Global DME – Las Vegas

Global DME has rescheduled to the January 2012 Board meeting.

D. RespMed, Inc. – North Las Vegas

After calling RespMed to the table twice and no one appeared, the Board decided to continue the request for MDEG license.

Board Action:

Motion: Cheryl Blomstrom moved to continue this application to the January 2012

Board meeting.

Second: Kam Gandhi

Action: Passed Unanimously

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

Medication Review, Inc. - Gardnerville

Jeanette Bidondo appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Bidondo gave an overview of their practice. Medication Review, Inc. is currently licensed in Washington and they are applying for a license in Nevada to serve small and medium sized hospitals that do not have 24 hour pharmacies. There are no drugs maintained, they are only open when a hospital pharmacy is not open, and they have access to an exact database as the hospital.

Board Action:

Motion: Russ Smith moved to approve the application for Nevada pharmacy for

Medication Review, Inc.

Second: Kam Gandhi

Action: Passed Unanimously

7. Appearance for Possible Action:

Affiliated Monitors – Vincent DiCianni

Vincent DiCianni appeared and gave a presentation on the services Affiliated Monitors can provide to free Board staff from monitoring certain disciplinary cases. The Board asked Affiliated Monitors to provide additional information for their review.

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

Liz Macmenamin, representing RAN, and Josh Hicks, RAN's attorney, appeared to petition the Board to amend NAC 639.753 as it impacts the pharmacy industry as cited in the Wal-Mart v. Sanchez case. They argued that the Board's Informational Statement in 2006 predicting no economic impact on industry to be inaccurate in light of the footnote in this case. Mr. Pinson indicated that in 2006, there was no reason to foresee an economic impact on the industry, which is why it was posted as such. Also provided was a New Jersey statute which was discussed.

Carolyn Cramer advised Mr. Hicks that what he had given the Board as a petition to amend NAC 639.753 was not in the correct format and did not follow the requirements of NAC 639.140.

Mr. Hicks asked if he could prepare the petition as required in NAC 639.140 and return the next morning to present it. President Foster indicated that the language adopted by New Jersey was not something she would entertain, but she would continue this matter until Thursday, December 8th at 10:00 a.m.

Thursday, December 8th, 2011.

Liz Macmenamin and Josh Hicks appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Hicks presented the petition to amend NAC 639.753 in the appropriate format, however with the New Jersey language. Mr. Hicks explained that this was a starting point in which language could be discussed and agreed upon. Carolyn Cramer stated that since this was a petition to amend, this is the language that would have to be noticed for Workshop.

Larry Pinson indicated that Workshopping the New Jersey language would most likely be perceived nationally as an abortion issue, thus losing the intent of the discussion.

President Foster would like Board staff to bring language to Workshop – not the language that was presented by Mr. Hicks.

After further discussion, the following was determined:

Board Action:

Motion: Cheryl Blomstrom moved to decline to go forward with the petition to

amend NAC 639.753 as presented.

Second: Jody Lewis

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to go forward with the rulemaking process to

amend NAC 639.753.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Pinson asked for clarification. We will begin the process as we would normally with a Discussion and Determination topic? Ms. Blomstrom agreed that is what she meant with her motion.

9. Discussion and Determination for Possible Action:

A. Controlled Substance Diversion in Pharmacies

Board staff receives DEA 106 forms reporting the theft or loss of controlled substances from pharmacies. Many of the reports are troubling because of the astounding amount of drug loss. Larry Pinson gave examples of some of the losses and asked for discussion.

Jack Dalton advised that Wal-Mart headquarters has someone tracking discrepancies and they notify the appropriate store. They then do an inventory if there appears to be a discrepancy between sales and orders. Mr. Dalton indicated that pharmacists are the only people at Wal-Mart allowed to check drugs in when they arrive at the pharmacy.

Russ Smith indicated that Walgreens also only allows a pharmacist to check drugs into the pharmacy. Walgreens tracks the numbers of sales and orders and who is placing the orders.

Kam Gandhi stated that Sav-On is working on this problem Since technicians are generally at fault, he feels that if there were more severe consequences to the technician it would help with the diversion problem.

It is frustrating to the industry because they call law enforcement for the theft of controlled substances who in turn does nothing. They make reports and some arrests are made, but generally law enforcement indicates they have more important things to deal with. Perhaps they need to be educated to the seriousness of these actions.

The Board suggested that Board staff write a Newsletter article for pharmacists to be aware of controlled substance losses in their pharmacies as a standard of pharmacy practice.

It was also suggested that perhaps maintaining a perpetual inventory would help this growing problem.

Larry Pinson asked each of the chain store and hospital pharmacist Board members to submit their Policies and Procedures with regard to drug diversion to him to see if there is a mechanism in place to help control drug diversion.

B. Board Initiative Prescription Drug Abuse Education

President Foster and Board staff would like 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.

Larry Pinson advised that he wants to be proactive by educating other health care professions, PT schools, etc. President Foster noted that the meeting Joe Depczynski attended along with the DEA was a good opportunity to educate. Join Together Northern Nevada, and other entities similar, would also be good to use for educational outlets.

The Board directed staff to move forward with the Initiative.

10. Comprehensive Review of Regulations for Possible Action

Larry Pinson advised the Board that he had prepared and submitted the comprehensive review of our regulations as required by Governor Sandoval's Executive Order. Staff from the Governor's office then indicated that a spread sheet addressing each regulation would be more acceptable. Mr. Pinson then brought Ray Seidlinger up from Las Vegas and together with Carolyn Cramer they comprised a more comprehensive review. After they prepared an 81 page report, but before it was submitted, Mr. Pinson was again contacted by the Governor's staff who then indicated that perhaps the original report the Board submitted was adequate. Mr. Pinson advised the Board that he intends to submit the more comprehensive report that was prepared since the work had been completed.

11. Nevada Nursing Regional Action Coalition for Possible Action

NOTE: Cheryl Blomstrom disclosed that she is a lobbyist for the Nursing Association.

Mr. Pinson noted that he included an article from the Institute of Medicine regarding the future of nursing and an application to the Nevada Nursing Regional Action Coalition on behalf of the Nevada Alliance for Nursing Excellence and the Nevada Health Care Sector Council in the Board book. The Nursing Board has asked the Board of Pharmacy for their support in this endeavor.

Board Action:

Motion: Kirk Wentworth moved to support the application for the Nevada Nursing

Regional Action Coalition.

Second: Kam Gandhi

Action: Passed Unanimously

12. E-Prescribing Committee Report for Possible Action

Carolyn Cramer gave an overview of the meeting of the E-Prescribing Committee meeting that was held on November 22, 2011. All participants in the meeting were supportive of CII electronic prescribing and Board staff was directed to begin the regulation amendment process for NAC 639.7105 to include a field for doctors controlled substance registration number, a date field of when the patient was last examined by the doctor, and a data field for the indication for use of the prescribed medication. Board staff will produce language for consideration as a Workshop item to be presented at the January Board meeting.

Larry Pinson noted that the DEA is still having trouble with their pilot program in California. He also advised the Board that he received approval from the Governor's office to move forward with the regulatory process.

13. Selection of Board Treasurer for Possible Action

Board Action:

Motion: Kam Gandhi moved to appoint Kirk Wentworth Treasurer to replace Keith

Macdonald who is no longer on the Board.

Second: Russ Smith

Action: Passed Unanimously

14. Your Success Rx Reports for Possible Action:

A. Marty Martins

B. Jennifer Chan

Mr. Pinson reported that both Mr. Martins and Ms. Chan were very successful participants in the program with Katie Johnson. Mr. Martins has completely changed his practice of pharmacy and Ms. Chan recognized that she had some major personal issues that probably contributed to her two appearances before the Board and she was able to identify those issues and better sort them from her professional activities.

15. General Counsel Report for Possible Action:

Report on Meeting with DA Dick Gammick on Med Spa Issues

Carolyn Cramer advised that she attended this meeting and there was constructive discussion. Med Spa's are not overseen by any single agency. Med spa's should have a dispensing physician registered and on site at a facility, but in reality most med spa's do not and these facilities are being run by unlicensed personnel. Some med spas have a registered nurse on site, however they are not licensed to order, posess or administer controlled substances or dangerous drugs without the oversight of a physician. Board inspectors have found "Botox" and "Juvederm" imported from foreign countries in med spas being sold and injected into patients as brand name products produced in America. Ms. Cramer indicated that it is a huge public safety issue.

16. Executive Secretary Report for Possible Action:

- A. Financial Report
 - 1. Audit

Larry Pinson presented the financial and audit reports to the Board's satisfaction.

B. Temporary Licenses

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

- C. Staff Activities
 - 1. NASCSA Annual Meeting (October)

Mr. Pinson and Lisa Adams attended the NASCSA meeting and noted that there is a push for every state to have a PMP and that they all be interconnected and can share data. NABP has a program to help implement data sharing.

2. NABP District 1,2 (October)

Larry Pinson reported that he spoke on Inspecting for Safety and that we are making an impact on how other Boards inspect facilities.

- 3. Walgreen's Arizona Facility Visit (November)
- Mr. Pinson indicated that he toured the Walgreen's facility in Arizona and was favorably impressed by the entire operation.
 - 4. NABP Compliance Officer Forum (December)

Joe Depczynski attended the Compliance Officer Forum in Chicago; participated on a panel and made a presentation on Inspecting for Safety.

5. Paralegals Presentation (December)

Larry Pinson advised that he will be doing a presentation on drug abuse for paralegals on December 20th.

- D. Reports to Board
 - 1. Suspended DEA Licenses

Mr. Pinson sent all Board members and chain store district pharmacy supervisors a memo asking for their help. When a physician loses or surrenders his DEA license he is not allowed to write new prescriptions for controlled substances and his/her current controlled substance prescriptions are no longer valid. Board staff sends out faxed notification to 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 pharmacies are continuing to fill and refill prescriptions for these practitioners despite the loss of their DEA licenses. Mr. Pinson asked each chain district pharmacy supervisor to provide him with the fax number of someone in their company who will ensure that these practitioners are taken out of their data bases or somehow flagged when they are notified. Mr. Pinson indicated that he has heard from everyone except CVS and Safeway with that contact information.

- E. Board Related News
 - 1. Emergency Scheduling of Bath Salts by DEA

The DEA has scheduled Bath Salts as an emergency change to the CFR. We have just received the language back that we submitted to the Legislative Counsel Bureau in September and we will post for Public Hearing for the January Board meeting.

- F. Activities Report
- 17. Public Comments and Discussion of and Deliberation Upon Those Comments

On December 7th, President Foster asked for Public Comment and there was none.

On December 8th, President Foster asked for Public Comment and there was none.

18. Next Board Meeting:

January 18-19, 2012 - Las Vegas

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

| New Wholesaler | Ownership Change (Please provide current lic | Name Change Location Char tense number if making changes: WH | nge | |
|--|---|---|---------|--|
| GENERAL INFORM | ATION | | | |
| Facility Name: | AmerisourceBo | ergen Drug Corporation | | |
| Physical Address: _ | 5100 Jaindl Blvd., Bethlehem, P | A 18017 | | |
| Mailing Address: | 5100 Jaindl Blvd. | | | |
| City: Bethlehem | State: | Zip Code: Zip Code: | 17 | |
| | | ax Number: (610) 837-5523 | | |
| Toll Free Number: _ | | | | |
| E-mail: apszczolkowski | @amerisourcebergen.com V | /ebsite: www.amerisourceberge | en.com | |
| Facility Manager: _G | ary Konopka, Vice President, D | istribution Center Manager | | |
| | | lity manager: | | |
| | tlets or authorized persons f | , | | |
| | Practitioners | | esalers | |
| Type of Products to b | e handled or wholesaled be | firm: | | |
| Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: | | | | |
| | | | | |
| | 2011 Amount: 500.0 | 6 Entity: 58731 | | |



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

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

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

| New Wholesaler X | Ownership Change Name Change Location Change (Please provide current license number if making changes: WH) | | |
|---|---|--|--|
| GENERAL INFORM | MATION | | |
| Facility Name: | BioMimetic Therapeutics USA, Inc. | | |
| Physical Address: _ | 393 Nichol Mill Lane | | |
| Mailing Address: | 389 Nichol Mill Lane | | |
| City: | Franklin State: TN Zip Code: 37067 | | |
| Telephone Number: | 615-236-4599 | | |
| Toll Free Number: _ | 0.77 (.70 0.004 | | |
| E-mail: customerse | ervice@biomimetics.cdWebsite: www.biomimetic.com | | |
| Facility Manager: | Judith A. Mack | | |
| Professional qualifica | tions and experience of facility manager: Over three years in devices. | | |
| | lets or authorized persons firm will serve; | | |
| ☐ Pharmacies | □ Practitioners | | |
| ype of Products to b | e handled or wholesaled: | | |
| ☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: | | | |
| Licensed as a Manufacturer by the FDA? PENDING See Attachment #7 | | | |
| oard Use Only | 0040 | | |
| eceived: JAN 9 3 | 2012 Check Number: Amount: | | |

Page 1 - 2011

10-K

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

| 19 | | | | |
|--|-----------------------------|--|--|--|
| New Wholesaler _X Ownership Change Name Change Location Change (Please provide current license number if making changes: WH) | | | | |
| GENERAL INFORMATION | | | | |
| Facility Name: Boehringer Ingelheim Ve | tmedica, Inc. | | | |
| Physical Address: 5501 Corporate Drive | e Facrell | | | |
| Mailing Address: BIVI 4221 Mitchell A | tue, St. Joseph, MO 64507 | | | |
| City: St. Joseph State: M | 0 Zip Code: <u>64507</u> | | | |
| Telephone Number: 816-236-2748 Fax No | umber: 816-383-8906 | | | |
| Toll Free Number: 1-800 - 821 - 7467 | | | | |
| E-mail: jody, Farrell & bochringer-ingelheim.com/Website | e: www. bi-vetmedica, com | | | |
| Facility Manager: Steve Maksudian | | | | |
| Professional qualifications and experience of facility management of the second of the | anager: <u>See attached</u> | | | |
| Types of licensed outlets or authorized persons firm wi | Il serve: | | | |
| ☐ Pharmacies | | | | |
| Type of Products to be handled or wholesaled be firm: | | | | |
| □ Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other: □ Uppodermic Devices □ Veterinary OTC Drugs | | | | |
| | | | | |
| S Board Use Only | Entity: 58735 | | | |
| Received: DEC 15 MM Amount: 500.40 | Entity:1 | | | |

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

| New Wholesaler | Ownership Change Name Change Location Change (Please provide current license number if making changes: WH) |
|---|--|
| GENERAL INFOR | |
| | vis Pharmacenticals, Inc. |
| | 1513 Walnut Street, Suite 270 |
| | 1513 Walnut Street, Suite 270 |
| City: Cary | State: NC Zip Code: _2751 |
| Telephone Number | : 919-535-3049 Fax Number: n/A |
| Toll Free Number: | |
| E-mail: State Kense | secovispharma.com Website: www.covispharma.com |
| Facility Manager: _ | |
| Professional qualific | more than 30 years senior level cations and experience of facility manager: management experience in pharma- n sales management, product marketing and business development |
| | utlets or authorized persons firm will serve: |
| ☐ Pharmacies | ☐ Practitioners ☐ Hospitals ☑ Wholesalers |
| Type of Products to | be handled or wholesaled: |
| □ Poisons or Chem | euticals, Supplies or Devices icals U Veterinary Legend Drugs ances (include copy of DEA) D Parenterals |
| Licensed as a Manuf registration. | facturer by the FDA? ☐ Yes No, If yes include a copy of the FDA |
| Board Use Only | 58760 |
| Received: DEC ? | 201 Check Number: Amount: |
| (home stak) Whole Ill provide copy o | 3201 Check Number: <u>CC</u> Amount: 500,00 Saler application currently in process at NC Food of Drug Protection Div f NC license and certified verification of NC licensure upon rece |

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 INFORMA | TION | | | |
| Facility Name: | ESI Distribtution Service | :e | | |
| Physical Address: | 4600 N Hanley Rd #B | | | |
| Mailing Address: | Same | | | |
| City: St Louis | State: _ | MO Zip Cod | le: <u>63134</u> | |
| Telephone Number: _ | <u>800-332-5455</u> Fa | x Number: 8 | 77-304-9042 | |
| Toll Free Number: | 800-332-5455 | | | |
| E-mail: | We | ebsite: | | |
| Facility Manager: | Patrick McNamee | | | |
| Professional qualification | ons and experience of facili | ty manager:S | ee attached | |
| Types of licensed outle | ets or authorized persons fir | m will serve: | | |
| □ Pharmacies ☑ Cin | N. Practitioners | M Hospitals | ☐ Wholesalers | |
| Type of Products to be handled or wholesaled be firm: | | | | |
| Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: | | | | |
| ∜Board Use Only | | | | |
| Received: <u>DFC 20 /</u> | 111 Amount: 500 - | Entity: _ | 58759 ₁ | |

OWAU

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 (Please provide current l | _ Name Change Location Change icense number if making changes: WH) |
|---|---|
| GENERAL INFORMATION | |
| Facility Name: Exel INC | |
| Physical Address: 699 Kap Kowski | RO |
| Mailing Address: Scine as Physical | aponess |
| City: Dilabeth State: | |
| Telephone Number: 908-662-8666 | Fax Number: 908 - 289 - 8718 |
| Toll Free Number: | ş |
| E-mail: Ken, wood exel com | Nebsite: www.exel.com |
| Facility Manager: <u> </u> | |
| Professional qualifications and experience of factors and experience of factors at the | faculty Manager versees |
| Types of licensed outlets or authorized persons | firm will serve: |
| ☐ Pharmacies ☐ Practitioners ☐ Other: | Hospitals Wholesalers |
| Type of Products to be handled or wholesaled be | e firm: |
| Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other: | ☐ Veterinary Legend Drugs |
| | |
| Received: DEC 2 2011 Amount: 500 | Entity: <u>58788</u> 1 |
| | |

VAUD

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

| | | | | |
|--|--------------|----------------------------|--|-------------|
| | | | Location Change g changes: WH) | ···· |
| GENERAL INFORMATION | | | | |
| Facility Name: Evel INC | | | | |
| Physical Address: Access T | Deive | | | |
| Mailing Address: 570 Panicus | PAKKWAY | westerulle | OH 43082 | |
| City: South Aven | | | | |
| Telephone Number: | 2SZ Fax | Number:(| 102-890-7054 | <u></u> |
| Toll Free Number: | | | | 10 |
| E-mail: Wayne murkn p exel-com | Web | site: <i>w</i> w | U. erel-com | |
| Facility Manager: Dayne Morton | | | | |
| Professional qualifications and experience all any to day spiritions with | | manager: Fac The Jacuss | ty Manager oversees Manager posteries | J. Cik. |
| Types of licensed outlets or authorized pe | rsons firm | will serve: | 4 | U |
| Pharmacies | s | Hospitals | Wholesalers | |
| Type of Products to be handled or wholes | aled be firn | <u>n:</u> | | |
| Legend Pharmaceuticals, Supplies or I Poisons or Chemicals Controlled Substances (include copy of Other: | | ~ 1 | oodermic Devices erinary Legend Drugs | |
| ಶBoard Use Only | | | | |
| Received: JAN 9 3 2012 Amount: | 500 | Entity: | 59837 | 1 |

MEVADA STATE DUAKU UT PRAKINAUT

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

| New Wholesaler X Ownership Change Now (Please provide current licen | ame Change Location Change se number if making changes: WH) | | | |
|---|--|--|--|--|
| GENERAL INFORMATION | | | | |
| Facility Name: INESCO Holdings, LLC | | | | |
| Physical Address: 124 Country Club Rd | | | | |
| Mailing Address: 80 Box 638 | | | | |
| City: <u>Iswa Falls</u> State: | IA Zip Code: 50126 | | | |
| Telephone Number: 641 - 648 - 2529 Fax | x Number: 641-648-5994 | | | |
| Toll Free Number: 800-392-5636 | | | | |
| E-mail: Pharmacy reg@ivescolle.com Web | osite: Nescolle.com | | | |
| Facility Manager: <u>Dale Liekweg</u> | | | | |
| Professional qualifications and experience of facility warehouse Operations manager 18 | | | | |
| Types of licensed outlets or authorized persons firm | will serve: | | | |
| ☐ Pharmacies ☐ Practitioners ☑ Other: ☐ Veterinaeians | ☐ Hospitals 🅱 Wholesalers | | | |
| Type of Products to be handled or wholesaled be fir | rm: | | | |
| Legend Pharmaceuticals, Supplies or Devices Display Poisons or Chemicals Display Controlled Substances (include copy of DEA) Display Controlled Substances (include copy of DEA) | | | | |
| | | | | |
| ₹Board Use Only | 5 9 ML 7 | | | |
| Received: DEC Amount: 500,00 | Entity: 58762 | | | |

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

| New Wholesaler X Ownership Change Name Change Location Change (Please provide current license number if making changes: WH) |
|--|
| GENERAL INFORMATION |
| Facility Name: INESCO Holdings, LLC |
| Physical Address: 2745 Tocker CT, Suite A |
| Mailing Address: PO Box 638, Iswa Falls IA 50126 |
| City: Jerome State: ID Zip Code: 83338 |
| Telephone Number: <u>208-324-8494</u> Fax Number: <u>208-324-8580</u> |
| Toll Free Number: |
| E-mail: Pharmacy regenvescolle.com Website: 1/18scolle.com |
| E-mail: Pharmacy regenvescolle.com/Website: Ivescolle.com/ Facility Manager: Vickie Stewart |
| Professional qualifications and experience of facility manager: See (esome |
| Types of licensed outlets or authorized persons firm will serve: |
| ☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: ☐ Technology |
| Type of Products to be handled or wholesaled be firm: |
| Degend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: ★ No human labeled drugs★ |
| Board Use Only Secolyada DEC 20 2011 Amounts 500.00 Entire 58761 |
| Received: DEC 20 2011 Amount: 500.00 Entity: 58.101 |

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

| New Wholesaler Ownership Change (Please provide current lice | Name Change Location Change ense number if making changes: WH) |
|---|---|
| GENERAL INFORMATION | |
| Facility Name: LEASA PRINTING A | rus LLC |
| Physical Address: 3441 WEST MA | CARTHUR BLUD |
| Mailing Address: 40 CAPE ANDO | ······································ |
| City: NEWPORT BEACH State: | CALIF. Zip Code: 92 660 |
| Telephone Number: 949-677-2285 Fa | ax Number: 714-708-4048 |
| Toll Free Number: | |
| E-mail: /ea,fa color plus e gmxil We Facility Manager: DEBORAH WA | ebsite: www./ea.fa.print.com |
| Facility Manager: DEBORAH Wa | rest |
| Professional qualifications and experience of facili | ty manager: NHARMAUST - BOARD DINETERS - MEM |
| Types of licensed outlets or authorized persons fin | m will serve: |
| □ Pharmacies | ☐ Hospitals ☐ Wholesalers |
| Type of Products to be handled or wholesaled be f | irm: |
| Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other: | ☐ Hypodermic Devices ☐ Veterinary Legend Drugs |
| (Paged Use Only | |
| eceived: DEC 22 2011 Amount: 500.00 | Entity: 58827 |
| | |

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

| New Wholesaler | Ownership Change(Please provide current lic | Name Changeense number if making ch | Location Change nanges: WH) |
|------------------------|--|-------------------------------------|--------------------------------------|
| GENERAL INFORM | ATION | | |
| Facility Name: | Modern Medical Pro | duts, Inc. | |
| Physical Address: _ | 13160 Leadwell Str | eet | |
| Mailing Address: | SAME | | |
| City: North 1 | State: | Z | ip Code: |
| Telephone Number: | (8/5) 765-4921 F | ax Number: <i>(g)8.</i> | 765-4921 |
| Toll Free Number: _ | | | |
| E-mail: jeremy. Ace | Junk & modernmedical prod. | /ebsite: | |
| Facility Manager: | Jenny Freak | 5027 | |
| Professional qualifica | ations and experience of faci | lity manager: | |
| Types of licensed ou | tlets or authorized persons f | rm will serve: | |
| ☑ Pharmacies □ Other: | ☑ Practitioners | ☐ Hospitals | ☐ Wholesalers |
| Type of Products to b | e handled or wholesaled be | <u>firm:</u> | |
| ☐ Poisons or Chemi | euticals, Supplies or Devices cals inces (include copy of DEA) | | dermic Devices inary Legend Drugs |
| ∀Board Use Only | | | |
| Received: 4 | Amount: 500 | Entity: | 58742 |
| Received: | AMOUNT. | z Entity. | 441 |

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

| GENERAL INFORMATION | provide current license number if making changes: WH) |
|---|--|
| Facility Name: Noramco, Inc. | |
| Physical Address: 500 Swedes Land | ling Road, Wilmington, DE 19801 |
| Mailing Address: 500 Swedes Land | ling Road |
| City: Wilmington | State: DE Zip Code: 19801 |
| | Fax Number: 302.888.4446 |
| Toll Free Number: N/A | |
| E-mail: mlevitt@its.jnj.com | Website: www.noramco.com |
| Facility Manager: Michael Levitt | |
| | |
| | |
| Types of licensed outlets or authori ☐ Pharmacies ☐ Pract | Manufacturers titioners □ Hospitals ☑ Wholesalers - |
| Types of licensed outlets or authori ☐ Pharmacies ☐ Pract Type of Products to be handled or v ☑ Legend Pharmaceuticals, Suppli ☐ Poisons or Chemicals ☑ Controlled Substances (include o | ized persons firm will serve: Manufacturers titioners |
| Types of licensed outlets or authori ☐ Pharmacies ☐ Pract Type of Products to be handled or v ☑ Legend Pharmaceuticals, Suppli ☐ Poisons or Chemicals ☑ Controlled Substances (include of the controlled Substances) | ized persons firm will serve: Manufacturers titioners |

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

| New Wholesaler Ownership Change Name Change Location Change (Please provide current license number if making changes: WH) | |
|--|---|
| GENERAL INFORMATION | |
| Facility Name: Owens & Minar Distribution, Inc. | |
| Physical Address: 83/3 W. Pierce Street, Suite 100 | |
| Mailing Address: Same | |
| City: 1011 eson State: 125 Zip Code: 125 | |
| Telephone Number: (602) 269-7121 Fax Number: (602) 278-7883 | |
| Toll Free Number: | |
| E-mail: Charles, burr @ owens-minor.com Website: WWW. Owens-Minor.com | |
| Facility Manager: Tina Weston | |
| Professional qualifications and experience of facility manager: Resume attached | |
| Types of licensed outlets or authorized persons firm will serve: | |
| Departmacies Depar | |
| Type of Products to be handled or wholesaled be firm: | |
| Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other: Non-Legend Medical Surgical Products | |
| প্লBoard Use Only | |
| Received: NEW 4 = 2011 Amount: 500,00 Entity: 58624 | 1 |
| | |

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

| New MDEG Ownership Change Name Change Location Change | | |
|---|--|--|
| FACILITY INFORMATION | | |
| Facility Name: Recover Care LLC | | |
| Physical Address: 30 OHM Place #7 Reno NV_89502. (This must be a business address, we can not issue a license to a home address) | | |
| Mailing Address: 1920 Stanley Gault Ply StE 100 | | |
| City: Louisville State: Ky Zip Code: 40273 | | |
| Telephone Number: <u>775-857-1319</u> Fax Number: <u>775-857-1218</u> | | |
| E-mail: document Website: Www.recovercare.com | | |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING | | |
| Mon: Dantolopm Tue: 104m to 6pm Wed: 104m to 6pm Thu: 194m to 6pm | | |
| Fri: 10amto 60m Sat: to Sun: to Holidays: to | | |
| FACILITY ADMINISTRATOR INFORMATION Sat, Sun & Holidays we have | | |
| Fri: 10 amto 6pm Sat: to Sun: to Holidays: to FACILITY ADMINISTRATOR INFORMATION Name: David Scan Lan David Scan Lan | | |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) | | |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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 Neyada contact. Name: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: ☐ Unable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Orthotics and Prosethics ☐ Provide name and telephone number of Neyada ☐ Telephone: ☐ 13 - 787 - 105 | | |
| Received Amount 500.00 Entity 58638 1 | | |

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

| New Pharmacy Ownership Change Nan (Please provide current licens | ne Change Location Change se number if making changes: PH) |
|---|---|
| GENERAL INFORMATION | |
| Pharmacy Name: SURGERY CENTER O | F SOUTHERN NEVADA WEST |
| Physical Address: 10195 W. TWAIN AVE. | LAS VEGAS, NV 89147 |
| Mailing Address: 2110 E. FLAMINGO T | · |
| City: LAS VEGAS State: N | |
| | |
| Telephone Number: <u>702-369-6784</u> Fax | Number: 702-105-1201 |
| Toll Free Number: | 1 |
| E-mail: rbarnes@surgerydentersn.comWeb | site: www.surgerydentersn.com |
| Managing Pharmacist: MARY D. GREAR | License Number: |
| Hours of Operation: | |
| Monday thru Friday <u>&</u> am <u>5</u> pm | Saturdayampm |
| Sundayampm | 24 Hours |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| ☐ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuc l ear | ▼ Outpatient/Discharge |
| ☐ Out of State | ☐ Mail Service |
| Ambulatory Surgery Center | ☐ Long Term Care |
| ダBoard Use Only | |
| Received: DEC 22 2011 Amount: 500.00 | Entity: 58828 1 |

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 | I is a violation of the laws of the State of Nevada. |
|---|---|
| New Pharmacy Ownership Change Nar (Please provide current licens | me Change Location Change se number if making changes: PH) |
| GENERAL INFORMATION | |
| Pharmacy Name: WELL CAPE PHARM | ory I, LLC |
| Pharmacy Name: WELL CARE PHARM Physical Address: 5013 ALTA D1 | R. LAS VEGAS 89107 |
| Mailing Address: 542 9. DECATUR | - BLVD. |
| City: LAS VEYAS State: | W Zip Code: 89107 |
| Telephone Number: 702 258-0235 Fax | Number: 702 258 - 2905 |
| Toll Free Number: 855-4-WELLRX | |
| E-mail: WELL CANE RX (AAOL-COM)Web | |
| Managing Pharmacist: PAMELA KALYAT | License Number: 15083 |
| Hours of Operation: | |
| Monday thru Fridayampm | Saturday O am pm |
| Sunday Clamped pm | 24 Hours |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| □ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| ☐ Out of State | ☐ Mail Service |
| ☐ Ambulatory Surgery Center | ☑ Long Term Care |
| Board Use Only | |
| Received: JAN 03 2012 Check Number: 3035 | . Amount: 500 cm |
| Page 1 - 2 | |

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

| | lame Change Location Change ense number if making changes: PH) | |
|--|---|--|
| GENERAL INFORMATION | | |
| Pharmacy Name: Cardinal Health 4 | | |
| Physical Address: 1152 West 2240 South, Suite E, West Valley City, 1 Hah | | |
| Mailing Address: 1000 Cardinal Place, Q+R Dept. NPS | | |
| City: Dublin State: | <i>OH</i> Zip Code: <u>43017</u> | |
| Telephone Number: (801) 485-3344 F | ax Number: (801) 485-1982 | |
| Toll Free Number: 800-975-3232 (Required per NAC 639.708) | | |
| E-mail: glenn. Carmody@Cardinathealth.comW | lebsite: Www.Cardina/hea/th.com | |
| Managing Pharmacist: 6/en Carmody | License Number: 3082638-1701 | |
| Hours of Operation: | A | |
| Monday thru Friday <u>3:00</u> am <u>5:00</u> pm | Saturday In Call ampm | |
| Sunday <i>O<u>n (all</u>am</i> pm | 24 Hours | |
| TYPE OF PHARMACY | SERVICES PROVIDED | |
| ☐ Retail | ☐ Off-site Cognitive Services | |
| ☐ Hospital (# beds) | ☐ Parenteral | |
| □ Internet | ☐ Parenteral (outpatient) | |
| ⊠ Nuclear | ☐ Outpatient/Discharge | |
| Out of State | ⊠ Mail Service | |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care | |
| ਯੂBoard Use Only | | |
| Received: 1000 2000 Amount: 500.00 | Entity: 58675 1 | |

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

| New Pharmacy X Ownership Change Name Change Location Change (Please provide current license number if making changes: PH) | | |
|---|------------------------------|--|
| GENERAL INFORMATION | | |
| Pharmacy Name: Great Earth Compounds | | |
| Physical Address: 8941 Santa Monica Blvd. | | |
| Mailing Address: 8941 Santa Monica Blvd. | | |
| City: West Hollywood State: California Zip Code: 90069 | | |
| Telephone Number: 323-650-0025 | | |
| Toll Free Number:(Required per NAC 639.708) | | |
| | | |
| E-mail: dmitrytubis@hotmail.com Website: | | |
| 29 | License Number. <u>34336</u> | |
| Hours of Operation: | | |
| Monday thru Friday 9:00 am 7:00 pm | Saturday 10:00 am 4:00 pm | |
| Sunday Closed am pm | 24 Hours | |
| TYPE OF PHARMACY S | ERVICES PROVIDED | |
| ⊠ Retail □ | Off-site Cognitive Services | |
| ☐ Hospital (# beds) | Parenteral | |
| ☐ Internet ☐ | Parenteral (outpatient) | |
| ☐ Nuclear ☐ | Outpatient/Discharge | |
| M. Out of State | Mail Service | |
| ☐ Ambulatory Surgery Center ☐ | Long Term Care | |
| ∀Board Use Only Received: Amount: | Entity: 58622 1 | |

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$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

| ₩ New Pharmacy | ☐ Ownership Change |
|--|--|
| | umber if making changes: PH) |
| ☐ Publicly Traded Corporation – Pages 1,2,3,7 X Non Publicly Traded Corporation – Pages 1,2,4,7 | ☐ Partnership - Pages 1,2,5,7 |
| Please check box for type of ownership and com | ☐ Sole Owner – Pages 1,2,6,7 nolete correct part of the application. |
| GENERAL INFORMATION to be completed by | |
| Pharmacy Name: <u>Infu Science</u> | |
| Physical Address: 2915 Waters | Road, Suite 110, Eagan, MN |
| Mailing Address: 2915 Waters Road | |
| City: <u>Fagan</u> State: | MN Zip Code: 55/2/ |
| Telephone: <u>612-486-1960</u> Fax: _ | 877-598-8704 |
| Toll Free Number: <u>/- 866-43/-4638</u> | (Required per NAC 639.708) |
| E-mail: jjustice c infuscience.com V | Vebsite: <u>www.infuscience.com</u> |
| Managing Pharmacist: <u>Navid Monso</u> | |
| Hours of Operation: | |
| Monday thru Friday 8 am 5 pm | Saturday <i>On Call</i> ampm |
| | • |
| Sunday On <u>(all</u>am pm | Available 24 Hours X |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| ☐ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge Home Infusion |
| Out of State | ☐ Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |

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

| New Pharmacy Ownership Change New Pharmacy Ownership Change New Pharmacy | Name Change Location Change cense number if making changes: PH) |
|---|--|
| GENERAL INFORMATION | |
| Pharmacy Name: Mission Road P | harmacy, Inc. |
| Physical Address: 1155 N. Mission Ro | , 9 |
| Mailing Address: SAME AS PHYSIC | AL ADDRESS |
| | |
| City: Los Angeles State: Telephone Number: 323 - 227 - 4646 F | Fax Number: 323-227-8887 |
| Toll Free Number: 1866-RX-CENTER (F | |
| E-mail: Kelly @missionvoad pharmacy.com W | |
| Managing Pharmacist: <u>Dao Xvan Nguy</u> e | |
| Hours of Operation: | |
| | Saturdayampm |
| Monday thru Friday 8 am 5 pm Tubday 8 AM to 9 PM Sundayampm | 24 Hours |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| ☑ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| □ Nuclear | ☐ Outpatient/Discharge |
| Out of State | ☑ Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| ∌Board Use Only | |
| Paralyad: DEC 15 2011 Amount: 500.65 | 59729 |

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

| New Pharmacy X Ownership Change(Please provide current I | Name Change Location Change icense number if making changes: PH) |
|--|---|
| GENERAL INFORMATION | |
| Pharmacy Name: New York Blo | ood Center, INC |
| Physical Address: 1200 Prospect Ave. | Westbury, NY 11590 |
| Mailing Address: 1200 PROSPECT P | |
| City: WESTBURY State: | |
| Telephone Number: 516-478-5049 | |
| Toll Free Number: 800-487-875/ | |
| E-mail: dellamarco e nyblocdeenter. | |
| Managing Pharmacist: Catherine D'An | |
| | Elocitor italiano. |
| Hours of Operation: Monday thru Friday | Saturday 9 am 5 nm |
| Sundayampm | Saturday 9 am 5 pm |
| σιπαίνβπ | 24 110015 |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| ☐ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| 檱 Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| がBoard Use Only | |
| nrs 4 / 2011 | Entity: 58690 |
| Received: 500.00 | Entity: JOUTU 1 |

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

| application of subsequent revocation of the heerise issued and | is a violation of the laws of the state of fivevada. |
|--|---|
| New Pharmacy Ownership Change Nam (Please provide current license | e Change Location Change e number if making changes: PH) |
| GENERAL INFORMATION | |
| Pharmacy Name: PALMER PHARMACY | 8 MUCH MORE |
| Physical Address: <u>3769 NICHOLAS ST.</u> | EASTON PA 1804S |
| Mailing Address: 3769 NICHOLAS ST. | |
| City: <u>FASTON</u> State: | |
| Telephone Number: 6104384000 Fax | |
| Toll Free Number: <u>855-438-5670</u> (Req | |
| E-mail: palmer pharmacy chotmail.com Webs | |
| Managing Pharmacist: Steven Goloff | |
| Hours of Operation: | |
| Monday thru Friday 8 am 8 pm | Saturday 8 am 2 pm |
| Sunday 8 am 2 pm | |
| Sunday <u>o</u> am <u>a</u> pm | 24 Hours |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| ☑ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| ☑ Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| সূ Board Use Only | |
| 5000 | 52623 |

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE CORPORATION

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

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

| New Pharmacy X Ownership Change (Please provide current li | Name Change Location Change icense number if making changes: PH) |
|--|--|
| GENERAL INFORMATION | |
| Pharmacy Name: Pencol Compounding | Pharman |
| Physical Address: 1325 S. Colorado | |
| | |
| Mailing Address: (Same 05 above | ^ |
| | Colorado Zip Code: 80222 |
| Telephone Number: 303-388-3613 | Fax Number: <u>303 - 388 - (0182</u> |
| Toll Free Number: 1-8/010-244-0505 (| Required per NAC 639.708) |
| E-mail: info@pencolrx.com | Nebsite: WWW. Dencorx.com |
| Managing Pharmacist: Susan Naven De | |
| Hours of Operation: | |
| Monday thru Friday <u>9:00</u> am <u>5:45</u> pm | Saturday 9:00 am 12:30 pm |
| Sundayampm | 24 Hours |
| TYPE OF PHARMACY | SERVICES PROVIDED |
|)⊠l Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| ∌Board Use Only | |
| Received: DEC 2 2 2011 Amount: 500.00 | Entity: 58817 1 |

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

| approach of decoquent for decision of the needs assued | a and is a violation of the laws of the State of Nevaga. |
|---|---|
| New Pharmacy X Ownership Change (Please provide current li | Name Change Location Changeicense number if making changes: PH) |
| GENERAL INFORMATION | |
| Pharmacy Name: Pet-Meds 2 Go. com | • |
| Physical Address: 137 W. State | St. |
| Mailing Address: P.O. Box 21 | 7 |
| City: Dike State: | |
| Telephone Number: 319 - 989 - 2194 | Fax Number: <u>866 - 256 - 8383</u> |
| Toll Free Number: 800 - 798 - 2165 (| |
| E-mail: staft@petmeds2go.com V | |
| Managing Pharmacist: Philip W. Co | |
| Hours of Operation: | |
| Monday thru Friday <u></u> 8 am <u>5</u> pm | Saturday 8 am 12 pm |
| Sundayampm | 24 Hours |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| த்Board Use Only | |
| Received: DEC 1 3 2011 Amount: 500,000 | Entity: 58723 |

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 X (Please provide current | Name Change Location Change license number if making changes: PH_OUTS) |
|---|---|
| GENERAL INFORMATION | |
| Pharmacy Name: Thera Com | |
| Physical Address: 9717 Key West Av | e . |
| Mailing Address: 9717 Key West Ave | |
| City: Rockville State: | |
| Telephone Number: 301-331-4200 | |
| Toll Free Number: <u>888 - 843 - 7226</u> (| |
| E-mail: <u>n/a</u> \ | |
| Managing Pharmacist: Kenneth Webster | - |
| Hours of Operation: | |
| Monday thru Friday <u>8:30</u> am <u>6:00</u> pm | Saturday Closerol |
| Sunday <u>Close</u> pm | 24 Hoursn/A- |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| □ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| □ Internet | ☐ Parenteral (outpatient) |
| □ Nuclear | ☐ Outpatient/Discharge |
| ☑ Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| Board Use Only NOV 3 0 2001 Amount 500.00 | |

Entity:

Amount:

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

| application of subsequent revocation of the license issued and | I is a violation of the laws of the State of Nevada. |
|--|---|
| New Pharmacy Ownership Change Nam (Please provide current licens | me Change Location Change se number if making changes: PH) |
| GENERAL INFORMATION | |
| Pharmacy Name: Valley View Dr | 195, Inc. |
| Physical Address: 13966 Valley Vi | en Ave. |
| Mailing Address: <u>SAME</u> | |
| City: La Mirada State: (| Zip Code: 90628 |
| Telephone Number: 866-941-1208 Fax | |
| Toll Free Number: 866-941-1208 (Reg | uired per NAC 639.708) |
| E-mail: Dave @ Valley Viewdrugs. Conveb | site: NWW. Valley View drugs, com |
| Managing Pharmacist: David M. Jense | 1) License Number: RPH 30 3 24 |
| Hours of Operation: | |
| Monday thru Friday 10:00 am 6:00 pm | Saturday 9:00 am 12:0pm |
| Sunday CLOSED am CLOSED om | 24 Hours NO |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| X' Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | □ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| □ Nuclear | ☐ Outpatient/Discharge |
| Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | □ Long Term Care |
| ∜Board Use Only | |
| Received: <u>DEC 0.7 201</u> 1 Amount: <u>500.00</u> | Entity: 58671 |

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

| New MDEG Ownership Change Name Change Location Change |
|--|
| FACILITY INFORMATION |
| Facility Name: ALL-STATES MEDICAL SUPPLY, INC |
| Physical Address: <u>221 OLD HENDERSONVILLE RD, STE A, FLETCHER, NC 2873</u> (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 221 Old Hendersonville ROAD, STE A |
| City: FLET CHEPL State: NC Zip Code: 28732 |
| Telephone Number: (828)651-8055 Fax Number: (877) 734-0697 |
| E-mail: massess@ allstatesmedical.com Website: www.allstatesmedical.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 830 to 530 Tue: 8 An to 530 Wed: 8 An to 530 Thu: 8 An to 5 Pr |
| Fri: 8 An to 5 Pn Sat: N/4 to Sun: N/Ato Holidays: N/A to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Marcus Suess |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Orthotics and Prosethics ☐ Other: |
| Board Use Only Amount 500,00 Entity 58706 |

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

| New MDEGx Ownership Change Name Change Location Change | | |
|---|--|--|
| FACILITY INFORMATION | | |
| Facility Name: Americane Respiratory Services, Inc. | | |
| Physical Address: 1920 East Deere Avenue, Suite 110 (This must be a business address, we can not issue a license to a home address) | | |
| Mailing Address: 1920 East Deere Avenue, Suite 110 | | |
| City: Santa Ana State: CA Zip Code: 92705 | | |
| Telephone Number: (866) 344-2774 Fax Number: (866) 989-9233 | | |
| E-mail: 110yd@americarecpap.com Website: www.americarecpap.com | | |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING | | |
| Mon: 8 AM to 4 PM Tue: 8 AM to 4 PM Wed: 8 AM to 4 PM Thu: 8 AM to 4 PM | | |
| Fri: 8 AM to 4 PM Sat: - to - Sun: - to - Holidays: - to - | | |
| FACILITY ADMINISTRATOR INFORMATION | | |
| Name: Lloyd Mote | | |
| TYPE OF MIDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) | | |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Orthotics and Prosethics ☐ Other: Continuous Positive Airway Pressure 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: | | |
| Board Use Only Received Amount 500,00 Entity 58747 1 | | |

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

| New MDEG _✓ Ownership Change Name Change Location Change | | |
|--|--|--|
| FACILITY INFORMATION | | |
| Facility Name: ANLA HEALTHCARE CORPORATION | | |
| Physical Address: 3704 ARAPAHO RD. ADDISON, TX 7500 (This must be a business address, we can not issue a license to a home address) | | |
| Mailing Address: P.D. Box 1185 | | |
| City: ADDISON State: TX Zip Code: 7500 | | |
| Telephone Number: (972)690 - 4698 Fax Number: (972)620 - 0601. | | |
| E-mail: MINTILEIN@GMAIL.COM Website: WNW. ania healthcare.com/ania/ | | |
| Mon: \$'30 to 5PM Tue: \$'30 to 5PM Wed: \$'30 to 5PM Thu: \$'30 to 5 PM | | |
| Fri: 830 Mto 5 PM Sat: to Sun: to Holidays: to | | |
| FACILITY ADMINISTRATOR INFORMATION | | |
| Name: MIN-JI LEIN, PRESIDENT. | | |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) | | |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ Diabetic Supplies ○ Other: ─ Other: | | |
| continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: | | |
| Received Amount 500.00 Entity 58637 | | |

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

APPLICATION FOR I OOS 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

| | <u> </u> |
|--|----------|
| New MDEG Ownership Change Name Change Location Change | |
| FACILITY INFORMATION | |
| Facility Name: ATG Rehab | |
| Physical Address: 1650 Tribute Road | _ |
| (This must be a business address, we can not issue a license to a home address) | _ |
| Mailing Address: | |
| City: Sacramento State: CA Zip Code: 95815-4440 | |
| Telephone Number: 916/489-3651 Fax Number: 916/483-6451 | _ |
| E-mail: compliance@atgrehab.com Website: www.atgrehab.com | - |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING | |
| Mon: 8am to 5 pm Tue: 8am to5pm Wed: 8 am to 5pm Thu: 8 am to5pm | |
| | |
| Fri: Sam 5pm Sat: to Sun: to Holidays: to | |
| FACILITY ADMINISTRATOR INFORMATION | |
| Name:Jerry Knight | |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) | |
| ☐ Medical Gases** ☑ Assistive Equipment | |
| ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** | |
| ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics | |
| 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 | |
| ontact, Name; Telephone: | |
| Board Use Only Deceived Amount _500,660 | |
| deceived Amount Entity _53795 | |

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

| New MDEG X Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: PREVER; PTIOYN ETC., INC. DBA BellegRove PHARMACY |
| Physical Address: 1200 112TH AVENUE NE SuiTE A100 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 1200 112 TH AVENUE NE VUITE A100 |
| City: <u>Bellevue</u> State: <u>WA</u> Zip Code: <u>98004</u> |
| Telephone Number: $(425)455-2124$ Fax Number: $(425)451-1329$ |
| E-mail: ORders @ B6 RX. COM Website: www. B6 RX. COM |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: $\frac{9}{105}$ Tue: $\frac{9}{105}$ Wed: $\frac{9}{105}$ Thu: $\frac{9}{105}$ To $\frac{5}{100}$ |
| Fri: 9 to 5 Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Name: Viele IV E. VINGER |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☑ Diabetic Supplies ☐ Othotics and Prosethics |
| **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: |
| Property Use Only N 0 3 2012 Received Amount 500.00 Entity 58942 1 |

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

| New MDEG Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: Boardman Medical Supply Eu |
| Physical Address: 300 M. State St. (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 300 W. State St. |
| City: Greated State: OH Zip Code: 44420 |
| Telephone Number: 330-545-6700 Fax Number: 330-545-5555 |
| E-mail: NA Website: hum. boundman medical supply. es |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6 |
| Fri: 8 to 6 Sat: 9 to 5 Sun: Classel Holidays: Class |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Robin S. Ivany |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: ① PAP equipment ☐ Parenteral and Enteral Equipment* ☐ Provide and Prosethics ☐ Other: ② Provide a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada Telephone: |
| Received DEC 20 2001 Amount 500.00 Entity 58763 1 |

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

APPLICATION FOR OUT-OF-STATE Medical Device Equipment & Gases (MDEG) PARTNERSHIP

500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

| New MDEG Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: Caryon Health Care |
| Physical Address: 1008 Thousand 0005 OC. (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 1048 Thousand Oals Dr. |
| City: Hemando State: MS Zip Code: 38032 |
| Telephone Number: <u>10102 - 1449 - 8300</u> Fax Number: <u>888 - 891 - 3929</u> |
| E-mail: in60@canyonneathcare. Website: Canyonneathcare.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8A toSP Tue: 8A toSP Wed: 8A toSP Thu: 8A toSP |
| Fri: AntoSP Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Fran Glass coul |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment |
| ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** |
| المندة المنافة المنافة المنافة المنافة المنافة المنافة المنافقة ا |
| Diabetic Supplies Other: <u>CPAP resupply, Catheter resupply, EDP</u> **If providing these types of services you are required to have in place a mechanism to ensure |
| **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: |
| |
| Received JAN 9 3 2012 Amount 500.00 Entity 58841 1 |

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

| laws of the State of Nevada. |
|--|
| New MDEG Ownership Change Name Change Location Change |
| FACILITY INFORMATION |
| Facility Name: CareSource Incorporated |
| Physical Address: 7552 Nan St., ste 101 The Colony Tt. 75056 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: Same |
| City: State: Zip Code: |
| Telephone Number: 88+360 3397 Fax Number: 866 458 0728 |
| E-mail: Caresourceinc Chotmail. com Website: |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 10 to 4:30 Tue: 10 to 4:30 Wed: 10 to 4:30 Thu: 10 to 4:30 |
| Fri: 10 to 2 Sat: to Sun: to Holidays: to weekends FACILITY ADMINISTRATOR INFORMATION |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Nova Connor |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment |
| ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ 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: |
| St Board Use Only Percived Off Amount 500.00 Entity 58764 |

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$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

| iaws of the State of Nevada. |
|---|
| New MDEG |
| ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application. |
| FACILITY INFORMATION |
| Facility Name: US HEAlthCARE Services DBA CRAP Supply USA. |
| Physical Address: 12730 Spectru Land STE & Midlothian Va 231 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 12730 Spectrum Lone STE G |
| City: M.dlothiAn State: Va Zip Code: 23112 |
| Telephone: 804 353 4240 Fax: 804 353 4809 |
| E-mail: Jeff @ CPAPSUPPLYUSA. COM Website: WWW. CPAPSUPPLYUSA. (|
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8 to 8 Tue: 8 to 8 Wed: 8 to 8 Thu: 8 to 8 |
| Fri: 8 to 8 Sat: 9 to 6 Sun: Nto A Holidays: 8 to 8 |
| MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis |
| Name: Jeffrey Burgess |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| TITE OF MIDEO PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment |
| A Respiratory Equipment** □ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics☐ 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. |
| Vame: NIA Telephone: NIA |
| me no supplies only Page 1 1-800-560-2727 |
| MO Oxygen |

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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: DIAPPITE (ACH SERVICES 3 THARMACY |
| Physical Address: 34099 MELIAZ PLLY LATEFI, EASTLAIGE (This must be a business address, we can not issue a license to a home address) 44095 |
| Mailing Address: 34099 MELINZ PKLY UNIT FI, |
| City: 4ASTLAKE State: 0/4 Zip Code: 44095 |
| Telephone Number: 440-954-7709 Fax Number: 440-954-7705 |
| E-mail: Mdwolfediahetrare, Website: Www.DiaheticCareServ |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: $900 \text{ to } 530 \text{ Tue}$: $900 \text{ to } 530 \text{ Wed}$: $900 \text{ to } 530 \text{ Thu}$: $900 \text{ to } 530 \text{ Thu}$ |
| Fri: 950 to 5:30 Sat: — to — Sun: — to — Holidays: — to — |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: MARC DA VOLF RPL |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ 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 JAN 0 3 2012 Amount 500,00 Entity 58840 1 |

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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: Diabetic Solutions, Inc |
| Physical Address: 10301 West Sample Rd (This must be a business addless, we can not issue a license to a home address) |
| Mailing Address: |
| City: Coval Springs State: FL Zip Code: 33065 |
| Telephone Number: 954-346-759 Fax Number: 954-757-2653 |
| E-mail: dana a Controlyourdiabetes com Website: info a Controlyourdiabetes 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: Dana Picard |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☑ Diabetic 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: |
| Page Only Received 1 201 Amount 5000 Entity 58703 |

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: DIABETIC SUPPLY OF SUNCOAST, INC |
| Physical Address: CAPR 2, KM 26.2, BO ESPINOSA DORADO, PR OOE YE (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: HC3 BOX 7017 |
| City: DOMADO State: PR Zip Code: 00646 |
| Telephone Number: (787) 270-6700 Fax Number: (787) - 4400 |
| E-mail: ddr@dsosi.com Website: N/A |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9 Anto 5 PM Tue: 9 Anto 5 PM Wed: 9 Anto 5 PM Thu: 9 Anto 5 PM Fri: 9 Anto 5 PM Sat: NAO Sun: NATO Holidays: NAO |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: DIANA Rochiquez |
| 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 Prosethics ☐ 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: |
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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

| New MDEG Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: Diahetic Supply & Support, Inc. |
| Physical Address: 10310 5 Hood Rd. S. Ste 103 Jackson ville, FL 30257 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 10365 Hood Rd. S. Stc 103 Jacksonville, R 32259 |
| City: <u>Jacksonville</u> State: <u>FL</u> Zip Code: <u>32-259</u> |
| Telephone Number: 1-866-954-5100 Fax Number: 1-866-954-5105 |
| E-mail: holly-waldropedsspi.com Website: NIA |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8 to 3 Tue: 8 to 3 Wed: 8 to 3 Thu: 8 to 3 |
| Mon: 8to3 Tue: 8to3 Wed: 8to3 Thu: 8to3 Fri: 8to3 Sat: Closed Sun: 60 Holidays: 60 |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Holly Waldrop |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment |
| ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Orthodics and Broadbies |
| ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ 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: |
| Secret 14 0 3 2012 Amount 500.00 Entity 58844- |
| Received |

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

APPLICATION FOR OUT-OF-STATE Medical Device Equipment & Gases (MDEG) SOLE OWNER

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

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

Application must be printed legibly or typed

| New MDEGX Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: GATHRIGHT-REED MEDICAL SUPPLY LIC |
| Physical Address: 1420 North Lamae Blvd., Str. 102, Oxford, Mr. 38655 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: P.O. Box 1105 |
| City: Ox ford State: Ms Zip Code: 38655 |
| Telephone Number: 662-234-4843 Fax Number: 662-234-1814 |
| E-mail: anna@ar. diabetic supply.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: - to - Sun: - to - Holidays: - to - |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: DAVID M. KINCAID |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| |
| ☐ Medical Gases** ☐ Assistive Equipment ☐ Perenteral and Enteral Equipment** |
| ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics |
| ☐ 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 |
| Stand Use OnlyReceived |

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: HEALTHCARE DURABLE MEDICAL EQUIPHENTS |
| Physical Address: 3773 E. FUS WORTH RD. ANN ARBOR, MI 48108 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 3773 E. EUSWORTH RO. |
| City: ANN ARBOR State: MI Zip Code: 48108 |
| Telephone Number: (734) 975-6668 Fax Number: (734) 975-6678 |
| E-mail: healthcaredme@yanoo.com Website: www.healthcaredme.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9ANto 5PM Tue: 9AM to 5PM Wed: 9AN to 5PM Thu: 9AN to 5PM Fri: 9AM to 5PM Sat: - to - Sun: - to - Holidays: - to - |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: ASHFAQ A. ICADWANI |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Orthotics and Prosethics ☐ 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 UEC 22 2011 Amount 500.00 Entity 58814 1 |

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: Home town Medical Supply | |
| Physical Address: 300 B Crestwood Circle, Mena, An 71953 (This must be a business address, we can not issue a license to a home address) | |
| Mailing Address: 300 B Crestwood Circle | 50 |
| City: Mena State: AR Zip Code: 71953 | |
| City: Mena State: AR Zip Code: 7/953 Telephone Number: (479)394-/833 Fax Number: (479)394-/834 | 100 |
| E-mail: janet. a/Kmedical @ att. net Website: W/A | <u></u> |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING | |
| Mon: 9AT to SPM Tue: 9AM to SPM Wed: 9AM to SPM Thu: 9AM to SPM | |
| Fri: 9An to SPA Sat: NA to Sun: NA to Holidays: NA to | |
| FACILITY ADMINISTRATOR INFORMATION | |
| Name: Janet Van Deest | |
| 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 Prosethics ☐ Other: | |
| refronting 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: Name: | |
| Received DEC 20 2011 Amount 500.00 Entity | 1 |

Received

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 Care Delivered, Inc. |
| Physical Address: H44 Innstake Drive, Glen Allen, VA 23060 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 4144 Innslake Drive |
| City: Glen Allen State: VA Zip Code: 23660 |
| Telephone Number: 800-565-5644 Fax Number: 800-565-4411 |
| E-mail: Ktoomey Chomecaredelivered.com Website: www.homecaredelivered.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8:00 Anto 8:00 Am Tue: 8:00 Amto 8:00 Pm Wed: 8:00 Amto 8:00 Pm Thu: 8:00 Amto 8:00 Pm |
| Fri:8: MA to Sun: NA to Holidays: NA to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Darcy Furr |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Orthotics and Prosethics ☐ Other: Ostomy, Wological, in anticame, who a care continued care in the event of an emergency. ☐ Parenteral and Enteral Equipment* ☐ Orthotics and Prosethics ☐ Other: Ostomy, Wological, in anticame, who a care continued to have in place a mechanism to ensure continued care in the event of an emergency. ☐ Provide name and telephone number of Nevada ☐ Telephone: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment* ☐ Orthotics and Prosethics ☐ Other: Ostomy, Wological, in anticame, who a care contact. Name: ☐ Telephone: ☐ Telephone: ☐ Telephone: ☐ Telephone: ☐ Telephone |
| Received and an analy Amount 50000 Entity 58829 |

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

| New MDEG Ownership Change Name Change Location Change |
|--|
| FACILITY INFORMATION |
| Facility Name: ION My HEALTH |
| Physical Address: 185 E Induan town Rd Suff 109 Supertie 72 334 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 185 E Inducentown Rd Soute 109 |
| City: Jupiter State: 72 Zip Code: 33477 |
| Telephone Number: <u>561-743-2390</u> Fax Number: <u>571-748-3323</u> |
| E-mail: Contact @ dwellness.com Website: www. connyhearth.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: $\frac{9}{1}$ to $\frac{3}{1}$ Tue: $\frac{9}{1}$ to $\frac{3}{1}$ Wed: $\frac{9}{1}$ to $\frac{3}{1}$ Thu: $\frac{9}{1}$ to $\frac{3}{1}$ |
| Fri: 9 to 3 Sat: Closed Sun: Closed Holidays: Closed |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Morgan Tatum |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| |
| ☐ Medical Gases** |
| ☐ Orthotics and Prosethics |
| Z Diabetic Supplies Other: <u>Intermittent Catheters</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: |
| Received TOP AND Amount 500,00 Entity 587440 1 |
| Received |

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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

laws of the State of Nevada.

| New MDEG X Ownership Change Name Change Location Change |
|--|
| FACILITY INFORMATION |
| Facility Name: KCI USA, Inc. |
| Physical Address: 780 W. Belden Ave., Suite K. Addison, IL 60101-4939 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 5800 Farinon Drive, Attn: HCC |
| City: San Antonio State: TX Zip Code: 78249 |
| Telephone Number: (630)832-8861 Fax Number: (630)832-8129 |
| E-mail: Minerva.Mendoza@kcil.com Website: www.kcil.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: $\frac{9-12}{\text{to}^{1-4}}$ Tue: $\frac{9-12}{\text{to}^{1-4}}$ Wed: $\frac{9-12}{\text{to}^{1-4}}$ Thu: $\frac{9-12}{\text{to}^{1-4}}$ Fri: $\frac{9-12}{\text{to}^{1-4}}$ Sat: $\frac{24}{\text{to}}$ hour on call services Holidays: $\frac{9-12}{\text{to}^{1-4}}$ |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Michael J. Doolin, SM |
| Address: 780 W. Belden Ave., Suite K |
| City: Addison State: Zip Code:60101-4939 |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| □ Medical Gases** □ Respiratory Equipment** □ Life-sustaining equipment** □ Diabetic Supplies □ Wound V.A.C. (Vacuum Assisted Closure) ** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No □, If yes please provide name and telephone number of local contact. |
| Name: KCI USA, Inc. Telephone: (800)275-4524 Page 1-2010 |

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

| laws of the State of Nevada. |
|---|
| New MDEG Ownership Change Name Change Location Change |
| FACILITY INFORMATION |
| Facility Name: Kngdom (are LLC |
| Physical Address: 19459 US 1+3hway 19 North (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: SAWQ |
| City: Thomasville State: GA Zip Code: 31792 |
| Telephone Number: (229) 225 - 3513 Fax Number: (229) 225 - 3593 |
| E-mail: into & Kingdom cave, us Website: Www Kingdom care us |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 |
| Fri: 8 to 5 Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Nicholos Louis |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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. Contact. Name: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Contact Co |
| Property Use Only Received 07 2011 Amount 500.00 Entity 58676 1 |

431 W Płumb 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

| New MDEG Ownership Change Name Change Location Change |
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| FACILITY INFORMATION |
| Facility Name: Madison Medical Supply, UCC |
| Physical Address: 5313 50t Street, Suite De (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 5313 50th Street, Suite 04 |
| City: Lubbock State: Texas Zip Code: 79414-1838 |
| Telephone Number: 804 - 281 - 9181 Fax Number: 804 - 281 - 9176 |
| E-mail: madison e madison medico.com Website: NA |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 |
| Fri: 9 to 5 Sat: Nato Sun: N/4 to Holidays: to holidays. |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Jack Bohannon |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☑ 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: Name: Name |
| Received ULC 22 2011 Amount 500.00 Entity 58815 1 |

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

| New MDEG Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: M.E.D. Supplies |
| Physical Address: 405 5000 Duxton No. |
| (This must be a business address, we can not issue a license to a home address) Mailing Address: 4005 Bach Buxton Rd. |
| |
| City: Amolia State: OHO Zip Code: 45102 |
| Telephone Number: 5/3-945-0999 Fax Number: 5/3-965-9777 |
| E-mail: med supplies of use. Net Website: N/A |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 |
| Fri: 9 to 430 Sat:to Sun:to Holidays:to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Bryon Tackson |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment |
| ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics |
| 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 22 2011 Amount 500.00 Entity 58813 |
| Received TEG 22 2011 Amount 500.00 Entity 58813 |

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

APPLICATION FOR OUT-OF-STATE MDEG WHOLESALER CORPORATION

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

| New MDEG _x Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: Medtronic USA, Inc. |
| Physical Address: 7611 Northland Drive |
| (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: |
| City: Brooklyn Park State: MN Zip Code: 55428 |
| Telephone Number: <u>763-391-9547</u> Fax Number: <u>763-391-9100</u> |
| E-mail: val.nauth@medtronic.com Website: www.medtronic.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 5AMto 11PM Tue: 5AM to 11PM Wed: 5AM to 11PM Thu: 5Am to 11PM |
| Fri: 5AM to 11PM Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.) |
| Name: Val Nauth |
| 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 Prosethics ☐ Other: medical devices & instrumentation |
| Received DEC 0 7 2011 Check Number mo Amount 500.66 |

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

| New MDEG _x |
|--|
| FACILITY INFORMATION |
| Facility Name: Mini Pharmacy Enterprises, Inc. |
| Physical Address: 2425 Porter Street, Los Angeles, CA 90021 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 1916 Malcolm Avenue |
| City: Los Angeles State: CA Zip Code: 90025 |
| Telephone Number: 888-545-6464 Fax Number: 800-280-2939 |
| E-mail: richardfox@minipharmacy.net Website: www.minipharmacy.net |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8 am to 7 pm Tue: 8 am to 7 pm Wed: 8 am to 7 pm Thu: 8 am to 7 pm |
| Fri: 8 am to 7 pm Sat: 8 am to 2:30 pm Sun: closedto Holidays: closed to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Richard Fox |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Orthotics and Prosethics ☐ 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 23 2011 Amount 500 Entity 58615 |

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: Mobility Rehab Products ILC |
| Physical Address: 1/06 Business Parkway 5. 1-A (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 1106 Business Parkway S 1-A |
| City: Westminster State: M Zip Code: 21157 |
| Telephone Number: <u>410 - 833 - 2603</u> Fax Number: <u>410 - 833 - 2640</u> |
| E-mail: robe mobilityrehab. com Website: www. mobilityrehab. 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: Robert Huddler Jr, PT Coo |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: ☐ Provide name and telephone number of Nevada Telephone: ☐ Telephone: |
| Received JEC 1 2014 Amount 500,00 Entity 58700 1 |

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: My Ideal Care, LLC |
| Physical Address: 2/8 W. Jeckson S+ (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 218 W. Jackson St |
| City: Thomasville State: GA Zip Code: 31792 |
| Telephone Number: <u>229. 236. 0197</u> Fax Number: <u>229. 255. 2930</u> |
| E-mail: ting @ myideal care. com Website: WWW. My ideal care. com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: \$\frac{1}{3} \text{ to 5} \text{ Tue: } \frac{1}{3} \text{ to 5} \text{ Wed: } \frac{1}{3} \text{ to 5} \text{ Thu: } \frac{1}{3} \text{ to 5} |
| Fri: 8 to 5 Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Adrian Paul Davis |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment |
| ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics |
| 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: |
| St Board Use Only 58704 |
| Received Amount 500.00 Entity 58704 |

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: National Wellness Supply |
| Physical Address: 999 Stinson Way, Suite 303, West Palm Beach, Fc 3 (This must be a business address, we can not issue a license to a home address) Mailing Address: 999 Stinson Way, Suite 303 |
| Mailing Address: 999 Stinson Way, Suite 303 |
| City: West Palm Beach State: FL Zip Code: 334/1 |
| Telephone Number: (561) 253-6300 Fax Number: (561) 792-5820 |
| E-mail: skolta @ prescriptions plus.com Website: N/A |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9Ay to 5PM Tue: 9Ay to SPM Wed: 9AM to 5PM Thu: 9Anto 5PM |
| Fri: 4Anto 5PM Sat: N/Ato Sun: N/Ato Holidays: N/Ato |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: LARRY FAGAN |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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: |
| Beceived NOV 3 0 2011 Amount 500.00 Entity 58643 |

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

| New MDEG Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: Neighborhood Diabetes, Inc. |
| Physical Address: 15 Commonwealth Avenue, Woburn, MA_01801-5193 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: P.O. Box 849098 |
| City: Boston State: MA Zip Code: 02284-9098 |
| Telephone Number: 781-246-9302 Fax Number: 781-782-0679 |
| E-mail: jclark@sugartest.com Website: www.sugartest.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: to Wed: to Thu: to |
| Fri: to Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Kathleen Belmonte |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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. ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics 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. |
| contact. Name: not applicable Telephone: not applicable |
| Received Amount 500.60 Entity 58843 |

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

APPLICATION FOR OUT-OF-STATE Medical Device Equipment & Gases (MDEG) SOLE OWNER

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

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

Application must be printed legibly or typed

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

| New MDEG Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: NH Med Services |
| Physical Address: 17453 Hwy 109-5 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: <u>Same</u> |
| City: Denton State: NC Zip Code: 27239 |
| Telephone Number: 336-859-0504 Fax Number: 336-859-0372 |
| E-mail: +culloponhmedservices.com Website: N/A |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8 Am to 5pm Tue: 8pm to 5pm Wed: 8am to 5pm Thu: 8 Am to 5pm |
| Fri: Tam to 5pm Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Dennis Loflin |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| |
| ☐ Medical Gases** ☐ Assistive Equipment |
| ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics |
| 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: |
| Seceived Amount 500,66 Entity |

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: Regenesis Biomedical Inc |
| Physical Address: 1435 N Hayden Rd (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: Same |
| City: Sco Hsdale State: AZ Zip Code: 85257 |
| Telephone Number: <u>480-970-4970</u> Fax Number: <u>480-970-8792</u> |
| E-mail: admin@regenesisbio.com Website: www.regenesisbio.com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 |
| Fri: 8 to 5 Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Steve Soderberg |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Assistive Equipment |
| ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics |
| ☐ Diabetic Supplies Other: Wound therapy |
| **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: AAA Telephone: AAA |
| WPaged Hea Only |

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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 cashler'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: Sala Care Corporation |
| Physical Address: Sara Care Corporation Physical Address: 6600 NW 16+k St. Suite 6 Plantation, For This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 6600 NW 16+h St. Suite 6 |
| city: Plantation State: FL Zip Code: 33313 |
| Telephone Number: 877-723-1505 Fax Number: 954-400-5405 |
| Telephone Number: 877-723-1505 Fax Number: 954-400-5405 E-mall: drewerthur never Degrail-com Website: |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9 to 5 Tue: 0 to 5 Wed: 0 to 5 Thu: 9 to 5 |
| Fri: 9 to 5 Sat: to Sun: to Holldays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Drew Meyer |
| 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 Prosethics ☐ 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: |
| Pecelved Amount 500.00 Entity 58845 |

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

| laws of the state of Nevada. |
|--|
| New MDEG 🔀 Ownership Change Name Change Location Change |
| FACILITY INFORMATION |
| Facility Name: United Care Group |
| Physical Address: 999 Stinson Way, Suite 302, West Palm Beach, Ft. 339 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 999 Stinson Way, Suite 302 |
| City: West Palm Beach State: FL Zip Code: 33411 |
| Telephone Number: (561)656-1372 Fax Number: (561)656-1373 |
| E-mail: skolta@prescriptionsplus.com Website: N/A |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: 9An to 5 PM Tue: 9An to 5PM Wed: 9An to 5PM Thu: 9An to 5PM |
| Fri: 9Am to 5PM Sat: NAto Sun: NA to Holidays: NA to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: SAM KOLTA |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ Other: |
| **Îf 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 3 0 2011 Amount 500.55 Entity 58642 1 |

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: US Med, Inc. |
| Physical Address: US Med, Inc. Physical Address: 1480 Nw 79th Ave Miam, FL 33/26 (This must be a business address, we can not issue a license to a home address) |
| Mailing Address: 1480 NW 79th Ave Miami FL 33126 |
| City: Miami State: FL Zip Code: 33128 |
| Telephone Number: 800 - 787 - 6331 Fax Number: 305 - 470 - 1480 |
| E-mail: Fgarcia & us med. Com Website: Www. Vs med. com |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: $9 \text{ to } 5$ Tue: $9 \text{ to } 5$ Wed: $9 \text{ to } 5$ Thu: $9 \text{ to } 5$ |
| Fri: 9 to 5 Sat: 9 to 2 Sun: Closed Holidays: to Closed |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Fernando L. Garcia |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** |
| |
| □ Diabetic Supplies Other: CPAP supplies and Nebrizes |
| **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: |
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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: Wound Care Resources, Inc. |
| Physical Address: 4 Newbern Hwy Suite A (This must be a business address, we dan not issue a license to a home address) |
| Mailing Address: P.O. Box 155 |
| City: Vorkville State: TN Zip Code: 38389 |
| Telephone Number: 731-643-6660 Fax Number: 731-643-6801 |
| E-mail: KCn'swell-wcr@hotmail.comWebsite: www.woundcareresources.net |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: $8 \text{ to } 5$ Tue: $8 \text{ to } 5$ Wed: $8 \text{ to } 5$ Thu: $8 \text{ to } 5$ |
| Fri: 8 to 5 Sat: to Sun: to Holidays: to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: Susan G. Davis |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Other: Surgical Supplies ☐ Telephone: ☐ Respiratory Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: Surgical Supplies ☐ Other: Surgical Supplies ☐ Telephone: Telephone: |
| Received WEC 0 5 2011 Amount 500 Entity 58652 1 |

NEVADA STATE BOARD OF PHARMACY,

Petitioner, NOTICE OF INTENDED ACTION

v. <u>AND ACCUSATION</u>

MICHELLE BADTEN, R.Ph.,

Certificate of Registration No: #14966 Case No. 11-092A-RPH-S

KENTON CROWLEY, R.Ph.,

Certificate of Registration No: #15858 Case No. 11-092B-RPH-S

TIMOTHY BROWN, R.Ph.,

Certificate of Registration No: #13529 Case No. 11-092C-RPH-S

PATHWAY SPECIALITY COMPOUNDS, Certificate of Registration No: PH02590,

Case No. 11-092-PH-S

Respondents.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents Michelle Badten, Kenton Crowley and Timothy Brown are pharmacists licensed by the Board and Respondent Pathway Specialty Compounds (Pathway) is a pharmacy licensed by the Board, located at 2560 E. Sunset Rd., #120, in Las Vegas, Nevada. At all times relevant to this matter, Respondent Brown was the managing pharmacist for Pathway.

On October 14, 2011, a complaint was filed with the Nevada State Board of Pharmacy by Tony Frederick from the Southern Nevada Health District, Office of Epidemiology. The complaint was based on a report filed by Dr. Fleming Fuller Royal, M.D., H.M.D, who reported nine of his patients presented themselves sick after receiving calcium gluconate intravenously at Dr. Royal's practice, the Nevada Clinic. Dr. Royal had reported that three of his patients had gone to the hospital for treatment, with two being admitted to the hospital and one being treated at the emergency room and released. The remaining patients were treated as outpatients.

III.

Dr. Royal had treated one patient with calcium gluconate intravenously on September 26, 2011 and the eight other patients on September 27, 2011. The calcium gluconate that Dr. Royal had administered intravenously had been compounded by and obtained from Pathway. Dr. Royal reported that on September 28, 2011, the nine patients presented themselves to him sick, all having similar symptoms such as nausea, chills, diarrhea, weakness, aches and fever. Dr. Royal diagnosed all nine patients as having "IV Sepsis." Dr. Royal reported the incident to Pathway and Respondent Crowley obtained three vials of 100 ml preservative-free calcium gluconate. Dr. Royal reported that one vial compounded and provided by Pathway had been used and that two other vials were sealed and unused. Dr. Royal stated that the one used vial and one of the sealed vials were sent to Clinical Pathology Laboratories and that both the used and the unused vials tested positive for Gram Negative Bacilli. A specific microorganism was not identified in the testing. Once Dr. Royal was certain that the source of the contamination had come from Pathway, as both the sealed and

opened vials were infected, he returned to Pathway and obtained one of the unopened 100 ml vials of calcium gluconate so he could have it tested to learn the specific bacteria within the vials. Dr. Royal shipped the vial to an out-of-state laboratory for further testing, but the vial broke in transit and it was not able to be tested.

IV.

Board Staff questioned Respondent Brown who stated that the calcium gluconate provided by Pathway to Dr. Royal was found to be contaminated. Respondent Brown told Board Staff that Pathway recovered three 100 ml vials of calcium gluconate from Dr. Royal's office: two of the vials were sealed and unopened and one was opened and almost empty. Repondent Brown confirmed that Pathway had sent one open vial and one unopened vial to Clinical Pathology Laboratories to be tested and showed Board Staff the results that showed both vials tested positive for Gram Negative Bacilli. Respondent Brown stated that the calcium gluconate powder that was used to compound the calcium gluconate for Dr. Royal was obtained from Letco and that Respondent Crowley was involved in the compounding of the products.

V.

Respondent Brown was told by Respondent Crowley that the calcium gluconate that was provided to Dr. Royal was compounded in 100 ml preservative-free vials. Respondent Brown stated that Respondent Crowley could not provide him with a reason why 100 ml preservative free vials were sent to Dr. Royal. Respondent Brown reported to Board Staff that Respondent Crowley told him that Dr. Royal intended to administer 10 ml doses drawn from each vial so as to serve at least 10 patients per 100 ml vial. Respondent Brown stated that it was his opinion that a

preservative-free 100 ml vial should be used for a single use only and not multi-dose.

Respondent Brown stated that he was not aware that these vials were being compounded for Dr. Royal until the contamination was discovered.

VI.

Board Staff contacted Renee Swain, RN, a nurse employed at the Nevada Clinic to understand how the 100 ml vials of the compounded calcium gluconate were used to treat the patients at the Nevada Clinic. Nurse Swain admitted that she did not know that the 100 ml vials of calcium gluconate were preservative-free and should only have been used as single dose vials. Nurse Swain stated that she had routinely used other preservative-free injectables for multi-dose use.

VII.

Board Staff contacted Respondent Crowley who said it was Nurse Swain who would typically contact him telephonically to order the compounded products that would be administered at the Nevada Clinic. Respondent Crowley stated that he always provided preservative-free vials to Dr. Royal. When asked why he would provide Dr. Royal with preservative-free multi-dose vials and not single-use vials, Mr. Crowley said he was simply filling the order that had been requested by the clinic. Respondent Crowley was not aware if the Nevada Clinic had the proper equipment to make sterile use of the multi-dose vials.

VIII.

Respondent Crowley explained to Board Staff that he had a discussion with Alex Hendrix, PT, regarding the compounding of the calcium gluconate and the difficulties with compounding the 5% and 10% calcium gluconate solutions because the product always precipitated out, usually within 24 hours of making the product. Respondent

Crowley stated that there was a shortage of calcium gluconate and at one point he attempted to compound the calcium gluconate based on an urgent request from Dr. Royal. Respondent Crowley stated that at least three 100 ml vials were made and provided to Dr. Royal but added he could not recall if he was the pharmacist who delivered the product to the Nevada Clinic. Respondent Crowley said that several days after the product had been delivered to the Nevada Clinic, Pathway got a telephone call from the Nevada Clinic regarding adverse reactions that patients were having to the calcium gluconate. Respondent Crowley stated that he went to the Nevada Clinic and met with Dr. Royal and took three vials back to Pathway, one opened and two unopened, and the one open vial and one of the unopened vials were sent in for testing. Respondent Crowley reported to Board Staff that both vials tested positive for Gram Negative Bacillus. In his written statement to Board Staff, Respondent Crowley acknowledged that he must have been the pharmacist who delivered the three vials of calcium gluconate to the Nevada Clinic.

IX.

Mr. Hendrix stated to Board Staff that he began working as a pharmaceutical technician at Pathway in March of 2011, and in April of 2011 calcium gluconate became unavailable. Mr. Hendrix recalled that Respondent Crowley presented him with the work sheet for calcium gluconate but the product was never successfully compounded. The calcium gluconate used was purchased from Letco and did not indicate on the label that it was intended for use by injection. Mr. Hendrix told Board Staff that Respondent Crowley had researched why the compounding had failed, and Respondent Crowley discovered that they had been using the wrong ingredients to compound the calcium gluconate. Respondent Crowley discovered that calcium

gluconate USP anhydrous for injections and calcium saccharate were the products needed, whereas the calcium gluconate he had obtained from Letco and had been using was a dietary supplement intended for oral dosing. In May 2011, both of the correct products were ordered from PCCA. According to Mr. Hendrix, Respondent Crowley wrote on the calcium glucomate from Letco, "Do not use for injection". Mr. Hendrix told Board Staff that later, the correct form of calcium gluconate again became unavailable and the correct ingredient that had been obtained from PCCA was on back order.

X.

Mr. Hendrix stated to Board Staff that he overheard the conversation between Respondent Crowley and Nurse Swain making the order for the calcium gluconate for the Nevada Clinic. According to Mr. Hendrix, Respondent Crowley contacted Letco and obtained instructions from Letco to bring the calcium gluconate almost to a boil which would cause the powder to liquify. Thereafter, Mr. Crowley directed Mr. Hendrix to compound the calcium gluconate using the calcium gluconate from Letco on which Respondent Crowley had earlier written, "Do not use for injection." Alex Hendrix stated he pulled the work sheet for the calcium gluconate and entered the information into the computer system.

XI.

Board Staff learned from Respondent Brown that when a lot number was entered into the Pathway computer system, it would change all the history (lot numbers) within the system for any of that specific product previously compounded. Respondent Brown stated when Mr. Hendrix pulled up the worksheet; he failed to check the lot

number and also failed to manually record the proper lot number on the worksheet.

Respondent Brown further stated the approving pharmacist should have caught the discrepancy at the time the product was approved.

XII.

On September 21, 2011, Mr. Hendrix compounded the calcium gluconate 100 ml vials for the Nevada Clinic using the Letco calcium gluconate ingredient that was not intended for injectable use. Mr. Hendrix spent seven hours heating the product in order for it to clear. According to Mr. Hendrix, when he told Respondent Crowley the product had cleared, it made Respondent Crowley very happy. Mr. Hendrix told Respondent Crowley that they should wait a few days before using the product to see if the product would actually stay in solution. Mr. Hendrix stated that after the product had cooled to room temperature, he filtered it and labeled the 100 ml vials. Mr. Hendrix stated that the worksheet he made up was for 1,000 ml but he ended up with only 800 ml because he had spilled part of the solution.

When Board Staff asked where in the pharmacy Mr. Hendrix had compounded the calcium gluconate, he indicated an area in the pharmacy that had been previously inspected by Board Staff on August 30, 2011 and was found not to be compliant with Nevada law with respect to sterile compounding and advised not to be used for sterile compounding. Then Mr. Hendrix stated that he left for the day and when he saw the vials he had compounded the following day, he observed three of the 100 ml vials were missing. It was Mr. Hendrix's opinion that Respondent Crowley was the only person who could have delivered the three 100 ml vials of calcium gluconate to the Nevada Clinic.

Respondent Badten confirmed to Board Staff that she heard Respondent
Crowley direct Mr. Hendrix to compound the calcium gluconate around September 20,
2011 and that she had been the pharmacist to verify the compounded product. Ms.
Badten recalled that Mr. Hendrix had compounded the calcium gluconate as directed by
Mr. Crowley and had documented the directions given to him by Mr. Crowley on how to
compound the product. Ms. Badten stated Mr. Hendrix produced three 100 ml vials for
her to verify and she checked the math on the worksheet, verified that the labels
matched what was on the formula log, checked that the consistency was clear, and
then she signed the log sheet. Ms. Badten also recalled Mr. Hendrix telling Mr. Crowley
that they should wait a few days before using the product to see if the product remained
in solution. Ms. Badten stated that at no time did she see the raw products used in the
compounded product, nor did she see them at the time she reviewed the three vials
and the compounding worksheet for verification.

Pursuant to an uncodified regulation that became effective on September 18, 2008 identified by the Legislative Counsel Bureau as R035-06 (hereinafter R035-06), Section 15 defines "High-risk sterile compounded drug product" to mean a sterile compounded drug which is compounded by a pharmacist or a pharmaceutical technician and satisfies the requirements set forth in section 45 of this regulation. Section 45 of R035-06 states that a compounded drug product is a high-risk sterile compounded drug product if the compounded drug product is required to be sterile for its effective administration, the sterile compounded drug product is contaminated with or at a high risk of becoming contaminated with infectious microorganisms and if one or more of the ingredients or devices used in the compounding process are

non-sterile or one or more of the ingredients or devices used in the compounding process were sterile but were exposed or are suspected of having been exposed for more than 1 hour to an air quality inferior to an ISO Class 5 environment. In this case, the calcium gluconate product compounded at Mr. Crowley's direction by Mr. Hendrix and verified later by Ms. Badten was a high-risk sterile product pursuant to Section 45 of R035-06.

Section 47 of R-35-06 requires that all sterile high-risk products must be batch tested, meaning that before the product can be administered to a patient it must be tested for sterility and endotoxins. Board Staff's investigation revealed that the batch of calcium gluconate that was eventually provided by Mr. Crowley to Dr. Royal for administration by Dr. Royal to his patients had not been batch tested.

FIRST CAUSE OF ACTION

XIV.

In using an ingredient in the compounded calcium gluconate injectable that was labeled as a dietary supplement for oral use (not for compounding in an injectable form), Mr. Crowley violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(a).

SECOND CAUSE OF ACTION

XV.

In failing to batch test the calcium gluconate prior to providing the product to Dr. Royal for administration to patients, Mr. Crowley, Mr. Brown, Ms. Badten, and Pathway violated NRS 639.210(4) and/or (12) and Section 47 of R035-06 and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XVI.

In compounding calcium gluconate product in 100 ml preservative-free vials to be sold to a physician's office for multi-dose use, Mr. Crowley and Pathway violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(a) and/or (i)

FOURTH CAUSE OF ACTION

XVII.

In failing to keep accurate records reflecting the products and method of preparation for the compounded calcium gluconate, Mr. Brown and Pathway violated NRS 639.210(4) and/or (15) and/or Section 31 of R035-06 and/or NAC 639.914 and/or 639.945(i).

FIFTH CAUSE OF ACTION

XVIII.

In compounding the calcium gluconate, a high-risk sterile product, in an area of the pharmacy that Board Staff had previously indicated could not be used for that purpose until it complied with Section 36 of R035-06, Mr. Brown, Mr. Crowley and Pathway violated NRS 639.210(4) and/or NAC R035-06, Sec. 36 and NAC 639.945(1)(i).

SIXTH CAUSE OF ACTION

XIX.

In failing to verify the correctness of the entirety of the compounding of the calcium gluconate as prepared and presented to her by Mr. Hendrix, especially where the label would have reasonably indicated that the order might be incorrect, Ms. Badten violated NRS 639.210(4) and/or NAC 639.245(2)(b) and (c), and/or NAC 639.467(3),

and/or 639.945(1)(i).

SEVENTH CAUSE OF ACTION

XX.

In owning and operating the pharmacy in which all of the above factual allegations and legal violations occurred, Pathway violated NRS 639.210(4) and NAC 639.945(1)(i) and (2) and/or all other legal violations alleged in the First through Sixth Causes of Action.

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

Signed this ______ day of December, 2011.

Lard L. Pirlson, Executive Secretary Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

MICHELLE BADTEN, R.Ph.,

Certificate of Registration No: #14966

Case No. 11-092A-RPH-S

Respondent.

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

1.

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.

П

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this ______day of December, 2011.

Lary L. Pirson, Executive Secretary Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

ANSWER AND NOTICE OF DEFENSE

MICHELLE BADTEN, R.Ph., Certificate of Registration No: #14966 Respondent.

Case No. 11-092A-RPH-S

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

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

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

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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

KENTON CROWLEY, R.Ph.,

Certificate of Registration No: #15858 Case No. 11-092B-RPH-S

| Respo | n | de | n | ŀ. |
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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

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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.

Ш

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this ______day of December, 2011.

Larry L. Pinson, Executive Secretary Nevada State Board of Pharmacy FAY20 1/5/12 to 775-850-1444

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

V.

<u>ANSWER AND</u>

KENTON CROWLEY, R.Ph., Certificate of Registration No: #15858 Respondent.

Case No. 11-092B-RPH-S

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

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

See my objections under #2 on proge 2

111

Kenton Crowley 40970 Alton Court Temecula, CA 92591

01/05/12

RE: Answer and Notice of Defense, Case#: 11-092B-RPH-S

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

First Cause of Action: False, the label on the bottle of Calcium Gluconate Anhydrous, USP, does not state anything to the fact that it is only for dietary supplements. The statement and conclusion is not factual and miss-represented by this Action.

Second Cause of Action: False, I personally used the Letco broth media used for Injectable batch testing for this product. It caused an immediate precipitate, which prompted me to contact Letco and then the company that makes the product to explain what the reaction was. A process was put in place to obtain the correct test media for this particular product.

Third Cause of Action: Partly true and will need to be discussed at my hearing.

Fourth Cause of Action: No Comment

Fifth Cause of Action: Mr. Crowley was with his wife on September 21 (my birthday) and did not go to the pharmacy to observe anything going on or was in a position to direct, supervise or observe staff and the making of the Ca Gluconate. I am not a party to this Action.

Six Cause of Action: No Comment

Seventh Cause of Action: No Comment

This page is to be inserted into the Answer And Notice of Defense response.

I have requested that an extension be made on this Action as my attorney is in Trial. I cannot find an attorney in this amount of time to replace him. I will be in attendance when requested on 1/18/12 but request an extension for a formal reply.

Page 2

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

See Page 2 -

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

DATED this 5 That day of January, 2011.

Kenton Crowley, R.Ph

page 3

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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

TIMOTHY BROWN, R.Ph., Certificate of Registration No: #13529 Case No. 11-092C-RPH-S

| Res | pond | ent. |
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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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

П

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this _____ day of December, 2011.

Larry L. Pinson, Executive Secretary Nevada State Board of Pharmacy Answers to Intended Actions Case #'s 11-092A-RPH-S, 11-092B-RPH-S, 11-092C-RPH-S, 11-092-PH-S

First: No objection

Second: Object on the grounds that there was no requirement to batch test the Calcium Myself, Ms. Badten and Pathway Pharmacy had no obligation to batch test the product as USP 797 clearly excludes under these circumstances. There was no violation of NRS 639.310(4), NAC 639.945 or R035.36. Additionally, Pathways has a policy and practice for proper batch testing as required under USP 797. Documentation of Policy and procedure as well as log were provided to inspectors. However, Mr. Crowley by removing these items from the pharmacy with the knowledge that they would be used in such a manner as to be for multi-use without disclosing that, is guilty of unprofessional behavior.

<u>Third:</u> The transaction was handled at every step by Mr. Crowley acting completely outside the authority and established Policies and Procedures of Pathway Pharmacy.

Fourth: As explained to the Board inspectors, our software program precludes the changing of any one product without changing the entire electronic history of that product's compounding logs. As this particular compounding was to be an 'experiment' based on information received by wholesaler it was not certain it would work. A new formula was not generated. This product was not to be used until it was known that it would successfully stay in solution. At that time a new formula would be created. Mr. Crowley by absconding with the product without anyone else's knowledge and not giving an appropriate settling out period is solely guilty of this violation.

Fifth: Object on multiple grounds. Product was not compounded in an unapproved area of the pharmacy. Only the filtration stage was done in the cleanroom in question and we had received approval to do sterile transfers in that room. Additionally, the area was restricted from high risk compounding base on a misinterpretation of USP 797 on behalf of the Board Inspectors. The required buffer area referred to in USP 797 refers to the class 7 room wherein the class 5 hood resides. This clause was included to prohibit the practice of many hospitals and mom and pop shops of having a class 5 hood in the middle of a non sterile room. We also provided documentation that area immediately outside cleanroom meets class 8 standards, the only requirement for an *anteroom*.

<u>Sixth:</u> Object to statement, "where the label would have reasonably indicated that the order might be incorrect.

Seventh: Pathway has strict policies and procedures in place regarding the compounding of medications that are in compliance with USP 795 and 797 standards. Mr. Crowley not only refused to comply with these standards, he threatened and intimidated others into non compliance. He is delusional and convinced others that he was on owner of the pharmacy. He used deception, volatile outbursts, verbal and even physical abuse to get his way. His behavior is solely behind every cause of action. The Board is well aware of Mr. Crowley's non-compliance to rules and inability to exercise good judgment for any period of time. I am sure that they can also be sympathetic to our giving Mr. Crowley more chances than he deserved. As long as Mr. Crowley is allowed to practice pharmacy, he will be a jeopardy to the public, his employers, co workers and himself.

In Summary

As Pathway had the Policies and Procedures in place and under Mr Brown's leadership were being introduced and enforced, the problem lay solely in Mr Crowley's rogue behavior. Whether out of spite or malice or plain recklessness, Mr. Crowley refused to follow the rules and threatened and intimidated other employees when they did. The solution was to remove Mr Crowley from service. It is with great respect and admiration that I applaud the Board in enforcing this higher level of standards for compounding pharmacy practice. Perhaps a bit overdue, as I sat on the committee which reviewed USP 797 and worked on incorporating it into all pharmacy practices back in 2007. The standards were originally to have taken effect in 2008. At Pathway pharmacy we strive to be a model compounding pharmacy and have and will continue to cooperate with the Board of Pharmacy in all matters pertaining to meeting this end.

Signed This 29th day of December, 2011

Timothy A Brown RPh

Pharmacy Manager

Pathway Specialty Compounds

NEVADA STATE BOARD OF PHARMACY,

Petitioner.

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION RIGHT TO HEARING

٧.

PATHWAY SPECIALITY COMPOUNDS.

Certificate of Registration No: PH02590,

Case No. 11-092-PH-S

Respondent.

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

I.

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

11.

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this ______day of December, 2011.

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

ANSWER AND NOTICE

v.

OF DEFENSE

PATHWAY SPECIALITY COMPOUNDS, Certificate of Registration No: PH02590,

Case No. 11-092-PH-S

Respondent.

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

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

| 2. That, in answer to the Notice of Intended Action and Accusation, he admits, deni | es |
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| and alleges as follows: | |
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| 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 | e. |
| DATED this day of, 2011. | |
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| tuno or print name | |
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| | |
| For Pathway Specialty Compounds | |

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

٧.

KIRSTIN Y. LESTER, PT Certificate of Registration No. PT09054, Case No. 11-105-PT-S

Respondent.

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

I.

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

H.

On or about September 26, 2011, Board staff was notified that Ms. Lester had been terminated from employment as a pharmaceutical technician at CVS #5286 located at 21 West Horizon Ridge Parkway, Henderson, Nevada. In a written statement Ms. Lester admitted to taking a few tablets of promethazine 25 mg., ibuprofen 800 mg. and a "Plan B" tablet for her personal use. Ms. Lester also admitted to activating gift cards on two occasions in the amounts of \$25.00 and \$50.00 for personal purchases and taking food and drinks from CVS without paying for them. Ms. Lester agreed in a Promissory Note to reimburse CVS \$298.97 for their loss.

FIRST CAUSE OF ACTION

101.

In removing dangerous drugs, namely promethazine and ibuprofen tablets and a

Plan B tablet without prescriptions therefore, Ms. Lester violated Nevada Revised Statutes (NRS) 454.221(1), 454.321 and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

SECOND CAUSE OF ACTION

IV.

In removing food and drinks and activating gift cards without paying for them for her personal use, Ms. Lester violated NRS 639.210(4), and/or Nevada Administrative Code (NAC) 639.945(1)(h).

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

Signed this <u>lo</u>day of November, 2011.

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

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY.

Petitioner,

٧.

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

KIRSTIN Y. LESTER, PT Certificate of Registration No. PT09054, Case No. 11-105-PT-S

Respondent.

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

1.

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

II.

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this _____day of November, 2011.

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

| 1 | BAILUS COOK & KELESIS, LTD. KATHLEEN T. JANSSEN, ESQ. ORIGINAL |
|----|--|
| 2 | 400 South Fourth Street, Suite 300 |
| 3 | Las Vegas, Nevada 89101 Phone: (702) 737-7702 |
| 4 | Fax: (702) 737-7712 E-mail: law@bckltd.com |
| 5 | Attorneys for Respondent Kirstin Y. Lester, PT |
| 6 | |
| 7 | BEFORE THE NEVADA STATE BOARD OF PHARMACY |
| 8 | NEVADA STATE BOARD OF PHARMACY,) |
| 9 |) Case No. 11-105-PT-S Petitioner, |
| 10 | vs. ANSWER AND NOTICE |
| 11 |) OF DEFENSE KIRSTIN Y. LESTER, PT |
| 12 | Certificate of Registration No. PT09054, |
| 13 | Respondent. |
| 14 | |
| 15 | Respondent, KIRSTIN Y. LESTER, PT ("Respondent"), with Certificate #PT09054, by and |
| 16 | through her legal counsel, Kathleen Janssen, of the law firm of Bailus Cook & Kelesis, Ltd., in |
| 17 | answer to the Notice of Intended Action and Accusation filed in the above-captioned matter before |
| 18 | the Nevada State Board of Pharmacy, declares as follows: |
| 19 | 1. That a hearing on the Notice of Intended Action and Accusation is requested to discuss the |
| 20 | factual and mitigating circumstances, and to accept direction as to possible corrective actions to |
| 21 | avoid such circumstances from occurring in the future. Alternatively, and subject to final approval |
| 22 | of the Board, Respondent will attempt to come to a Stipulated Agreement of Action with Board staff |
| 23 | prior to the hearing and make a presentation to the Board regarding an agreed course of disciplinary |
| 24 | action. |
| 25 | 2. As to Paragraph I, Respondent admits this allegation. |
| 26 | 3. As to Paragraph II, Respondent admits that she executed a written statement for CVS dated |
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September 20, 2011, wherein she made certain admissions about her actions at CVS which resulted in her agreeing to reimburse CVS in the amount of \$298.97. The statement included admissions concerning taking limited food and drink items from CVS without paying for them; activating two (2) CVS gift cards without purchasing a prescription at the same time; and taking 1 tablet of Promethazine (25 mg), 4 tablets of Ibuprofen (800 mg), and 1 Plan B tablet without current prescriptions. The remaining allegations are such that Respondent lacks personal knowledge or information sufficient to form a belief about the truth of the facts alleged and thus, Respondent denies them.

- 4. As to Paragraph III, it does not aver factual allegations, but instead contains legal conclusions that are not subject to admission or denial of facts. In the event factual allegations are averred and they are inconsistent with the admissions made above, they are denied.
- 5. As to Paragraph IV, it does not aver factual allegations, but instead contains legal conclusions that are not subject to admission or denial of facts. In the event factual allegations are averred and they are inconsistent with the admissions made above, they are denied.
- 6. Respondent retains the right to raise all available affirmative defenses in the event this matter proceeds to a full evidentiary hearing.

DATED this 8th day of December, 2011.

BAILUS/OOK & KELESIS, LTD.

KATHLEEN JANSSEN, ESQ.

Nevada Bar No. 5026

400 S. Fourth Street, Suite 300 Las Vegas, Nevada 89101

(702) 737-7702

Attorney for Respondent Kirstin Y. Lester, PT

| 1 | | | | |
|----------|---|--|--|--|
| 2 | DECLARATION OF RESPONDENT | | | |
| 3 | 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. | | | |
| 4 | | | | |
| 5 | DATED this 9th days of Days 1 2011 | | | |
| 6 | DATED this 8 th day of December, 2011. | | | |
| 7 | Kirstin Y. Lester, PT | | | |
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| 11 | CERTIFICATE OF SERVICE | | | |
| 12 | I hereby certify that I am an employee of BAILUS COOK & KELESIS, LTD., and that on | | | |
| 13 | the day of December, 2011, I served the ANSWER AND NOTICE OF DEFENSE via United | | | |
| 14 | States Mail on the parties listed below by placing a true and correct copy thereof in the United States | | | |
| 15 | Mails, with first class postage fully prepaid thereon, addressed as follows: | | | |
| 16 | Carolyn J. Cramer, Esq. General Counsel | | | |
| 17 | Nevada State Board of Pharmacy 431 W. Plumb Lane | | | |
| 18 | Reno, Nevada 89059-3766 | | | |
| 19 | $\partial \mathcal{C}$ | | | |
| 20 | Shannon J. Fagin An Employee of Bailus Cook & Kelesis, Ltd. | | | |
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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION

AND ACCUSATION

٧.

MIRANDA MCKERLIE, PT, Certificate of Registration No. PT10828. Case No. 11-104-PT-S

Respondent.

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

1.

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

11.

On or about October 4, 2011, Board staff was notified that Ms. McKerlie had been terminated from employment as a pharmaceutical technician at CVS Pharmacy #08795 (CVS #08795) located at 2662 West Horizon Ridge Parkway, Henderson, Nevada. It was discovered that Ms. McKerlie had been diverting controlled substances for her personal use.

Ш.

In a voluntary written statement given as part of an exit interview with CVS loss prevention personnel, Ms. McKerlie admitted that she had been diverting controlled substances from the pharmacy since the spring of 2010. Ms. McKerlie stated that she has an addiction and began taking medication from the pharmacy for leg pain. Ms. McKerlie went into rehab in February 2011, but she relapsed and began taking drugs

again. In her written statement Ms. McKerlie estimated that she had taken approximately 5,400 hydrocodone/APAP 10/325 mg. tablets, 4,500 hydrocodone/APAP 10/500 mg. tablets, 30 to 40 provigil 100 and 200 mg. tablets, 10 tablets of Adderall or amphetamine salts, one Suboxone patch and 10 to 15 Singular 5 mg. tablets for her nephew.

IV.

CVS submitted a Report of Theft or Loss of Controlled Substances to the DEA and claimed the losses from CVS #08795 as follows:

Hydrocodone 10/500

15,000 tablets

Hydrocodone 10/325

7,681 tablets

Methylin 5 mg.

100 tablets

Promethazine/Codeine syrup

1,184 ml.

Oxycodone HCL 5 mg.

60 tablets

Suboxone 2 mg./0.5 mg. SL Film

158 film, medicated (EA)

Alprazolam 2 mg.

568 tablets

Provigil 100 mg.

112 tablets

Provigil 200 mg.

504 tablets

CVS estimated the loss from CVS #08795 to be \$27,996.00.

FIRST CAUSE OF ACTION

V.

In removing controlled substances from her employing pharmacy without a prescription and without paying for them, namely the referenced controlled substances in averment III above, Ms. McKerlie violated (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h), and/or (i).

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

Signed this day of November, 2011.

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

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner.

٧.

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

MIRANDA MCKERLIE, PT Certificate of Registration No. PT10828, Case No. 11-104-PT-S

Respondent.

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

1.

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.

П

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this <u>lo</u> day of November, 2011.

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

ANSWER AND NOTICE OF DEFENSE

MIRANDA MCKERLIE, PT, Certificate of Registration No. PT10828, Case No. 11-104-PT-S

| Respondent. |
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| |

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

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

| That, in answer to the Notice of Intended Action and Accusation, he admits, |
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| denies and alleges as follows: |
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| 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. |
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| Miranda McKerlie, PT |
| Willianda Wickerile, PT |
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NEVADA STATE BOARD OF PHARMACY,
Petitioner.

٧.

NOTICE OF INTENDED ACTION
AND ACCUSATION

ELIZABETH SUNDLING, PT,
Certificate of Registration No. PT11093,
Respondent.

Case No. 11-106-PT-S

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

1.

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

11.

On or about September 9, 2011, Board staff received notice of termination of employment from Wilson Chu, manager of pharmacy services for Sunrise Hospital and Medical Center. In the notice of termination of employment Mr. Chu advised that Ms. Sundling failed a pre-employment drug screen on August 29, 2011 on the day of orientation. The Drug Detail Report from Quest Diagnostics confirmed that Ms. Sundling tested positive for marijuana.

FIRST CAUSE OF ACTION

III.

By failing a drug screen by testing positive for marijuana, Ms. Sundling violated NRS 639.210(1) and/or (4) and/or NAC 639.945(1)(i).

Signed this _____ day of December, 2011.

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

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner.

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

ELIZABETH SUNDLING, PT, Certificate of Registration No. PT11093,

Case No. 11-106-PT-S

| Res | po | nd | eı | nt. |
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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

١.

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.

П

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

The Board has reserved Wednesday, January 18, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this _____ day of December, 2011.

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧,

ANSWER AND NOTICE OF DEFENSE

ELIZABETH SUNDLING, PT, Certificate of Registration No. PT11093,

Case No. 11-106-PT-S

Respondent.

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

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

| 2. That, in answ | er to the Notice | of Intended Act | tion and Accusation, he admit | is, |
|---------------------------|-------------------|-----------------|-------------------------------|-----|
| denies and alleges as fe | ollows: | | | |
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| | | | e foregoing Answer and Noti | се |
| of Defense, and all facts | therein stated, a | are true and co | rrect to the best of my | |
| knowledge. | | | | |
| DATED this | day of | | , 2011. | |
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| | Elizabeth Sun | dling, PT | | |

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

٧.

DECKER STIREK, PT Certificate of Registration No. PT10981, Case No. 11-114-PT-S

Respondent.

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

I.

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

11.

On or about November 18, 2011, Board staff was notified that Mr. Stirek had been terminated from employment as a pharmaceutical technician in training at CVS #8782 located at 7007 West Ann Road in Las Vegas. Mr. Stirek admitted in a written statement that he was addicted to hydrocodone and had been taking drugs from the pharmacy for about a year. He admitted to using four or five tablets per dose and doses approximately four or five times a day taking approximately 20 to 25 tablets daily. Based on this usage Mr. Stirek estimated that he had taken approximately 11,000 hydrocodone 10/325 tablets, 500 hydrocodone 10/500 tablets, 150 Clonazapam 2 mg. tablets, 50 to 75 Alprazolam 2 mg. tablets, 100 Alprazolam 1 mg. tablets and 30 to 40 Phenmetrazine capsules.

FIRST CAUSE OF ACTION

III.

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

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

Signed this <u>1</u> day of December, 2011.

Larry L Pinson, Executive Secretary Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

DECKER STIREK, PT Certificate of Registration No. PT10981, Case No. 11-114-PT-S

Respondent.

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

1.

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.

11.

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 12 day of December, 2011.

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

ANSWER AND NOTICE OF DEFENSE

DECKER STIREK, PT Certificate of Registration No. PT10981,

Case No. 11-114-PT-S

Respondent.

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

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

| That, in answer to the Notice of Intended Action and Accusation, he admits, |
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| denies and alleges as follows: |
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| 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. |
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| Decker Stirek, PT |
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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

NOTICE OF INTENDED ACTION

AND ACCUSATION

VANESSA EBOSIEM, R.Ph.
Certificate of Registration No. 17889

Case Number 11-026-RPH-S

CVS/pharmacy #8804
Certificate of Registration No: PH01093

Case Number 11-026-PH-S

Respondents.

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

1.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Vanessa Ebosiem is a pharmacist licensed by the Board and Respondent CVS/pharmacy #8804 (CVS #8804) is a pharmacy licensed by the Board, located at 1408 West Craig Road, North Las Vegas, Nevada.

II.

In September 2010, Rebecca Mersereau took her four-month old son Ethan, to his pediatrician where he was prescribed Prednisolone with directions to "Take 1 ml by mouth twice a day for three days". Ms. Mersereau was given a bottle of Prednisolone

with directions on the label that read "Take 1 Teaspoonful by mouth twice a day for 3 days." (Prescription #222622) Fortunately, Ethan did not ingest the Prednisolone as incorrectly directed on the label.

111.

On January 23, 2011, Ethan, then eight months old, was prescribed Nystatin 100,000 units/ml suspension with directions to "Take 2 ml by mouth twice a day for 3 days." The prescription was filled with directions on the label to "Take 2 Teaspoonfuls by mouth twice a day for 3 days." (Prescription #248071) Ms. Mersereau administered the medication to Ethan as directed on the label, causing him to receive five times the amount of Nystatin than was prescribed for him. Fortunately, Ethan showed no signs of adverse effect from having been overdosed with Nystatin.

IV.

During the investigation of this matter it was learned that High Dose alerts were displayed on both incorrectly labeled prescriptions. Prescription #222622 was input by a pharmaceutical technician and Ms. Ebosiem was the verifying pharmacist. Ms. Ebosiem was the sole person responsible for filling and verification of prescription #248071. The High Dose alerts were cleared by Ms. Ebosiem without her investigation into the problem.

FIRST CAUSE OF ACTION

V.

In dispensing Ethan Mersereau's two prescriptions with incorrect dosing instructions on the label, Ms. Ebosiem violated NRS 639.210(4) and/or Nevada

Administrative Code (NAC) 639.945 (1)(i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the error took place, CVS #8804 violated NRS 639.210(4) and/or NAC 639.945 (1)(i) and (2).

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

Signed this _____ day of December, 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,

٧.

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

VANESSA EBOSIEM, R.Ph Certificate of Registration No. 17889

Case Number 11-026-RPH-S

Respondent.

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

Ι.

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.

Ш

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. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this ______ day of December, 2011.

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

ANSWER AND NOTICE OF DEFENSE

VANESSA EBOSIEM, R.Ph.
Certificate of Registration No. 17889

Case Number 11-026-RPH-S

Respondent.

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

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

| 2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies |
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| and alleges as follows: |
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| 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. |
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| DATED this downs |
| DATED this day of,2011 |
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| Vanessa Ebosiem, R.Ph. |
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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

CVS/PHARMACY #8804

Certificate of Registration No: PH01093

Case Number 11-026-PH-S

Respondent.

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

1.

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.

Ш

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. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board 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 13th day of December, 2011.

Larry L Pinson, Executive Secretary Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE

CVS/PHARMACY #8804 Certificate of Registration No: PH01093

Case Number 11-026-PH-S

Respondent.

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

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

| Z. That, in answer to the | Notice of Intended | Action and Accusation, | he admits, denies |
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| and alleges as follows: | | | |
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| I hereby declare, under pe | enalty of perjury, tha | t the foregoing Answer a | and Notice of |
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| Defense, and all facts the | rem stated, are true | and correct to the pest of | от ту кпоміеаде. |
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NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION

AND ACCUSATION

V.

KENNETH E. HEATON, R.PH Certificate of Registration No. 11495

Case No. 10-078A-RPH-S

JEFFREY C. PETERSEN, R.PH Certificate of Registration No. 08402 Case No. 10-078B-RPH-S

WAL-MART #10-2592
Certificate of Registration No. PH01216
Respondents.

Case No. 10-078-PH-S

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Kenneth E. Heaton, RPh, (Certificate Number 11495) and Jeffrey C. Petersen, RPh, (Certificate Number 08402) are registered pharmacists with the Board and Respondent Wal-Mart #10-2592 is a pharmacy licensed by the Board, located at 1807 West Craig Road, North Las Vegas, Nevada.

11.

On or about August 6, 2010 Sharon Mashburn picked up several prescriptions from Wal-Mart #10-2592. When Ms. Mashburn returned home she read the labels on all of the prescriptions that were dispensed to her. Ms. Mashburn noticed that four of the prescriptions she was given had another doctor's name on them. Ms. Mashburn contacted the pharmacy and spoke with Jeffrey Petersen and asked if she had the correct medication since the physician's name on the labels was not her doctor. Ms. Mashburn was assured that she had the correct medications.

Ms. Mashburn began taking the medications she was given as directed and after ingesting them for a few days began feeling "weird", moody, fatigued, angry and depressed, among other things. Again, Ms. Mashburn contacted the pharmacy and was again reassured that the medications she was taking were prescribed for her. Ms. Mashburn ingested the medications for approximately 20 days; experienced dizziness; fell in her home and was unable to get up. After several hours Ms. Mashburn was found, taken to the hospital where she was diagnosed with a severely sprained wrist and numerous bruises and abrasions on her face and arm which were attributed to the fall. It was found at that time by Ms. Mashburn's physician that the four prescriptions Ms. Mashburn had been questioning were not hers, but were medications written by another physician for Patient F. Ms. Mashburn had ingested 48 Hydralazine 25 mg. tablets, 33 Carvedilol 6.25 tablets, 37 Gemfibrozil 600 mg. tablets, and 9 Pravastatin 40 mg. tablets that were not prescribed for her.

IV.

During the investigation of this matter it was learned that a pharmaceutical technician was filling Ms. Mashburn's prescriptions at the same time he was filling Patient F's prescriptions and inadvertently filled Patient F's prescriptions under Ms. Mashburn's name. Kenneth Heaton was the verifying pharmacist and he failed to catch the error while conducting the four point check. Mr. Heaton explained to Board staff that when he went to counsel Ms. Mashburn he was advised that they were all refills and indicated that counseling was refused in the Wal-Mart computer system.

V.

It was also learned that Mr. Heaton spoke with Mr. Petersen after the error was identified. Mr. Heaton indicated that since Ms. Mashburn reported her concerns to Mr. Petersen he would handle the incident appropriately. Mr. Petersen determined that he would handle the incident at the store level and did not report the error to Wal-Mart as required in their Policies and Procedures. Both Mr. Petersen and Mr. Heaton were terminated from employment for failing to follow Wal-Mart policies.

FIRST CAUSE OF ACTION

VI.

By dispensing Patient F's prescriptions for Hydralazine 25 mg. tablets, Carvedilol 6.25 tablets, Gemfibrozil 600 mg. tablets and Pravastatin 40 mg. tablets to Ms. Mashburn, Mr. Heaton violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VII.

By failing to counsel Ms. Mashburn's new prescriptions when she picked them up. Mr. Heaton violated NRS 639.210(4) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

By failing to address Ms. Mashburn's concerns after she questioned the wrong physician's name on four of the medications dispensed to her causing her to ingest medications that were not prescribed for her for approximately 20 days, Jeffrey Petersen violated NRS 639.210(4) and/or NAC 639.945(i).

FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which Mr. Heaton and Mr. Petersen committed the above violations, Wal-Mart #10-2592 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

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

Signed this ______ day of December, 2011.

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

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

KENNETH E. HEATON, R.PH Certificate of Registration No. 11495

Case No. 10-078A-RPH-S

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

I.

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

11

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this __/_ day of December, 2011.

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

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ANSWER TO INTENDED ACTION AND ACCUSATION

COMES NOW, KENNETH HEATON, Certificate of Registration No. 11495;

JEFFREY PETERSON, Certificate of Registration No.08042; by and through his attorney Robert

C. Graham, Esq. of the Law Firm of Rob Graham & Associates and does hereby Answer the

Intended Action and Accusation as follows:

- 1. As to Paragraph I, Respondent admits the assertions of this paragraph.
- As to Paragraph II, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 3. As to Paragraph III, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 4. As to Paragraph IV, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation.

5. As to Paragraph V, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation, however, Respondent KENNETH HEATON asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Heaton asserts that it is the Pharmacy managers and discovering Pharmacists responsibility to report any incidents to regional or district managers to follow Policies and Procedures. Pharmacist Peterson made the determination to leave the incident at store level and violated store Policies and Procedures in doing so. Pharmacist Peterson also repeatedly asserted that Pharmacist Heaton was the discovering Pharmacist and therefore was responsible to report the incident when Pharmacist Peterson was the first Pharmacist to speak with the Patient in regards to this incident.

6. As to Paragraph VI, First Cause of Action, Respondent KENNETH HEATON does not contest the assertions at this time due to lack of knowledge or recollection of this allegation. Respondent asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Heaton was the only Pharmacist on staff at the time in question and asserts the pharmacy is understaffed for the volume of prescriptions that are done each day AND the amount of counseling required by Wal-Mart (but not required by law) and believes that the constant interruptions in counseling over repeat prescriptions has contributed to the error.

7. As to Paragraph VII, Second Cause of Action, Respondent KENNETH HEATON does not contest the assertions at this time due to lack of knowledge or recollection of this allegation. Respondent asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Heaton asserts that the store counseling requirements on all new numbered prescriptions causes a constant interruption and makes the workload even higher for an already understaffed pharmacy. Pharmacist Heaton asserts that the counseling computer was installed at the wrong end of the pharmacy and never hooked up electronically. Wal-mart's asserted solution is to have the pharmacist move back and forth the 15 feet between the counseling and verifying computers. It is asserted that the pharmacist working there will denote the counseling if the prescriptions are refills or a usual for the patient, which Pharmacits Heaton believes contributed greatly to the error in this allegation.

8. As to Paragraph VIII, Third Cause of Action, Respondent JEFFREY PETERSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation. Respondent asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Peterson asserts that he only spoke with the Patient one time after the incident had been made aware and resolved on August 27th 2010. Pharmacist Peterson also asserts that Pharmacist Heaton was the discovering pharmacist and therefore was responsible to file the incident report and plan of action report.

10. As to Paragraph IX, Third Cause of Action, Respondent WAL-MART, denies the allegations on lack of knowledge or recollection. Respondent asserts in his defense and in mitigation the following factors that support this response:

According to OBRA '90 and state law, it is known and understood that counseling is required by a Pharmacist for all new prescriptions, changes in existing dosage, or if the patient desires. It is Wal-Mart policy that every Prescription with a new Rx number needs to be counseled which addresses far more counseling sessions than required by law. In response, the

clients at Wal-Mart have learned to aggressively reject counseling - creating a hostile environment for the pharmacists who are only trying to comply with policy and the law. Additionally, the set-up for counseling in this particular store is peculiar at best and most certainly not conducive to the process.

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

DATED THIS 3rd day of January, 2012.

ROB GRAHAM & ASSOCIATES

Robert C. Graham, Esq. Nevada Bar No. 004016 10000 West Charleston Blvd. #140

Las Vegas, Nevada 89135

(702) 255-6161

rgraham@lawyerswest.net Attorney for Respondents

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

JEFFREY C. PETERSEN
Certificate of Registration No. 08402

Case No. 10-078B-RPH-S

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

I.

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

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this __/___day of December, 2011.

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

NEVADA STATE BOARD OF PHARMACY.

Petitioner,

٧.

ANSWER AND NOTICE OF DEFENSE

JEFFREY C. PETERSEN
Certificate of Registration No. 08402
Respondent.

Case No. 10-078B-RPH-S

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

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

" None

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

I deny violating NB 639:210(4), NAC 639.945 (1). I did not speak to mis masburn about the errors until 8/27/10. I disclosed this in my interview with Mr. Danny Garcia and he said he believed me. In my defense I was not the phermacistondity if and when Mrs. Masburn called back to the Phormacy. The records show that the prescriptions were filled in error on 8/6/10 and were picked up on 3/10/10. Mrs. Mashburn States when she returned home and read the labels she noticed the wrong clockor's name were on the prescriptions. It and when she called back to the phormacy on 81,0110 I was not the pharmacist on duty. This is a false accusation that mrs. washburn spoke with me between 8/6/10 and 8/26/10 concerning the doctor's name on the prescriptions or the ervors. I compassionately addressed her concerns and needs on 8127/10 and sincorely apologized to both mrs. Mashburn and Dr. Sinha. Lastly, it would be so out of character for me to tell any patient to continue taking the wrong medication.

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 29th day of December, 2011.

Jeffrey C. Petersen, R.Ph

| NEVADA STATE BOARD OF PHAR | RMACY | 7, |
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| Petitioner, | · · ·) | |
| V. |) | |
| KENNETH E. HEATON, R.PH Certificate of Registration No. 11495 |) | Case No: 10-078A-RPH-S |
| JEFFREY C. PETERSON, R.PH Certificate of Registration No. 08042 |) | Case No. 10-078B-RPH-S |
| WAL-MART #10-2592 Certificate of Registration No: PH0121 Responder | | Case No. 10-078-PH-S |
| | • | |

ANSWER TO INTENDED ACTION AND ACCUSATION

COMES NOW, KENNETH HEATON, Certificate of Registration No. 11495;

JEFFREY PETERSON, Certificate of Registration No.08042; by and through his attorney Robert

C. Graham, Esq. of the Law Firm of Rob Graham & Associates and does hereby Answer the

Intended Action and Accusation as follows:

- 1. As to Paragraph I, Respondent admits the assertions of this paragraph.
- 2. As to Paragraph II, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 3. As to Paragraph III, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 4. As to Paragraph IV, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation.

As to Paragraph V, Respondent does not contest the assertions at this time due to lack of knowledge or recollection of this allegation, however, Respondent KENNETH HEATON asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Heaton asserts that it is the Pharmacy managers and discovering Pharmacists responsibility to report any incidents to regional or district managers to follow Policies and Procedures. Pharmacist Peterson made the determination to leave the incident at store level and violated store Policies and Procedures in doing so. Pharmacist Peterson also repeatedly asserted that Pharmacist Heaton was the discovering Pharmacist and therefore was responsible to report the incident when Pharmacist Peterson was the first Pharmacist to speak with the Patient in regards to this incident.

As to Paragraph VI, First Cause of Action, Respondent KENNETH HEATON does not contest the assertions at this time due to lack of knowledge or recollection of this allegation. Respondent asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Heaton was the only Pharmacist on staff at the time in question and asserts the pharmacy is understaffed for the volume of prescriptions that are done each day AND the amount of counseling required by Wal-Mart (but not required by law) and believes that the constant interruptions in counseling over repeat prescriptions has contributed to the error.

7. As to Paragraph VII, Second Cause of Action, Respondent KENNETH HEATON does not contest the assertions at this time due to lack of knowledge or recollection of this allegation. Respondent asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Heaton asserts that the store counseling requirements on all new numbered prescriptions causes a constant interruption and makes the workload even higher for an already understaffed pharmacy. Pharmacist Heaton asserts that the counseling computer was installed at the wrong end of the pharmacy and never hooked up electronically. Wal-mart's asserted solution is to have the pharmacist move back and forth the 15 feet between the counseling and verifying computers. It is asserted that the pharmacist working there will denote the counseling if the prescriptions are refills or a usual for the patient, which Pharmacits Heaton believes contributed greatly to the error in this allegation.

8. As to Paragraph VIII, Third Cause of Action, Respondent JEFFREY PETERSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation. Respondent asserts in his defense and in mitigation the following factors that support this response:

Pharmacist Peterson asserts that he only spoke with the Patient one time after the incident had been made aware and resolved on August 27th 2010. Pharmacist Peterson also asserts that Pharmacist Heaton was the discovering pharmacist and therefore was responsible to file the incident report and plan of action report.

10. As to Paragraph IX, Third Cause of Action, Respondent WAL-MART, denies the allegations on lack of knowledge or recollection. Respondent asserts in his defense and in mitigation the following factors that support this response:

According to OBRA '90 and state law, it is known and understood that counseling is required by a Pharmacist for all new prescriptions, changes in existing dosage, or if the patient desires. It is Wal-Mart policy that every Prescription with a new Rx number needs to be counseled which addresses far more counseling sessions than required by law. In response, the

clients at Wal-Mart have learned to aggressively reject counseling - creating a hostile environment for the pharmacists who are only trying to comply with policy and the law. Additionally, the set-up for counseling in this particular store is peculiar at best and most certainly not conducive to the process.

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

DATED THIS 3rd day of January, 2012.

ROB GRAHAM & ASSOCIATES

Robert C. Graham, Esq. Nevada Bar No. 004016

10000 West Charleston Blvd. #140

Las Vegas, Nevada 89135

(702) 255-6161

rgraham@lawyerswest.net Attorney for Respondents

CERTIFICATE OF MAILING

I hereby certify that on January 3, 2012, service of the KENNETH HEATON, AND JEFFREY PETERSON ANSWER TO INTENDED ACTION AND ACCUSATION was served by depositing a copy of same in the U.S. Mail in Las Vegas, Nevada, postage pre-paid, addressed to:

Larry L. Pinson
Executive Secretary
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509-3766

Carolyn J. Cramer General Counsel Nevada State Board of Pharmacy 431 W Plumb Lane Reno, Nevada 89509-3766

An Employee of Rob Graham & Associates

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NEVADA STATE BOARD OF PHARMACY.

Petitioner,

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION RIGHT TO HEARING

v.

WAL-MART #10-2592
Certificate of Registration No. PH01216

Case No. 10-078-PH-S

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

l.

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

II.

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this _____day of December, 2011.

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

NEVADA STATE BOARD OF PHARMACY, Petitioner.

٧.

KENNETH E. HEATON, R.PH Certificate of Registration #11495

Case No. 10-078A-RPH-S

JEFFREY C. PETERSEN, R.PH Certificate of Registration #08402

Case No. 10-078B-RPH-S

WAL-MART #10-2592 Certificate of Registration #PH01216

Case No. 10-078-PH-S

Respondents.

RESPONDENT WAL-MART'S ANSWER

AND NOTICE OF DEFENSE

Respondent, WAL-MART #10-2592 ("Wal-Mart"), in answer to the Notice of Intended Action and Accusation in this matter, admits, denies, and alleges as follows:

I.

Admitted.

II.

Wal-Mart admits that the subject prescriptions were picked up from Wal-Mart #10-2592. Wal-Mart records indicate subject prescriptions were picked up on August 10, 2010, rather than August 6, 2010 as alleged. Respondent Petersen was terminated by Wal-Mart for failing to follow Wal-Mart policies regarding the matters alleged herein. Therefore Wal-Mart has no direct knowledge of the allegations concerning Ms. Mashburn's contacting the pharmacy, including the date of the alleged contact, what

Respondent Petersen may have told Ms. Mashburn, or of the balance of the allegations in this paragraph, and therefore can neither admit nor deny same.

III.

Wal-Mart admits that four prescriptions received by Ms. Mashburn on August 10, 2010, were not hers, but were medications prescribed for Patient F. Wal-Mart has no direct knowledge of the balance of the allegations in this paragraph, and therefore can neither admit nor deny same.

IV.

Wal-Mart admits that a pharmaceutical technician filled four of Patient F's prescriptions under Ms. Mashburn's name. Wal-Mart further admits that Respondent Kenneth Heaton was the verifying pharmacist who failed to catch the error while conducting the Four-Point Check. Respondent Heaton was terminated for failing to follow Wal-Mart policies regarding the matters alleged herein. Therefore Wal-Mart has no direct knowledge of what Respondent Heaton told to Board staff about counseling in this matter, and can neither admit nor deny the remaining allegations.

٧.

Wal-Mart admits that neither Respondent Heaton nor Respondent Petersen timely reported the error after it was identified, and that the failure to timely report the error was in violation of Wal-Mart's Policies and Procedures. Respondents Heaton and Petersen were terminated for failing to follow Wal-Mart policies regarding the matters alleged herein, and therefore Wal-Mart has no direct knowledge of the balance of the allegations in this paragraph, and can neither admit nor deny same.

FIRST CAUSE OF ACTION

VI.

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

SECOND CAUSE OF ACTION

VII.

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

THIRD CAUSE OF ACTION

VIII.

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

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

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

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

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AFFIRMATIVE DEFENSE

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

WHEREFORE, Respondent Wal-Mart #10-2592 prays for dismissal of the accusations against it.

I hereby declare, under penalty of perjury, that the foregoing Respondent Wal-Mart #10-2592 Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Dated this 27 day of January, 2012.

Wal-Mart #10-2592

George Chapman Director, Pharmacy Regulatory Affairs

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION

AND ACCUSATION

٧.

SOTHY HIM, R.PH

Certificate of Registration No. 15426

Case No. 10-048A-RPH-S

JASON WILLIAMSON, R.PH

Certificate of Registration No. 17474

Case No. 10-048B-RPH-S

WALGREENS #07841

Certificate of Registration No. PH01942 Respondents.

Case No. 10-048-PH-S

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

١.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Sothy Him, RPh, (Certificate Number 15426) and Jason Williamson, RPh, (Certificate Number 17474) are registered pharmacists with the Board and Respondent Walgreens #07841 is a pharmacy licensed by the Board, located at 10510 Southern Highlands Parkway, Las Vegas, Nevada.

II.

On or about May 3rd, 2010 Ms. W picked up a prescription from Walgreens #07841 for her daughter, Patient H. Approximately two months previous to May 3rd, 2010, Patient H was diagnosed with depression and anxiety and was prescribed fluoxetine. Ms. W took the medication she received from the pharmacy home to her daughter and Patient H continued her therapy as directed by her physician.

After taking the medication she was given, Patient H became lethargic and had difficulty focusing to the point that her grades began to suffer. Ms. W made an appointment to visit Patient H's psychiatrist on May 18th, 2010 to discuss the side effects of her medication.

IV.

On May 16th, 2010 a message was left on Ms. W's telephone recorder from the pharmacy indicating that there had been an error made on Patient H's prescription. Since the pharmacy was closed by the time Ms. W received the message, she contacted the pharmacy the following day and was advised that her daughter's medication had been mixed with temazepam, a sedative/hypnotic.

V.

During the investigation of this matter it was learned that Jason Williamson was the responsible pharmacist for verification of Patient H's prescription. It was determined that this was a Baker Cell filling error and that two different drugs were filled in the same Cell, Baker Cell #27. Until this error was brought to Mr. Williamson's attention, prescriptions were still being filled from Baker Cell #27. Mr. Williamson immediately went to Cell #27 and found temazepam 30 mg. capsules mixed in with fluoxetine 20 mg. capsules. Mr. Williamson tried to determine the number of prescriptions that had the potential to be contaminated and identified 20 such patients. He contacted pharmacy manager Sothy Him. Mr. Williamson was not satisfied with Mr. Him's direction in dealing with this serious matter, so Mr. Williamson made telephone calls to the patients that he identified as having contaminated medication advising them to stop taking their fluoxetine capsules and return their prescriptions to the pharmacy as soon as possible. He also completed incident reports for every patient that had received contaminated fluoxetine 20 mg. capsules, notified their physicians of the error and quarantined all returned medication. Mr. Williamson also contacted Walgreens District Pharmacy Supervisor, Holly Prievo advising her of the mass mis-fill.

VI.

At the time of this error Sothy Him was responsible for filling the Baker Cells.

There was no log maintained in the pharmacy indicating lot numbers or expiration dates

of the medication contained in the Baker Cells. Labeling of the Baker Cells was not up to date with the trade name, manufacturer, strength, expiration date, lot number and the initials of the pharmacist who placed or verified the medication placed into the device. Stock bottles of fluoxetine 20 mg. capsules and temazepam 30 mg. capsules are both manufactured by Sandoz and the stock containers look identical. It was found that the temazepam 30 mg. capsules may have been stored in the wrong location and unintentionally placed in Baker Cell #27 where fluoxetine 20 mg. capsules were stored.

VII.

In written statements by several pharmacy staff members it was indicated that Sothy Him was the person responsible for filling the Baker Cell device. Only in his absence was another pharmacist allowed to complete that task and never a pharmaceutical technician. Mr. Him was overheard telling patients returning their medications to the pharmacy that one of the technicians filled the Baker Cell and just did not pay attention, and since this error occurred he would not allow technicians to fill the Baker Cells to avoid this from happening again. In Mr. Him's written statement, he regretted the error happened, however did not take responsibility for the incident.

FIRST CAUSE OF ACTION

VIII.

By verifying and dispensing temazepam 30 mg. capsules that were not prescribed for Patient H among her fluoxetine 20 mg. capsules, Mr. Williamson violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

IX

By failing to maintain a log or labeling the Baker Cell device drawers with the required information or have Policies and Procedures in place to address these requirements, Mr. Him violated NRS 639.210(4) and/or NAC 639.725 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

Χ.

In owning and operating the pharmacy in which Mr. Him and Mr. Williamson

committed the above violations, Walgreens #07841 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

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

Signed this __K_ day of December, 2011.

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

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner.

٧.

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

SOTHY HIM, R.PH Certificate of Registration No. 15426 Case No. 10-048A-RPH-S

| Respondent |
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| 1 |

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

1.

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.

Ш

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this _/5 day of December, 2011.

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

| NEVADA STATE BOARD OF PHARM | ACY, | |
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| v. |) | |
| SOTHY HIM, R.PH |) | CaseNo:10-048A-RPH-S |
| Certificate of Registration No. 15426 | į | |
| JASON WILLIAMSON, R.PH |) | CaseNo. 10-048B-RPH-S |
| Certificate of Registration No. 17474 |) | |
| WALGREENS #07841 |) | Case No. 10-048-PH-S |
| Certificate of Registration No: PH01942 |) | |
| Respondents | , | |

WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION

COMES NOW, SOTHY HIM, Certificate of Registration No. 15426; JASON WILLIAMSON, Certificate of Registration No.17474; WALGREENS #07841, Certificate of Registration No: PH01942; by and through their attorney Robert C. Graham, Esq. of the Law Firm of Rob Graham & Associates and do hereby Answer the Intended Action and Accusation as follows:

- 1. As to Paragraph I, Respondent's admit the assertions of this paragraph..
- 2. As to Paragraph II, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 3. As to Paragraph III, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.

- 4. As to Paragraph IV, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 5. As to Paragraph V, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 6. As to Paragraph VI, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 7. As to Paragraph VII, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 8. As to Paragraph VIII, First Cause of Action, respondent JASON WILLIAMSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation.

 Respondent asserts in Respondent's defense and in mitigation the following factors that support this response:

Pharmacist Williamson asserts that he was not responsible for the filling and validation of the baker cells. He also took the necessary steps to verify what patients were given the wrong medication and documented all the contacts he made. He also took the effort to ensure that the patients who had digested the wrong medication were properly counseled and their prescribing doctors informed so that all parties were aware and the necessary procedures were followed.

- As to Paragraph IX, Second Cause of Action, Respondent SOTHY HIM lacks full knowledge on the facts and circumstances sufficient with which to fully respond, and so does not contest the assertions contained due to lack of information on the matters
- 10. As to Paragraph X, Third Cause of Action, Respondent WALGREENS, denies the

contained therein.

allegations on lack of knowledge or recollection. Respondent asserts in Respondent's defense and in mitigation the following factors that support this response:

Upon information and belief, the procedures and policies of Walgreens are clear as to Baker Cell logs or labeling requirements as well obligations of the pharmacist for verification of medications used to refill Baker Cell. Walgreens Policies and Procedures are also clear regarding verifying and dispensing of medications to patients as well as obligations of the pharmacist for accuracy. It is believed the inattentiveness of the Pharmacist by not verifying what medications were dispensed contributed to this error. It is also believed the inaction of the Pharmacist by not maintaining a log or labeling the Baker Cell device drawers with the required information as per Walgreen's Policies and Procedures contributed to the errors. At all times, Walgreens has had in place Policies and Procedures to address these requirements. As to Walgreens, the systems, Policies, and Procedures to catch such errors are in place and have proven effective over time. As such, Walgreens has fulfilled its licensing obligations.

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

PG/-

DATED THIS 29th day of December, 2011.

Robert C. Graham, Esq. Nevada Bar No. 004016 10000 West Charleston Blvd. #140 Las Vegas, Nevada 89135 (702) 255-6161 rgraham@lawyerswest.net Attorney for Respondent

CERTIFICATE OF MAILING

I hereby certify that on December 29, 2011, service of the **WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION** was served by depositing a copy of same in the U.S. Mail in Las Vegas, Nevada, postage pre-paid, addressed to:

Larry L. Pinson Executive Secretary Nevada State Board of Pharmacy 431 W Plumb Lane Reno, Nevada 89509-3766 Carolyn J. Cramer General Counsel Nevada State Board of Pharmacy 431 W Plumb Lane Reno, Nevada 89509-3766

An Employee of Rob Graham & Associates

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

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

JASON WILLIAMSON, R.PH Certificate of Registration No. 17474 Case No. 10-048B-RPH-S

| Responde | ent. |
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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

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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.

Ш

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

The Board has reserved Wednesday, January 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this __/5 day of December, 2011.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| NEVADA STATE BOARD OF PHARM | MACY, |
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| Petitioner, |) |
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| v. |) |
| SOTHY HIM, R.PH |) CaseNo:10-048A-RPH-S |
| Certificate of Registration No. 15426 | |
| JASON WILLIAMSON, R.PH |) CaseNo. 10-048B-RPH-S |
| Certificate of Registration No. 17474 |) |
| WALGREENS #07841 |) Case No. 10-048-PH-S |
| Certificate of Registration No: PH01942 | ?) |
| Respondents | ts, |

WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION

COMES NOW, SOTHY HIM, Certificate of Registration No. 15426; JASON WILLIAMSON, Certificate of Registration No.17474; WALGREENS #07841, Certificate of Registration No: PH01942; by and through their attorney Robert C. Graham, Esq. of the Law Firm of Rob Graham & Associates and do hereby Answer the Intended Action and Accusation as follows:

- 1. As to Paragraph I, Respondent's admit the assertions of this paragraph..
- 2. As to Paragraph II, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 3. As to Paragraph III, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.

- 4. As to Paragraph IV, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 5. As to Paragraph V, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 6. As to Paragraph VI, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 7. As to Paragraph VII, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 8. As to Paragraph VIII, First Cause of Action, respondent JASON WILLIAMSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation.

 Respondent asserts in Respondent's defense and in mitigation the following factors that support this response:

Pharmacist Williamson asserts that he was not responsible for the filling and validation of the baker cells. He also took the necessary steps to verify what patients were given the wrong medication and documented all the contacts he made. He also took the effort to ensure that the patients who had digested the wrong medication were properly counseled and their prescribing doctors informed so that all parties were aware and the necessary procedures were followed.

- As to Paragraph IX, Second Cause of Action, Respondent SOTHY HIM lacks full knowledge on the facts and circumstances sufficient with which to fully respond, and so does not contest the assertions contained due to lack of information on the matters contained therein.
- 10. As to Paragraph X, Third Cause of Action, Respondent WALGREENS, denies the

allegations on lack of knowledge or recollection. Respondent asserts in Respondent's

defense and in mitigation the following factors that support this response:

Upon information and belief, the procedures and policies of Walgreens are clear as to Baker Cell logs or labeling requirements as well obligations of the pharmacist for verification of medications used to refill Baker Cell. Walgreens Policies and Procedures are also clear regarding verifying and dispensing of medications to patients as well as obligations of the pharmacist for accuracy. It is believed the inattentiveness of the Pharmacist by not verifying what medications were dispensed contributed to this error. It is also believed the inaction of the Pharmacist by not maintaining a log or labeling the Baker Cell device drawers with the required information as per Walgreen's Policies and Procedures contributed to the errors. At all times, Walgreens has had in place Policies and Procedures to address these requirements. As to Walgreens, the systems, Policies, and Procedures to catch such errors are in place and have proven effective over time. As such, Walgreens has fulfilled its licensing obligations.

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

#3//-

DATED THIS 29th day of December, 2011.

Robert C. Graham, Esq. Nevada Bar No. 004016 10000 West Charleston Blvd. #140 Las Vegas, Nevada 89135 (702) 255-6161 rgraham@lawyerswest.net Attorney for Respondent

CERTIFICATE OF MAILING

I hereby certify that on December 29, 2011, service of the **WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION** was served by depositing a copy of same in the U.S. Mail in Las Vegas, Nevada, postage pre-paid, addressed to:

Larry L. Pinson Executive Secretary Nevada State Board of Pharmacy 431 W Plumb Lane Reno, Nevada 89509-3766

Carolyn J. Cramer General Counsel Nevada State Board of Pharmacy 431 W Plumb Lane Reno, Nevada 89509-3766

An Employee of Rob Graham & Associates

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STATEMENT TO THE RESPONDENT NOTICE OF INTENDED ACTION

AND ACCUSATION RIGHT TO HEARING

٧.

WALGREENS #07841
Certificate of Registration No. PH01942

Case No. 10-048-PH-S

Respondent.

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

1.

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.

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DATED this <u>/5</u> day of December, 2011.

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

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| Petitioner, |) | |
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| v. |) | |
| SOTHY HIM, R.PH |) | CaseNo:10-048A-RPH-S |
| Certificate of Registration No. 15426 |) | |
| |) | |
| JASON WILLIAMSON, R.PH |) | CaseNo. 10-048B-RPH-S |
| Certificate of Registration No. 17474 |) | |
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| WALGREENS #07841 |) | Case No. 10-048-PH-S |
| Certificate of Registration No: PH01942 |) | |
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| Respondents | , | |
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WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION

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- 3. As to Paragraph III, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.

- 4. As to Paragraph IV, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 5. As to Paragraph V, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 6. As to Paragraph VI, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 7. As to Paragraph VII, Respondents do not contest the assertions at this time due to lack of knowledge or recollection of this allegation.
- 8. As to Paragraph VIII, First Cause of Action, respondent JASON WILLIAMSON does not contest these assertions at this time on lack of knowledge or recollection of this allegation.

 Respondent asserts in Respondent's defense and in mitigation the following factors that support this response:

Pharmacist Williamson asserts that he was not responsible for the filling and validation of the baker cells. He also took the necessary steps to verify what patients were given the wrong medication and documented all the contacts he made. He also took the effort to ensure that the patients who had digested the wrong medication were properly counseled and their prescribing doctors informed so that all parties were aware and the necessary procedures were followed.

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- 10. As to Paragraph X, Third Cause of Action, Respondent WALGREENS, denies the

allegations on lack of knowledge or recollection. Respondent asserts in Respondent's

defense and in mitigation the following factors that support this response:

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PAG/-

DATED THIS 29th day of December, 2011.

Robert C. Graham, Esq. Nevada Bar No. 004016 10000 West Charleston Blvd. #140 Las Vegas, Nevada 89135 (702) 255-6161 rgraham@lawyerswest.net Attorney for Respondent

CERTIFICATE OF MAILING

I hereby certify that on December 29, 2011, service of the **WALGREEN'S ANSWER TO INTENDED ACTION AND ACCUSATION** was served by depositing a copy of same in the U.S. Mail in Las Vegas, Nevada, postage pre-paid, addressed to:

Larry L. Pinson Executive Secretary Nevada State Board of Pharmacy 431 W Plumb Lane Reno, Nevada 89509-3766

Carolyn J. Cramer General Counsel Nevada State Board of Pharmacy 431 W Plumb Lane Reno, Nevada 89509-3766

An Employee of Rob Graham & Associates

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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.

| application of subsequent revocation of the license issued and | u is a violation of the laws of the State of Nevaua. | | |
|--|---|--|--|
| New Pharmacy Ownership Change Na (Please provide current licen | me Change Location Change se number if making changes: PH) | | |
| GENERAL INFORMATION | | | |
| Pharmacy Name: (DBA) KEN'S PHARMACY | | | |
| Physical Address: 2022 W CHARLESTON BLVD #13 | | | |
| Mailing Address: Same | | | |
| City: LAS VEGAS State: | NV Zip Code: 89/02 | | |
| Telephone Number: 702 384 37 84 Fax | | | |
| Toll Free Number: NA | | | |
| | heite: N/H | | |
| E-mail: <u>kheaton @ EMBARQMA</u> IL Well Managing Pharmacist: <u>KENNET H</u> E. H. | SATAN License Number: 11495 | | |
| | | | |
| Hours of Operation: | OWNER | | |
| Monday thru Friday 8:30 am 6:00 pm | Saturday <u>9:00</u> am <u>4:00</u> pm | | |
| Sunday <u>ø</u> ampm | 24 Hours <u>Ø</u> | | |
| TYPE OF PHARMACY | SERVICES PROVIDED | | |
| ∠ Retail | ☐ Off-site Cognitive Services | | |
| ☐ Hospital (# beds) | ☐ Parenteral | | |
| ☐ Internet | ☐ Parenteral (outpatient) | | |
| ☐ Nuclear | ☐ Outpatient/Discharge | | |
| ☐ Out of State | ☐ Mail Service | | |
| ☐ Ambulatory Surgery Center | ,⊉ Long Term Care | | |
| ∌Board Use Only | | | |
| Received: JAN 0 3 2012 Amount: 500,000 | Entity: 58835 1 | | |

Entity:

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION State of Incorporation: NEVADA Parent Company if any: NA Corporation Name: ___ CAR PHARMACY Mailing Address: 2022 W CHARLESTON #13 City: LAS VEGAS State: NV Zip: 89/02 Telephone: 702 384-3784 Fax: 762 384-3796 License Contact Person: _ KENNETH HEATON RPL Professional Compliance Contact Person: FRNNE7H / EATON Name and title of each officer and director (Use separate sheet if necessary) Officer or director name Officer or director title KENNETH HEATON / PRESTOENT For any corporation non publicly traded, disclose the following: List any persons to whom the shares were issued by the corporation? 1) KENNETH E. HEATON 4119 FARMBALETTE N. LASVEGAS NV Name Address Name Address Address NOTE: All persons who are stockholders must accurately complete a personal history record form. Provide the number of shares issued by the corporation. 2) What was the price paid per share? 3) What date did the corporation actually receive the cash assets? 12/29/11 4) 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 parent corporation and include a list of its officers. | of incorporation of the |
|-------------|---|---------------------------------|
| | N/A | |
| 6) | management in any type of business or facility which are licensed Nevada or another political jurisdiction? Yes No figure yes, list the persons, their address and their business. | by the State of |
| | a) Name Address | |
| | Business | |
| | b) Name Address | |
| | Business | |
| | c)Name Address | |
| | Business d) | |
| | Name Address | |
| | Business | |
| 7) | person, business or health care entity in which pharmaceutical prodispensed or distributed? Yes ☑ No □ If yes, list the persons, their address and their busin | ducts were sold, |
| | Name Address PHARMACU | |
| | Business b) WALMART 1807 W CRAIG N. LAS \ Name Address Business Retailer | legas, Nu |
| With | Vithin the last five (5) years: | |
| 8) | Has the firm or any owner(s), shareholder(s) with any interest, office or director(s) thereof, ever been charged, or convicted of a felony gross misdemeanor (including by way of a guilty plea or no contest.) | or |
| 9) | Has the firm or any owner(s), shareholder(s) with any interest, office or director(s) thereof, ever been denied a license, permit or certific registration? | cer(s) cate of 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? |
|------------------|--|
| 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? |
| 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 |
| atta | ne answer to any question 8 through 12 is "yes", a signed statement of explanation must be ached. Copies of any documents that identify the circumstance or contain an order, agreement other disposition may be required. |
| cor | ereby certify that the answers given in this application and attached documentation are true and rect. I understand that any infraction of the laws of the State of Nevada regulating the eration of an authorized pharmacy may be grounds for the revocation of this permit. |
| und cor em | eve read all questions, answers and statements and know the contents thereof. I hereby certify the penalty of perjury, that the information furnished on this application are true, accurate and rect. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and ployees, to conduct any investigation(s) of the business, professional, social and moral ekground, qualification and reputation, as it may deem necessary, proper or desirable. |
| | ginal Signature of Corporate officer 12/24/11 Date |
| Orig | ginal Signature of Corporate officer Date |
| | KENNETH E. HENTON RPL PRESIDENT |
| Prir | nt or Type name and title |

| APPLICATION FOR NEVADA PHARMAY LICENSE | |
|--|--|
| QUESTION # 10 (STATEMENT OF EXPLANATION | |
| | |
| AS PRESIDENT OF CAR PHARMACY CORP. I AM NOTIFYNG THE BOARD THAT I | |
| : NOTICE OF INTENDED ACTION & ACCUSATION | |
| 1100 No 10-0 78A - DPH - S | |
| KENNETH E. HEATON RPH CERTIFICATE # 11495 | |
| A 7 | |
| HO CHL KENNETH E. HENTON RPh | |
| | |
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| | |

Applicant's initial

Page 10

STATEMENT OF RESPONSIBILITY NON PUBLICLY TRADED CORPORATION

| 1, KENNETH E. HEATON |
|---|
| Corporate Officer of CAR CORPORATION PHARMACY |
| hereby acknowledge and understand that in addition to the corporation's responsibilities, my fello |
| officers and I, as corporate officers of said corporation, may be responsible for any violations of |
| pharmacy law that may occur in a pharmacy owned or operated by said corporation. |
| I further acknowledge and understand that the corporate officers may be named in any |
| action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated |
| by said corporation. |
| I further acknowledge and understand that the corporation cannot require or permit the |
| pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or |
| regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada. |
| I further acknowledge and understand that upon the change of managing pharmacist in the |
| pharmacy, the corporation must assure that an accountability audit of all controlled substances |
| shall be performed jointly by the departing managing pharmacist and the new managing |
| pharmacist. |
| |
| 12/24/11 |
| Original Signature Date |

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: KENNETIT E. HEATON RPL License #: 11495

| Pharmacy Name: CER PHARMACY DBA KENS PHARMACY | |
|---|---------|
| · · · · · · · · · · · · · · · · · · · | |
| As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after | - 1 |
| report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the | ļ. |
| pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of | 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. | |
| | |
| | |
| | No |
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or | No Ø |
| 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? | |
| 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? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? | Ø |
| 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? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? | Ø Ø |
| 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? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of an administrative action whether completed or pending in any state? 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any | Ø Ø |
| 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? 1. been charged, arrested or convicted of a felony or misdemeanor in any state? 2. been the subject of an administrative action whether completed or pending in any state? 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? | |

Blang

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 Chan (Please provide current license numbe | nge Location Change er if making changes: PH) | | |
|---|--|--|--|
| GENERAL INFORMATION | | | |
| Pharmacy Name: PROCARE PHARMACY | | | |
| Physical Address: <u>6870 5. RAINBOW</u> | BLVD, STE 106 | | |
| Mailing Address: 6870 S. RAIN BOW | BLVD, STE 106 | | |
| City: LAS VEGAS State: NV | _ | | |
| Telephone Number: 702 - 426 - 6414 Fax Number | | | |
| Toll Free Number: | | | |
| E-mail: VOTHALO GMAIL. COM Website: | N/A | | |
| | | | |
| Managing Pharmacist: THI VO License Number: 17678 Hours of Operation: | | | |
| Monday thru Friday <u>る:00</u> am <u>8:00</u> pm | Saturday <u>8:00</u> am <u>6:00</u> pm | | |
| Sunday <u>IO:W</u> am 6:00pm | 24 Hours | | |
| | | | |
| TYPE OF PHARMACY SER | VICES PROVIDED | | |
| 1⊅ Retail □ Ot | ff-site Cognitive Services | | |
| ☐ Hospital (# beds) ☐ Pa | arenteral | | |
| ☐ Internet ☐ Pa | arenteral (outpatient) | | |
| □ Nuclear □ Ou | utpatient/Discharge | | |
| ☐ Out of State ☐ Ma | ail Service | | |
| ☐ Ambulatory Surgery Center ☐ Lo | ng Term Care | | |
| | | | |
| Received: JAN 0 3 2012 Amount: 500.00 | Entity: 588331 | | |

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

| State | e of Incorporation: | IM NEVADA |
|--------|---|--|
| Pare | ent Company if any: | |
| Corp | oration Name: PROCARE | PHARMACI |
| Maili | ng Address: 6870 S. R | AINBOW BLVD, STE 106 |
| City: | LAS VEGAS Sta | ite: <u>///</u> Zip: <u>89118</u> |
| | | Fax: |
| Licer | nse Contact Person: <u>CHARLES THA</u> | i vo |
| Profe | essional Compliance Contact Person: <u></u> | MARCES THAT VO |
| Nam | e and title of each officer and director | (Use separate sheet if necessary) |
| Office | er or director name | Officer or director title |
| CHIAR | RUES THAI VO | OWNER |
| - | | |
| For a | any corporation non publicly traded, discl | ose the following: |
| 1) | List any persons to whom the shares v | vere issued by the corporation? |
| ', | . (- | , |
| | a)Name | Address |
| | b) | |
| | Name | Address |
| | c) | |
| | Name | Address |
| | d)Name | |
| | Name | Address |
| | E: All persons who are stockholders and form. | must accurately complete a personal history |
| 2) | Provide the number of shares issued b | y the corporation. /V/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 stor | ck register evidencing the above information |

| | NIA | | | | | | | |
|------|---|--|-----|------------|-------------|--|--|--|
| | | | • | | | | | |
| 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 | - | | | | | |
| | | Address | | | | | | |
| | Business b) | | | | | | | |
| | Name | Address | | | | | | |
| | Business | A CONTRACTOR OF THE PROPERTY O | | | | | | |
| | 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 an person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed? Yes No fig. If yes, list the persons, their address and their business names. | | | | | | | |
| | a) | | | | | | | |
| | Name | Address | | | | | | |
| | Business | | | | | | | |
| | b) Name | Address | | | | | | |
| | Business | | | - | _ | | | |
| With | in the last five (5) years: | | | | | | | |
| 8) | Has the firm or any owner(s), or director(s) thereof, ever be | shareholder(s) with any interest, officer(s) een charged, or convicted of a felony or g by way of a guilty plea or no contest plea)? | Yes | □ 1 | lo ∑ | | | |
| 9) | Has the firm or any owner(s), or director(s) thereof, ever be registration? | shareholder(s) with any interest, officer(s) een denied a license, permit or certificate of | Yes | □ N | lo ∑ | | | |

| 10) | the firm or any owner(s), shareholder(s) with any interest, officer(s) rector(s) thereof, ever been the subject of an administrative action or eeding relating to the pharmaceutical industry? | | Yes □ | No Œ | |
|---------------------------|--|---|--|------------------------------|---------|
| 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, or director(s) thereof, ever surrendered a license, permit or ce registration voluntarily or otherwise (other than upon voluntary a facility)? | rtificate of | Yes □ | No <table-cell></table-cell> | ≰ |
| attach | answer to any question 8 through 12 is "yes", a signed stateme ned. Copies of any documents that identify the circumstance or er disposition may be required. | nt of explana contain an o | tion mus rder, agr | t be eemer | nt, |
| correc | by certify that the answers given in this application and attache ct. I understand that any infraction of the laws of the State of No tion of an authorized pharmacy may be grounds for the revocat | evada regulat | ing the | true ar | nd |
| under correct emplo | e read all questions, answers and statements and know the con penalty of perjury, that the information furnished on this applica ct. I hereby authorize the Nevada State Board of Pharmacy, its byees, to conduct any investigation(s) of the business, profession pround, qualification and reputation, as it may deem necessary, | ation are true, agents, serva nal, social an proper or des | accurat ants and d moral sirable. | e and | fy, |
| Origin | al Signature of Corporate officer | 12-9- Date | 2011 | | |
| | or Type name and title | | | | |
| | | | | | 4 |

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND AGREEMENT

٧.

THAI VO, RPH Certificate of Registration #17678

Case No. 11-003-RPH-S

CVS/PHARMACY #8807, Certificate of Registration #PH01406,

Case No. 11-003-PH-S

Respondents.

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy, and Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty, stipulate and agree as follows:

- The Respondents admit the factual allegations made in the First and Second Causes of Action. The admissions made in this matter may not be used in any other proceeding or matter.
- 2. Mr. Vo accepts full responsibility for the error and understands that although the pharmaceutical technician may have staged the prescription for him, it is his responsibility to verify that the correct medication is being dispensed and counseled for the correct patient. Mr. Vo has re-committed himself to verifying that the correct medication is being dispensed and counseled for the correct patient in order to make sure that a similar error will never happen, and in doing so, will ask the first and last name of the person for whom the person is being dispensed, plus at least one additional piece of information, such as the date of birth or the address, to confirm that the correct medication is being dispensed and counseled for the correct patient.
- 3. CVS understands that it is responsible for its employees and will reaffirm CVS's requirement that its pharmacists the need to ascertain that the medication being dispensed is in fact the medication which is supposed to be dispensed to the patient by

asking the first and last name, plus at least one additional piece of information, such as the date of birth or the address, which the pharmacist deems appropriate, before counseling the medication and dispensing it to the patient. CVS will re-emphasize this requirement by an all pharmacy personnel email notice, which requires that all pharmacy personnel "read and initial" the email.

- 4. The parties shall present this Stipulation and Agreement to the Board at its meeting on April 13, 2011. The parties agree that the Board may ask questions of the parties counsel, may discuss and deliberate, regarding the presentations.
- 5. Board Staff and the Respondents will recommend that the Board impose discipline on Thai Vo for the First Cause of Action in the amount of \$750.00 to be paid by CVS by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board office within 90 days after the acceptance of this stipulation.
- 6. Board Staff will recommend for the penalty in the Second Cause of Action, and CVS agrees to accept, that the Board require CVS to pay a fine of \$750.00 to be paid by CVS by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" and to re-emphasize with its pharmacy staff the concerns outlined in section three of this stipulation and provide proof to Board Staff that this has been done.
- 7. Based on CVS's acceptance of the penalty on the Second Cause of Action, Board Staff withdraws the Third Cause of Action.
- 8. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on July 13, 2011. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

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9. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Signed this 13th day of April, 2011.

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Pharmacy

Carolyh J. Cramer, General Counsel

Michael W. Dyer, Esq.

Thai Vo, R.Ph.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of April, 2011.

H /13/2011

Beth Foster, President

Nevada State Board of Pharmacy

STATEMENT OF RESPONSIBILITY NON PUBLICLY TRADED CORPORATION

| ! CHÂRIES THAI VO |
|---|
| Corporate Officer of PROCARE PHARMACT |
| hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow |
| officers and I, as corporate officers of said corporation, may be responsible for any violations of |
| pharmacy law that may occur in a pharmacy owned or operated by said corporation. |
| I further acknowledge and understand that the corporate officers may be named in any |
| action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated |
| by said corporation. |
| I further acknowledge and understand that the corporation cannot require or permit the |
| pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or |
| regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada. |
| I further acknowledge and understand that upon the change of managing pharmacist in the |
| pharmacy, the corporation must assure that an accountability audit of all controlled substances |
| shall be performed jointly by the departing managing pharmacist and the new managing |
| pharmacist. |
| |
| Charles Vo - 12-9-2011 |
| Original Signature Date |

Statement of Responsibility

Managing Pharmacist

| Pharmacist Name CHARLES THAI VO | License #: 17 | 67 | 8 |
|--|---|---------------|------------|
| Pharmacy Name: PROCARE PHARMACY | | | |
| As a managing pharmacist of the above referenced pharmacy, I underst report for duty as the managing pharmacist, I shall cause an inventory of all compharmacy according to the method prescribed by the provision of 21 CFR Part 1 the inventory to be on file at the pharmacy. | trolled substances | of the | е |
| I understand that as the managing pharmacist I am responsible for compand its personnel with all state and federal laws and regulations relating to the orange and the practice of pharmacy. I understand my license can be revoked or that I disciplinary action if such laws or regulations are knowingly violated in the pharmanaging pharmacist. | peration of the pha can be the subject | armad t of | |
| I understand that if I cease to be managing pharmacist of the above name with the new managing pharmacist, take an inventory of all controlled substance | | l jointl | ly, |
| Been diagnosed or treated for any mental illness, including alcohol or substance physical condition that would impair your ability to perform the essential function | abuse, or | ∕es □ | No TX |
| 1. been charged, arrested or convicted of a felony or misdemeanor in any state | ? | | X |
| 2. been the subject of an administrative action whether completed or pending in | any state? | | Z , |
| 3. had your license subjected to any discipline for violation of pharmacy or drug state? | laws in any | M. | |
| If you marked YES to any of the numbered questions above, please include the | following informati | on | |
| Board Administrative Action: State: Date: 4113 11 | Case #: 11-00 | <u> 3 -</u> | RPH- |
| And/or Criminal Action: State: Date: County Court: | Case #: | | |

to Jerriz

HY WAME IS SCOTT SAMES LICE! 14835 I WOULD

LIKE to BE PUT ONTHE AGENDA FOR THE BOARD

Meeting in LAS Vegas, SAN. to Have wylie.

Reestablished.

HANKYOU'VERYROET

Seoft & JAMES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 06-048-RPH-S

٧.

<u>CONCLUSIONS OF</u> LAW, AND ORDER

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

Respondent.

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

FINDINGS OF FACT

- 1. At hearing, Board Staff presented evidence that Mr. James had personally received the Notice of Intended Action and Accusation in this matter and that he was aware of the date and time of the hearing. Nonetheless, Mr. James did not appear at the hearing of this matter. Board Staff presented no witnesses, but did read a written statement provided by Mr. James to the Board's investigator that was made part of the Board's investigative file in the matter. Based upon the presentation of Board Staff, the Board finds the following to be the facts of this matter.
- Mr. James was employed at Huntridge Drug from January 5, 2005 until May
 22, 2006. During that period, Huntridge Drug changed ownership several times.
 Throughout the changing of ownership by which Huntridge Drug became Complete

Care Pharmacy and then reverted to Huntridge Drug, Mr. James remained the managing pharmacist of the pharmacy.

- 3. On May 22, 2006, the owners of Huntridge Drug, Mark and Michelle Peterson, did a performance evaluation of Mr. James. Mr. James' employment was terminated because he had left the pharmacy unattended and unsecured during business hours.
- 4. Prior to Mr. James' termination of employment, Mr. Peterson had viewed the pharmacy's security videotapes. Mr. Peterson observed that in addition to the absence of Mr. James from the pharmacy, Mr. James was also observed in an upstairs office with his brother smoking methamphetamine.
- 5. In a written statement provided to Fred Ackermann, Board Investigator, Mr. James admitted to smoking methamphetamine with his brother while on duty as the managing pharmacist and while leaving the pharmacy unattended for approximately 45 minutes.

CONCLUSIONS OF LAW

- 1. The Board has jurisdiction over Mr. James because he is a pharmacist licensed by the Board.
- 2. In leaving the secured area of Huntridge Pharmacy unattended when it was open to the public for approximately 45 minutes while serving as the managing pharmacist of the pharmacy, Mr. James violated NRS 639.210(4) and NAC 639.520(2)(b) and 639.945(1)(i).
- 3. In smoking illicit methamphetamine with his brother while on duty as a managing pharmacist at Huntridge Drugs, Mr. James violated NRS 453.336(1), 453.411(1), 639.210(1), (2), (3), and (4) and 639.283 and NAC 639.945(1)(i).

ORDER

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

- Mr. James's pharmacist's license (#14535) is revoked effective October 25,
 Mr. James may not be employed in any business or facility licensed by this
 Board in any capacity unless and until his license as a pharmacist has been reinstated.
- 2. Mr. James may not apply for reinstatement of his license until he provides evidence of the following to the Board's office:
- (a) Payment to the Board's Reno office of a fine of \$2,000.00 by certified or cashier's check or money order made payable to "State of Nevada, Office of Treasurer";
- (b) Payment to the Board's Reno office of costs of investigation and prosecution of this matter of \$450.00 plus the Board's administrative fee of \$295.00, for a total of \$745.00 by certified or cashier's check or money order made payable to "Nevada State Board of Pharmacy";
- (c) Proof that he has entered into a substance abuse treatment agreement with PRN-PRN, that he has been successfully participating in his program, and that he has the recommendation of PRN-PRN that he be allowed to apply for reinstatement in order to recommence the practice of pharmacy.

Signed and effective this 2/ day of November, 2006.

David Wuest, President

Nevada State Board of Pharmacy

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 (Please provide current license | e Change Location Change number if making changes: PH) |
|---|---|
| GENERAL INFORMATION | |
| Pharmacy Name: DIARETIC CALE CX | , UC (DBA DORK INFUSION) |
| Physical Address: 37-15 23 NO AVENUE | E ASTORIA, MY 11105 |
| Mailing Address: 37-15 23 RD AVEUVE | |
| City: ASTORIA State: NO | |
| Telephone Number: 718.711.0896 Fax | |
| Toll Free Number: 811-947-1030 (Requ | |
| E-mail: UMOHAMMED @ DCILX INFUSION WEBS | |
| Managing Pharmacist: MICHAEL KILLE | |
| Hours of Operation: | Chick (Vicio) |
| Monday thru Friday 9 am 5 pm | Saturday ONCALL_pm |
| Monday thru Friday 9 am 5 pm Sunday pm | 24 Hours ONCAU |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| | |
| Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| □ Nuclear | ☐ Outpatient/Discharge |
| Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| ∜Board Use Only | |
| Received: DEC 0 2011 Amount: 500.00 | Entity: 58650 1 |

| OWNERSHIP IS A CORPORATION | |
|--|---|
| State of Incorporation: FUNDA Parent Company if any: DIABETIC CARE IX, Corporation Name: DIABETIC CARE IX, UC Mailing Address: 5311 NORTH HATUS YLAX City: SUNUSE State: FL Z Telephone: 954.413.4111 Fax: 954. License Contact Person: JASAVA MOHAMMED Professional Compliance Contact Person: AWEN KNEE |) Zip: <u>338\$1</u> 473, 9\$19 |
| Ownership Information – Complete Se <u>Do not use N/A in this section – Section 1 or 2</u> | |
| Section 1: List the corporations four largest shareholders: (Name and percentage of ownership) 1 | n, the date the corporation received its change at which the stock is being |
| List any physician shareholders and percentage of ownership: NOT APPUCABLE If the percentage of incorporation and state of incorporation and state of incorporation and state of incorporation. | |
| If corporation is a subsidiary, list name and state of incorporation include a list officers. | on the parent corporation and |
| NOT APPLICABLE | |

| W | /ithin | the | last | five | (5) | years: |
|---|--------|-----|------|------|-----|--------|
|---|--------|-----|------|------|-----|--------|

| 1) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office 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)? | _ | | |
|---|--|------------|--|--|
| 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) | | | | |
| | or director(s) thereof, ever been denied a license, permit or certificate of registration? | Yes □ No 🗹 | | |
| 3) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office | cer(s) | | |
| | or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? | Yes □ No 🗹 | | |
| 4) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office | cer(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 | Yes □ No 🗹 | | |
| | substances? | | | |
| 5) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever surrendered a license, permit or certificate of | cer(s) | | |
| | registration voluntarily or otherwise (other than upon voluntary close of a facility)? | Yes □ No 🗹 | | |
| If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required. | | | | |
| correc | by certify that the answers given in this application and attached documenta it. I understand that any infraction of the laws of the State of Nevada regula- tion of an authorized pharmacy may be grounds for the revocation of this pe | ting the | | |
| 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. | | | | |
| 0 | Mohana 11/11 | 4/11 | | |
| Origin | al Signature of owner or executive officer, no stamps or copies Date | | | |
| 2 | ASAMA MOHAMMED, COO | | | |
| Print c | or Type name and title | | | |

CORPORATE STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

| 1, JASARA MOHAMMED |
|--|
| Corporate Officer of DIABETIC CARLE RY, LIC |
| hereby acknowledge and understand that in addition to the corporation's |
| responsibilities, my fellow officers and I, as corporate officers of said corporation, |
| may be responsible for any violations of pharmacy law that may occur in a pharmacy |
| owned or operated by said corporation. |
| I further acknowledge and understand that the corporate officers may be |
| named in any action taken by the Nevada State Board of Pharmacy against a |
| pharmacy owned by or operated by said corporation. |
| I further acknowledge and understand that the corporation cannot require or |
| permit the pharmacist(s) in said pharmacy to violate any provision of any local, state |
| or federal laws or regulations pertaining to the practice of pharmacy. |
| |
| |
| Mohaum Mylu |
| |

Date

Original Signature



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF THE PROFESSIONS
DIVISION OF PROFESSIONAL LICENSING SERVICES
Public Information Unit
Tel. (518) 474-3817 EXT: 330
Fax (518) 473-0578
E-mail: DPLSDSU@MAIL.NYSED.GOV

STATE OF NEW YORK)

SS:

COUNTY OF ALBANY)

In accordance with the <u>Civil Practice Law and Rules Article 45, Rule 4540</u>, I, Connie F. Mitchell, Clerk II in the Division of Professional Licensing Services of the New York State Education Department, have caused this certificate to be prepared. I further state that I have legal custody of the official records of the Division of Professional Licensing Services and I attest that MICHAEL KNEE is the holder of a license to practice PHARMACY, license number 043342, issued 03/28/95, and is currently registered to practice the profession in New York State. These records indicate that on 09/03/02, the licensee was the subject of a Violations Committee proceeding for a minor/technical professional misconduct. For further information please contact:

Attn: Nellia Blaizes-McNear NYS Education Department O.P.D. 1411 Broadway 10th Floor New York, NY 10018 (212) 951-6500

Witness my hand and the seal of the New York State Education Department this 23 November,

THE OT THE PART OF THE PART OF

Connie F. Mitchell, Clerk II Professional Licensing Services 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 <u>X</u> Ownership Change Na (Please provide current lice | ame Change Location Change nse number if making changes: PH) |
|--|--|
| GENERAL INFORMATION | |
| Pharmacy Name: Sesquinox 11-2 d/bla Eg | vinox Healthouse |
| Pharmacy Name: Serguinox 11-2 d/h/a Eg. Physical Address: 3240 B Co porate Ct, E// | cottlity, Marylant 21042 |
| Mailing Address: 3240 B Corporate Cour | in the second se |
| City: Ellicoff City State: | |
| Telephone Number: 4/0-203-1701 Fa | |
| Toll Free Number: 800-7/5-6650 | |
| E-mail: Kpate la equivox has Moon, come We | ebsite: <u>////</u> |
| Managing Pharmacist: Kalpash Potel | License Number: 13024 |
| Hours of Operation: | 30 0 |
| Monday thru Friday 8:30 am 2:30 pm | , Saturday <u>8:30</u> am <u>/:00</u> pm |
| Monday thru Friday 8:30 am 1:30 pm Sunday Phuimueis & Murse on oa. | 11 24/1 24 Hours / 7 |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| ☐ Retail | ☐ Off-site Cognitive Services |
| □ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | M Parenteral (outpatient) Home InSusion |
| 🗀 Nuclear | ☐ Outpatient/Discharge |
| ☑ Out of State | ☐ Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| Board Use Only | |
| Received: AUG 0 3 2011 Check Number: mo | Amount: 500,00 |

Page 1 - 2009

OWNERSHIP IS A CORPORATION State of Incorporation: Delaware Parent Company if any: Corporation Name: Serguinex LLC Mailing Address: 3840 R Conporate Ct City: Ello Zip: 21042 Telephone: <u>HID-203-1701</u> Fax: <u>410-203-1702</u> License Contact Person: Ka hash Patel 443-538-3502 (c) Professional Compliance Contact Person: Kalpes L Pale Ownership Information – Complete Section 1 or 2 Do not use N/A in this section - Section 1 or 2 must be completed. Section 1: List the corporations four largest shareholders: (Name and percentage of ownership) 1. Kakesh Patel-Director of OPerations 2 Shesali Patel - Manager 3. Serguirox Acquisition 4. Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K. Date of Incorporation: 12-21-2009 See attacked Registration number issued: 69/121/75 Stock Exchange: N/A - Private List any physician shareholders and percentage of ownership: No physicans are shareholders or owners

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

Within the last five (5) years:

| ⊴ 1) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, offi 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)? | . , | l No | |
|---|---|-----------------------|--------|-------------|
| 2) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, offi or director(s) thereof, ever been denied a license, permit or certificate of registration? | cer(s) Yes □ | No | M |
| 3) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? | cer(s) Yes □ | No | 以 |
| 4) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office 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? | cer(s) Yes | No | |
| 5) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | cer(s) Yes □ | No | ì X1 |
| If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required. | | | | |
| correct | by certify that the answers given in this application and attached documental t. I understand that any infraction of the laws of the State of Nevada regulat ion of an authorized pharmacy may be grounds for the revocation of this per | ing the | true : | and |
| 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. | | | | |
| Signatu | ure of owner or executive officer $\frac{6-29-7}{2}$ | <u>'/</u> | | |
| Ka ka Print or | Type name and title Pharmacist in Charge | ,,—,,,,,, <u>————</u> | | |

CORPORATE STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

| 1. Clay Altohey |
|--|
| Corporate Officer of Serguinox LLC dha Eguinox Houthare |
| hereby acknowledge and understand that in addition to the corporation's |
| responsibilities, my fellow officers and I, as corporate officers of said corporation, |
| may be responsible for any violations of pharmacy law that may occur in a pharmacy |
| owned or operated by said corporation. |
| I further acknowledge and understand that the corporate officers may be |
| named in any action taken by the Nevada State Board of Pharmacy against a |
| pharmacy owned by or operated by said corporation. |
| I further acknowledge and understand that the corporation cannot require or |

permit the pharmacist(s) in said pharmacy to violate any provision of any local, state

6-27-11

or federal laws or regulations pertaining to the practice of pharmacy.

STATE OF MARYLAND





Department of Health and Mental Hygiene

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - John M. Colmers, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Michael Souranis, Board President - LaVerne G. Naesea, Executive Director

MARYLAND BOARD OF PHARMACY PHARMACY VERIFICATION FORM

| NAME OF PHARMACY | Equinox Healthcare 3240B Corporate Court Ellicott City, MD 21042 | |
|------------------------------|--|--|
| TYPE OF REGISTRATION ISSUED: | Pharmacy | |
| LICENSE NUMBER: | PW0332 | |
| EXPIRATION DATE: | 12/31/2011 | |
| LAST INSPECTION DATE: | 04/14/2010 | |
| ORIGINAL ISSUANCE DATE: | 01/15/2010 | |
| CURRENT STATUS: | Active X Non-Renewed Closed | |
| GOOD STANDING: | Yes <u>X</u> No | |
| | | |

HAS PHARMACY BEEN FOUND GUILTY OF ANY VIOLATIONS FOR WHICH DISCIPLINARY ACTION WAS TAKEN? Yes _____ No __X

SIGNATURE:/

Courtney M. Jackson-Licensing Specialist July 5, 2011

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE CORPORATION

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

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

| application of subsequent revocation of the license issued and | is a violation of the laws of the State of Nevada. |
|--|---|
| New Pharmacy X Ownership Change Name Name (Please provide current licent | ne Change Location Change se number if making changes: PH) |
| GENERAL INFORMATION | |
| Pharmacy Name: WiverSITU SDEC | ialth Pharmacu |
| Physical Address: 3328 Clarkeld | AVE. Commerce, CA |
| Mailing Address: Same | 90040 |
| City: State: | Zip Code: |
| City: State: Telephone Number: 323201-4488 Fax | (Number: (800) 728 4814 |
| Toll Free Number: | |
| E-mail: 11350 @ Oxforwall enmed. Co Wel | osite: WWW. University SO. COM |
| E-mail: NSSAC Green Valley med. Co Well Managing Pharmacist: 200 YUUV | License Number: 36 525 |
| Hours of Operation: | |
| Monday thru Friday 230 am 5 pm | Saturdayampm |
| Sundayampm | 24 Hours |
| TYPE OF PHARMACY | SERVICES PROVIDED |
| □ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| □ Nuclear | ☐ Outpatient/Discharge |
| Out of State | Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |
| Board Use Only | |
| Received: 7-25-11 Check Number: @ | Amount: 500,00 |

OWNERSHIP IS A CORPORATION State of Incorporation: Parent Company if any: Corporation Name: Mailing Address: State: Telephone: (402) 502 Fax: (70) License Contact Person: Professional Compliance Contact Person: Thissa Voac Ownership Information - Complete Section 1 or 2 Do not use N/A in this section - Section 1 or 2 must be completed. Section 1: List the corporations four largest shareholders: (Name and percentage of ownership) %: _____ 3. %: %: Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K. Date of Incorporation: Stock Exchange: List any physician shareholders and percentage of ownership:

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

include a list officers.

Within the last five (5) years:

| | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office 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)? | | ו כ | No/C |
|-------------------------------|---|-----------------------------|----------|--------|
| • | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever been denied a license, permit or certificate of registration? | |] [| No 🔼 |
| · | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? | er(s) | | No 🖊 |
| 1 | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office 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? | | ו כ | No 🖊 |
| . (| Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | |] [| No 🖵 |
| attache | nswer to any question 1 through 5 is "yes", a signed statement of explanations. Copies of any documents that identify the circumstance or contain an or disposition may be required. | | | |
| correct | y certify that the answers given in this application and attached documentat . I understand that any infraction of the laws of the State of Nevada regulat on of an authorized pharmacy may be grounds for the revocation of this per | ing the | | ue and |
| under p correct. employ | read all questions, answers and statements and know the contents thereof. benalty of perjury, that the information furnished on this application are true, I hereby authorize the Nevada State Board of Pharmacy, its agents, servates, to conduct any investigation(s) of the business, professional, social and ound, qualification and reputation, as it may deem necessary, proper or des | accura ents an d mora | ate d | |
| Signatu | ire of owner or executive officer Date | | | |
| Sco | + Silber Ceo/President Type name and title | | | |

Partner Information

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

38% owner

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

22% owner

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

20% owner

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

20% owner

CORPORATE STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

| Corporate Sines of 118 |
|--|
| hereby acknowledge and understand that in addition to the corporation's |
| responsibilities, my fellow officers and I, as corporate officers of said corporation, |
| may be responsible for any violations of pharmacy law that may occur in a pharmacy |
| owned or operated by said corporation. |
| I further acknowledge and understand that the corporate officers may be |
| named in any action taken by the Nevada State Board of Pharmacy against a |
| pharmacy owned by or operated by said corporation. |
| I further acknowledge and understand that the corporation cannot require or |
| permit the pharmacist(s) in said pharmacy to violate any provision of any local, state |
| or federal laws or regulations pertaining to the practice of pharmacy. |
| |
| |
| H-10) 3/3/11 |
| |

Signature

| Withir | n the last five (5) years: | | | | | |
|--|---|----------------|---------|--|--|--|
| 1) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office 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)? | | No 💆 | | | |
| 2) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever been denied a license, permit or certificate of registration? | | , | | | |
| 3) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? | | (| | | |
| 4) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, offic 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? | cer(s) Yes | No 🖾 | | | |
| 5) | Has the firm or any owner(s), shareholder(s) with at least 10% interest, office or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | er(s) Yes □ | No 🔊 | | | |
| attach | answer to any question 1 through 5 is "yes", a signed statement of explanation contains an order disposition may be required. | | | | | |
| correct | by certify that the answers given in this application and attached documental t. I understand that any infraction of the laws of the State of Nevada regulat ion of an authorized pharmacy may be grounds for the revocation of this per | ing the | rue and | | | |
| I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral | | | | | | |

background, qualification and reputation, as it may deem necessary, proper or desirable. Signature of owner or executive officer Scot Silber
Print or Type name and title

McGuireWoods LLP 1800 Century Park East 8th Floor Los Angeles, CA 90067 Phone: 310.315.8200 www.mcguirewoods.com

NOV - 2 2011

Noah E. Jussim McGUIREWOODS

Direct: 310.315.8225

njussim@mcguirewoods.cor Direct Fax: 310.956.312 C/m No. 2056747-000

November 1, 2011

Carolyn J. Cramer, Esq. General Counsel Nevada State Board of Pharmacy 431 W. Plumb Lane Reno, NV 89509

Re: University Specialty Pharmacy

Dear Ms. Cramer:

We understand that the Nevada State Board of Pharmacy ("Nevada Board") has raised an issue with respect to University Specialty Pharmacy's ("USP") negative response to a question regarding administrative actions or proceedings on USP's non resident pharmacy license application. As our office represents USP in opposing the citation and fine alleged by the California State Board of Pharmacy ("California Board") against USP ("Citation") – causing the issue with respect to USP's negative response to the application's Question No. 3 about "administrative action" – USP has asked us to write you.

By its date, the Citation likely only made it into the mail a few days before USP's president, Scot Silber, R.Ph., executed the non-resident license application. To the extent Mr. Silber had given the Citation any thought, it would be that USP would not acquiesce to it. Indeed, he has asked our firm to oppose the Citation. That process has only begun, with USP and the California Board participating in an informal settlement conference later this November.

Given that the Citation is opposed, Mr. Silber would have understood the response to your form's question as "No," because USP's administrative liability has not been established, to the extent he focused at all on the Citation, then at best only recently received by USP in California.

Moreover, the California Board does not consider the issuance of a citation to constitute discipline against a license. A citation is more of a traffic ticket. Again, therefore, when asked whether USP had been subject of a proceeding, Mr. Silber likely believed the correct answer to be "No." Mr. Silber would had no reason and would not believe he was making any false statement to the Nevada Board.

Carolyn J. Cramer, Esq. General Counsel Nevada State Board of Pharmacy November 1, 2011 Page 2

USP will, however, amend its application to indicate "Yes" to Question No. 3, to accommodate the Nevada Board. In that vein, enclosed is a copy of the amended application, along with a copy of the Citation, and the requests for Office Conference and Appeal filed by this office. With the application thus amended, we respectfully request that USP's non-resident pharmacy license be granted, without the need for further appearance by representatives of USP.

On that last score, I am told that at the prior meeting where USP's application was discussed, your Board's president brought up allegations concerning Mr. Silber that date back to 2004. That date proceeds any relationship between Mr. Silber and USP. Moreover, as the application form asked for disclosure of proceedings five years old or less, those 2004 allegations could not be relevant. We therefore hope your president's remarks will not prejudice USP's application.

Please do let me know if there are any remaining issues. Thank you so much for your time with this correspondence.

Respectfully yours,

Noah E. Jussim

McGuireWoods LLP

Encls.



California State Board of Pharmacy 1625 North Market Boulevard, Sulte N219, Sacramento, CA 95834 Phone (916) 574-7900 Fax (916) 574-8618 STATE AND CONSUMER SERVICES AGENCY DEPARTMENT OF CONSUMER AFFAIRS GOVERNOR EDMUND G. BROWN JR.

June 27, 2011

DATED MATERIAL ENCLOSED

UNIVERSITY SPECIALTY PHARMACY ATTN: SCOT SILBER, PRESIDENT 3328 GARFIELD AVENUE COMMERCE, CA 90040

www.pharmacy.ca.gov

RE: CI 2010 48633

UNIVERSITY SPECIALTY PHARMACY

PHY 50160

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- July 27, 2011: Unless the Citation is contested payment of fine(s) must be received by the Board.
- July 11, 2011: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- July 27, 2011: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two
UNIVERSITY SPECIALTY PHARMAC
CI 2010 48633

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Linda Kapovich at (916) 574-7924.

Sincerely

Virginia Herold Executive Officer

Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

• Payment must be made by July 27, 2011.

Make check or money order payable to the Board of Pharmacy. Do not submit cash.

 Attach the enclosed "copy" of your Citation Mail payment to: State Board of Pharmacy

Attn: Linda Kapovich

1625 North Market Boulevard, Suite N219

Sacramento, CA 95834-1924

(916) 574-7924

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than July 11, 2011 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than July 27, 2011 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Linda Kapovich, Associate Enforcement Analyst, at (916) 574-7924.

BOARD OF PHARMACY DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

CITATION AND FINE

Citation Number Name, License No.
CI 2010 48633 UNIVERSITY SPECIALTY PHARMACY, PHY 50160

| JURISDICTION: Bus. & Prof. Code | e § 4005; CCR, title 16, § 1775; Bus. & Prof. Code | § 4301, subd. (o) |
|---|--|-------------------|
| VIOLATION CODE SECTION | AMOUNT OF FINE | |
| Bus. & Prof. Code § 4126.5 subd. (a)(1) | Furnishing Dangerous Drugs by Pharmacy; Authorized recipients; To a wholesaler owned or under common control | \$365,000.00 |
| Bus. & Prof. Code § 4163 subd. (a) | Unauthorized Furnishing by Manufacturer or Wholesaler | \$500.00 |
| Bus. & Prof. Code § 4059 subd. (a) | Furnishing dangerous drugs without a prescription | \$3,000.00 |
| Title 21 CFR § 1307.11 subd. (a)/Title 21 CFR § 1304.22 (c) | Distribution by dispenser to another practitioner; Another practitioner for the purpose of general dispensing by the practitioner to patients/Records for manufacturers, distributors, dispensers, resea | \$1,000.00 |
| Bus. & Prof. Code § 4301 subd. (j) | Unprofessional Conduct - Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs | \$250.00 |
| CCR, Title 16, § 1714 subd. (e) | Operational Standards and Security; emergency key | \$250.00 |

CONDUCT:

Non-Compliant Furnishing of Dangerous Drugs. University Specialty was not in compliance with Business and Professions Code section 4126.5 subd. (a)(1) that prohibits the furnishing of dangerous drugs to a wholesaler, unless the wholesaler is owned or under common control by the wholesaler from whom the dangerous drugs were acquired. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, CA 90040 sold dangerous drugs to Beachside Surgical Supplies Inc., (wls 4691), located at 18261 Enterprise Lane, Ste. B in Huntington Beach, CA 92648. These two businesses do not have common ownership. Dangerous drugs purchased from Cardinal Health and re-sold to Beachside Surgical Supplies, Inc. are listed on the following invoices and dates:

| ı | DATE | (A) (O) OE NO | COMPANY | AMOUNT | LICENSE | |
|------|------------------|-----------------------|------------------------|-------------------|---------|--------|
| [2] | DATE 5/4/2010 | INVOICE NO 5091364 | COMPANY | AMOUNT \$15.92 | wis | |
| ŀ | 5/7/2010 | 5091984 | Beachside Beachside | \$513.10 | wis | |
| ŀ | 5/10/2010 | 5092120 | Beachside | \$32.00 | wls | |
| | 5/12/2010 | 5092685 | Beachside | \$199.48 | wis - | |
| | 5/13/2010 | 5092903 | Beachside | \$93.51 | wis | |
| | 5/13/2010 | 5092941 | Beachside | \$925.98 | wls | |
| | 5/14/2010 | 5093129 | Beachside | \$228.50 | wis | 10 |
| 29 | 5/14/2010 | 5093134 | Beachside | \$158.50 | wis | |
| :::" | 5/14/2010 | 5093135 | Beachside | \$1,482.10 | wis | ii |
| ł | 5/14/2010 | 5093137 | Beachside | \$98.52 | wis | |
| | 5/18/2010 | 5093592 | Beachside | \$192.29 | wls | |
| | 5/18/2010 | 5093593 | Beachside | \$79.75 | wls | |
| | 5/20/2010 | 5094101 | Beachside | \$108.05 | wls | ε, |
| | 5/24/2010 | 5094401 | Beachside | \$31.90 | wls | - S |
| | 5/24/2010 | 5094402 | Beachside | \$98.45 | wis | |
| | 5/24/2010 | 5094467 | Beachside | \$122.13 | wis | |
| = # | 5/25/2010 | 5094691 | Beachside | \$176.91 | wls | |
| ≥ | 5/25/2010 | 5094693 | Beachside | \$179.38 | wls | |
| i. | 5/25/2010 | 5094694 | Beachside | \$215.96 | wls | |
| 10 | 5/25/2010 | 5094749 | Beachside | \$284.09 | wls | |
| 8. | 5/26/2010 | 5094916 | Beachside | \$173.43 | wls | - 202 |
| | 5/26/2010 | 5094971 | Beachside | \$193.98 | wls | 45 |
| 77 | 5/28/2010 | 5095391 | Beachside | \$334.78 | wis | |
| | 6/1/2010 | 5095599 | Beachside | \$119.10 | wis | |
| | 6/1/2010 | 5095623 | Beachside | \$70.86 | wls |] |
| | 6/2/2010 | 5095864 | Beachside | \$183.76 | wis | |
| | 6/2/2010 | 5095872 | Beachside | \$19.48 | wls | |
| | 6/3/2010 | 5096059 | Beachside | \$68.13 | wls | |
| | 6/3/2010 | 5096087 | Beachside | \$159.00 | wls | _ |
| | 6/7/2010 | 5096541 | Beachside | \$205.75 | wls | |
| 7. | 6/7/2010 | 5096542 | Beachside | \$1,986.33 | wls | _ |
| | 6/7/2010 | 5096546 | Beachside | \$324.00 | wls | |
| 127 | 6/8/2010 | 5096766 | Beachside | \$23.40 | wis | |
| | 6/8/2010 | 5096767 | Beachside | \$11.70 | wls | |
| | 6/8/2010 | 5096781 | Beachside | \$107.70 | wls | |
| | 6/8/2010 | 5096810 | Beachside | \$162.99 | wis | |
| 60 | 6/10/2010 | 5097205 | Beachside _ | \$127.88 | wls | _ |
| | 6/11/2010 | 5097475 | Beachside | \$199.60 | wls | |
| -2 | 6/14/2010 | 5097647 | Beachside_ | \$13.46 | wls | E- |
| | 6/18/2010 | 5098501 | Beachside | \$30.20 | wis | 1 |
| | 6/18/2010 | 5098503 | Beachside_ | \$151.07 | wls | _ |
| | 6/18/2010 | 5098562 | Beachside | \$399.20 | wls | |
| 1 | 6/21/2010 | 5098724 | Beachside | \$199.60 | wls | . " |
| | 6/21/2010 | 5098751 | Beachside | \$95.70 | wls | - |
| 839 | 6/22/2010 | 5098997 | Beachside | \$67.63 | wls | 1 |
| | 6/22/2010 | 5099015 | Beachside | \$31.90 | wls | 1 |
| | 6/28/2010 | 5099853 | Beachside | \$162.99 | wls | - |
| | 6/29/2010 | 5100089 | Beachside | \$162.99 | wls | - |
| | 7/1/2010 | 5100558 | Beachside | \$135.25 | wls | 4 |
| | 9/20/2010 | 5112998 | Beachside | \$177.50 | wls | 4 |
| | 9/21/2010 | 5113269 | Beachside | \$63.80 | wis | 10 000 |
| | 9/22/2010 | 5113358 | Beachside | \$120.41 | wls | - |
| | 9/22/2010 | 5113360 | Beachside | \$11.68 | wls | ١ |

| 9/22/2010 | 5113362 | Beachside | \$63.80 | wls |
|------------|---------|-----------|-------------|-------|
| 9/23/2010 | 5113630 | Beachside | \$12.76 | wls |
| 9/23/2010 | 5113688 | Beachside | \$29.25 | wis |
| 9/27/2010 | 5114074 | Beachside | \$46.80 | wls |
| 9/27/2010 | 5114076 | Beachside | \$135.25 | wls |
| 9/27/2010 | 5114107 | Beachside | \$58.82 | wls |
| 9/28/2010 | 5114202 | Beachside | \$137.39 | wis |
| 9/29/2010 | 5114585 | Beachside | \$2.48 | Wls |
| 9/30/2010 | 5114695 | Beachside | \$323.52 | Wis |
| 9/30/2010 | 5114696 | Beachside | \$19.16 | Wis |
| 10/1/2010 | 5114952 | Beachside | \$6.39 | Wis |
| 10/1/2010 | 5114976 | Beachside | \$106.90 | Wis |
| 10/4/2010 | 5115159 | Beachside | \$126.03 | Wis |
| 10/8/2010 | 5116048 | Beachside | \$106.00 | Wls |
| 10/8/2010 | 5118004 | Beachside | \$282.43 | Wls |
| 10/19/2010 | 5117769 | Beachside | \$96.80 | WIs |
| 10/20/2010 | 5117895 | Beachside | \$205.10 | Wls |
| 10/20/2010 | 5117896 | Beachside | \$101.44 | Wls |
| 10/20/2010 | 5117897 | Beachside | \$651.29 | Wls |
| 10/21/2010 | 5118280 | Beachside | \$223.68 | Wis · |
| | | | \$14,267.06 | |

This is a violation of pharmacy law.

Unauthorized Furnishing. University Specialty Pharmacy was not in compliance with Business and Professions Code section 4163 subd. (a) which prohibits a manufacturer, wholesaler, repackager, or pharmacy from furnishing dangerous drugs to an unauthorized person. Specifically University Specialty pharmacy located at 3328 Garfield Ave. in Commerce, CA 90040 sold a dangerous drug to Physicians Surgery Center located at 12567 Hesperia Ave, in Victorville, CA 92395 on 8/10/2010, invoice # 5106382. Physicians Surgery Center is physician owned and is not licensed with the Board or the California Department of Public Health as a surgical clinic. This is a violation of pharmacy law.

Furnishing of Dangerous Drugs Prohibited without a Prescription. University Specialty Pharmacy was not in compliance with Business and Professions Code section 4059 subd. (a) which prohibits a person from furnishing any dangerous drug without a prescription from an authorized prescriber and (b) which allows a pharmacy to furnish dangerous drugs to authorized persons or facilities under sales and purchase records that correctly name the date, the name and address of the supplier and buyer, the drug or device and its quantity. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, 90040 sold/transferred dangerous drugs to GreenValleyMed located at 1850 Whitney Mesa in Henderson, NV 89014, which is not licensed as a pharmacy or wholesaler by the Nevada State Board of Pharmacy. Green Valley Drug, DEA # BG8108107 is the facility at that address. University Specialty Pharmacy sold dangerous drugs to unlicensed GreenValleyMed under false sales record that do not correctly name the buyer and using a DEA Registration number not issued to GreenValleyMed, on the following dates and invoice number:

| Date - | Invoice No | Amount | Transfer No. | CS Sched. |
|----------|------------|------------|--------------|-----------|
| 4/2/2010 | 1808829 | \$315.33 | 9000132 | |
| 4/2/2010 | 1808831 | \$113.10 | 9000072 | IV |
| 4/2/2010 | 1809823 | \$1,186.67 | 9000145 | |
| 4/5/2010 | 1815203 | \$1,325.27 | 9000117 | |

| , | | | | | | 1 | | |
|-------|-----------|---------|-------------|---------|---------|----------|----|-----|
| | 4/5/2010 | 1815205 | \$218.46 | 9000091 | , IV | - | | |
| | 4/6/2010 | 1821304 | \$1,254.55 | 9000272 | | | | |
| | 4/7/2010 | 1826331 | \$12,753.29 | 9000235 | | | 24 | |
| | 4/7/2010 | 1826332 | \$282.47 | 9000084 | III, IV | | | |
| | 4/12/2010 | 1841008 | \$442.46 | 9000593 | <u></u> | ļ | | |
| | 4/19/2010 | 1868361 | \$957.92 | 9000083 | | ļ | | |
| | 4/21/2010 | 1889191 | \$2,218.39 | 9000086 | | _ | | |
| | 4/22/2010 | 1884885 | \$332.32 | 9000088 | | | | |
| 187 | 4/23/2010 | 1889704 | \$265.76 | 9000093 | | | | |
| | 5/3/2010 | 1922230 | \$1,093.63 | 9000117 | | - | | |
| | 5/3/2010 | 1922465 | \$1,130.12 | 9000116 | | | | |
| | 5/12/2010 | 1960397 | \$291.79 | 9000148 | IV | | | |
| | 5/12/2010 | 1960399 | \$1,095.92 | 9000148 | | | | |
| | 5/13/2010 | 1966295 | \$1,285.90 | 9000154 | 10 10 | | | |
| į | 5/13/2010 | 1966297 | \$242.80 | 9000154 | IV | 1 | | |
| | 6/4/2010 | 2047472 | \$2,251.06 | 9000212 | | 1 | | |
| | 6/7/2010 | 2053033 | \$552.65 | 9000217 | | - | | |
| | 6/16/2010 | 2092233 | \$3,178.78 | 9000243 | 111 | 1 | | |
| | 6/17/2010 | 2097297 | \$1,057.04 | 9000246 | | 1 | | |
| | 6/22/2010 | 2114362 | \$26.05 | 9000261 | IV | 1 | | |
| | 6/23/2010 | 2118964 | \$61.29 | 9000097 | | <u> </u> | | |
| 4 | 6/24/2010 | 2124231 | \$605.11 | 9000491 | | 4 | | |
| 20 | 6/24/2010 | 2124232 | \$26.05 | 9000405 | IV | 1905 | | |
| | 6/25/2010 | 2129495 | \$936.82 | 9000073 | | 1 | | 100 |
| | 6/28/2010 | 2135454 | \$369.79 | 9000529 | 71 | _ | | |
| | 6/29/2010 | 2142411 | \$1,257.92 | 9000154 | | g/. | | |
| | 7/1/2010 | 2153290 | \$891.75 | 9000292 | | | | |
| | 7/6/2010 | 2162755 | \$270.65 | 9000296 | | _ | | |
| 5 | 7/9/2010 | 2181228 | \$1,669.06 | 9000306 | 11 | _ | | |
| | 7/12/2010 | 2186313 | \$21.46 | 9000310 | 34 | Ţ | | |
| , | 7/13/2010 | 2193000 | \$1,641.40 | 9000314 | | | | |
| | 7/21/2010 | 2224964 | \$1,695.68 | 9000393 | 111 | _ | | |
| | 7/22/2010 | 2230177 | \$2,085.04 | 9000552 | | | | |
| , | 7/23/2010 | 2235131 | \$290.28 | 9000445 | | _ | | |
| | 7/26/2010 | 2240195 | \$882.56 | 9000348 | | 1 | | |
| 3.5 | 7/28/2010 | 2251473 | \$167:97 | 9000356 | | _ | | |
| | 7/29/2010 | 2256782 | \$844.25 | 9000359 | Ø | _ | | |
| 29 25 | 7/30/2010 | 2261370 | \$2,933.64 | 9000362 | | 38 | | |
| | 8/4/2010 | 2278800 | \$1,180.86 | 9000374 | | _ | | |
| | 8/6/2010 | 2289257 | \$1,412.74 | 9000378 | | | | |
| .13 | 8/10/2010 | 2300879 | \$61.52 | 9000380 | | 3 | | |
| | 8/11/2010 | 2306054 | \$184.12 | 9000382 | | | | |
| 44 | 8/13/2010 | 2316354 | \$269.15 | 9000388 | | | | |
| | 8/16/2010 | 2321853 | \$27.14 | 9000389 | | _ | | |
| | 8/19/2010 | 2338996 | \$1,723.88 | 9000397 | = p); | | | |
| | 8/31/2010 | 2382758 | \$2.10 | 9000420 | | | | |
| 51 | 9/1/2010 | 2388242 | \$6,604.65 | 9000422 | 111 | _ | | |
| ļ | 9/2/2010 | 2394024 | \$1,575.63 | 9000423 | | _ | | |
| 89 | 9/2/2010 | 2394026 | \$82.58 | 9000119 | IV | _ | | |
| (*) | 9/2/2010 | 2394026 | \$82.58 | 9000423 | | | | - |
| | 9/7/2010 | 2404730 | \$642.21 | 9000431 | 83 | 4 | | |
| | 9/8/2010 | 2411936 | \$227.07 | 9000432 | TC . | _ | | |
| | 9/9/2010 | 2417846 | \$93,48 | 9000433 | | | | |
| | 9/10/2010 | 2423492 | \$1,387.61 | 9000084 | | | | |
| | | | | | | | | |

| | lgi | | | | |
|------------|-----------|------------|----------|---------|-----|
| ÿ. | | | | | |
| 9/13/2010 | 2429120 | \$7,669.47 | 9000442 | | |
| 9/14/2010 | 2435831 | \$88.77 | 9000461 | IV | |
| 9/15/2010 | 2441275 | \$22.56 | 9000528 | JII . | |
| 9/16/2010 | 2447036 | \$243.41 | 9000585 | V,III | |
| 9/20/2010 | 2456539 | \$1,239.00 | 9000073 | 11 | |
| 9/20/2010 | 2457417 | \$3,400.10 | 9000457 | | |
| 9/21/2010 | 2464135 | \$1,260.78 | 9000460 | | |
| 9/22/2010 | 2469544 | \$14.25 | 9000171 | IV | |
| 9/23/2010 | 2474926 | \$175.96 | 9000466 | | |
| 9/27/2010 | 2485537 | \$23.84 | 9000470 | | |
| 9/28/2010 | 2490390 | \$862.78 | 9000472 | | |
| 9/28/2010 | 2493130 | \$365.46 | 9000473 | | |
| 9/29/2010 | 2498285 | \$5.89 | 9000515 | 111 | |
| 9/30/2010 | 2503000 | \$581.12 | 9000480 | | |
| 10/1/2010 | 2508104 | \$361.28 | 9000071 | IV. | |
| 10/4/2010 | 2514384 | \$2,354.99 | 9000487 | ··· | |
| 10/5/2010 | 2521055 | \$65.10 | 9000528 | IV | |
| 10/5/2010 | 2526259 | \$564.00 | 9000328 | | |
| 10/0/2010 | 2529879 | \$44.24 | 9000491 | | |
| | | \$423.97 | 90000494 | 65 | |
| 10/7/2010 | 2531333 | \$112.84 | 9000494 | | |
| 10/8/2010 | 2536743 | | | 1V | |
| 10/8/2010 | 2536744 | \$537.24 | 9000495 | | |
| 10/12/2010 | 2548228 | \$49.50 | 9000426 | IV | |
| 10/18/2010 | 2569330 | \$378.94 | 9000512 | N/ | |
| 10/19/2010 | 2575989 | \$43.45 | 9000515 | IV | |
| 10/19/2010 | 2575990 | \$394.49 | 9000515 | 111 | |
| 10/20/2010 | 2580821 | \$4,694.77 | 9000520 | 111 | |
| 10/21/2010 | 2586238 | \$43.45 | 9000522 | IV | |
| 10/21/2010 | 2586240 | \$758.53 | 9000522 | | |
| 10/25/2010 | 2596641 | \$104.56 | 9000528 | III, IV | |
| 10/25/2010 | 2596642 | \$210.59 | 9000528 | | |
| 10/26/2010 | 2603431 | \$750.67 | 9000529 | | |
| 10/26/2010 | 2603432 | \$76.86 | 9000529 | IV | |
| 10/27/2010 | 2608658 | \$46.31 | 9000533 | | |
| 10/28/2010 | 2613514 | \$2,240.70 | 9000536 | | |
| 10/29/2010 | 2618726 | \$298.58 | 9000538 | | |
| 10/29/2010 | = 2618727 | \$130.95 | 9000538 | IV | |
| 11/1/2010 | 2624430 | \$1,943.59 | 9000541 | | |
| 11/3/2010 | 2636951 | \$73.19 | 9000543 | | |
| 11/4/2010 | 2642477 | \$249.76 | 9000548 | | |
| 11/8/2010 | 2652846 | \$40.73 | 9000551 | IV | |
| 11/8/2010 | 2652848 | \$138.87 | 9000551 | | 3.9 |
| 11/11/2010 | 2669807 | \$1,790.42 | 9000559 | = | |
| 11/12/2010 | 2674537 | \$809.37 | 9000562 | | 37 |
| 11/15/2010 | 2680205 | \$229.46 | 9000563 | | |
| 11/16/2010 | 2686630 | \$767.70 | 9000565 | | |
| 11/18/2010 | 2697271 | \$512.12 | 9000569 | | |
| 11/19/2010 | 2702274 | \$198.96 | 9000572 | | |
| | | | 9000572 | | |
| 11/19/2010 | 2702595 | \$216.66 | 9000574 | | |
| 11/22/2010 | 2707835 | \$349.60 | 9000574 | 111 | |
| 11/22/2010 | 2707836 | \$49.83 | | 113 | |
| 11/23/2010 | 2714797 | \$42.85 | 9000576 | | |
| 11/24/2010 | 2720345 | \$1,386.60 | 9000579 | N/ | |
| 11/29/2010 | 2729923 | \$73.75 | 9000580 | | |

| 11/29/2010 | 2729924 | \$874.58 | 9000580 |
|------------|---------|--------------|---------|
| 11/30/2010 | 2736943 | \$2,827.53 | 9000583 |
| 12/1/2010 | 2742446 | \$79.87 | 9000589 |
| 12/2/2010 | 2748585 | \$4,323.94 | 9000590 |
| W | | \$113,698.55 | |

This is a violation of pharmacy law.

Furnishing of Controlled Substances without a Prescription._ University Specialty Pharmacy was not in compliance with Code of Federal Regulations section 1307.11 subd. (a)(1)(i)(ii) and is recorded in accordance with Code of Federal Regulation section 1304.22 subd. (c) which allow a pharmacy to distribute without a prescription to a registered practitioner under sales record that correctly names the buyer and address. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, 90040 sold/transferred controlled substances to GreenValleyMed located at 1850 Whitney Mesa in Henderson, NV 89014, which is not licensed as a pharmacy or wholesaler by the Nevada State Board of Pharmacy. Green Valley Drug, DEA # BG8108107 is the facility at that address. University Specialty Pharmacy sold controlled substances to GreenValleyMed under false sales records that do not correctly name the buyer and use a DEA Registration number not issued to GreenValleyMed on the following dates and invoice number:

| Date | Invoice No | Amount | Transfer No. | CS Sched. |
|------------|------------|-------------|--------------|--|
| 4/2/2010 | 1808831 | \$113.10 | 9000072 | IV |
| 4/5/2010 | 1815205 | \$218.46 | 9000091 | IV |
| 4/7/2010 | 1826332 | \$282.47 | 9000084 | III, IV |
| 5/12/2010 | 1960397 | \$291.79 | 9000148 | IV |
| 5/13/2010 | 1966297 | \$242.80 | 9000154 | IV |
| 6/16/2010 | 2092233 | \$3,178.78 | 9000243 | 111 |
| 6/22/2010 | 2114362 | \$26.05 | 9000261 | IV |
| 6/24/2010 | 2124232 | \$26.05 | 9000405 | IV X is |
| 7/21/2010 | 2224964 | \$1,695.68 | 9000393 | [1] |
| 9/1/2010 | 2388242 | \$6,604.65 | 9000422 | 111 |
| 9/2/2010 | 2394026 | \$82.58 | 9000119 | IV |
| 9/14/2010 | 2435831 | \$88.77 | 9000461 | IV |
| 9/15/2010 | 2441275 | \$22.56 | 9000528 | [] |
| 9/16/2010 | 2447036 | \$243.41 | 9000585 | V,III |
| 9/20/2010 | 2456539 | \$1,239.00 | 9000073 | 31 |
| 9/22/2010 | 2469544 | \$14.25 | 9000171 | IV |
| 9/29/2010 | 2498285 | \$5.89 | 9000515 | 111 |
| 10/1/2010 | 2508104 | \$361.28 | 9000071 | IV |
| 10/5/2010 | 2521055 | \$65.10 | 9000528 | IV |
| 10/8/2010 | 2536744 | \$537.24 | 9000495 | IV 📧 |
| 10/12/2010 | 2548228 | \$49.50 | 9000426 | IV |
| 10/19/2010 | 2575989 | \$43.45 | 9000515 | IV |
| 10/20/2010 | 2580821 | \$4,694.77 | 9000520 | 111 |
| 10/21/2010 | 2586238 | \$43.45 | 9000522 | IV |
| 10/25/2010 | 2596641 | \$104.56 | 9000528 | III, IV |
| 10/26/2010 | 2603432 | \$76.86 | 9000529 | IV |
| 10/29/2010 | 2618727 | \$130.95 | 9000538 | IV |
| 11/8/2010 | 2652846 | \$40.73 | 9000551 | IV |
| 11/22/2010 | 2707836 | \$49.83 | 9000574 | III |
| 11/29/2010 | 2729923 | \$73.75 | 9000580 | IV |
| | | \$20,647.76 | | <u> </u> |

This is a violation of pharmacy law.

Violation of The Statutes of Another State. University Specialty Pharmacy was not in compliance with Business and Professions Code section 4301 subd. (j) which states unprofessional conduct is the violation of any statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, 90040 violated Nevada Revised Statue section 639.233: License required.

Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing dangerous drugs or devices shall obtain a license pursuant to the provisions of this chapter. USP was not licensed to transfer drugs to Nevada as a wholesaler or non-residence pharmacy.

USP sold/transferred dangerous drugs to unlicensed GreenValleyMed located at 1850 Whitney Mesa in Henderson, NV 89014, which is not licensed as a pharmacy or wholesaler by the Nevada State Board of Pharmacy. Green Valley Drug, DEA # BG8108107 is the facility at that address. University Specialty Pharmacy sold dangerous drugs/controlled substances to unlicensed GreenValleyMed under false sales record that do not correctly name the buyer, to a DEA Registration number not issued to GreenValleyMed on the following dates and invoice number:

| Date | Invoice No | Amount | Transfer No. | CS Sched. |
|-----------|------------|-------------|--------------|-----------|
| 4/2/2010 | 1808829 | \$315.33 | 9000132 | |
| 4/2/2010 | 1808831 | \$113.10 | 9000072 | IV |
| 4/2/2010 | 1809823 | \$1,186.67 | 9000145 | |
| 4/5/2010 | 1815203 | \$1,325.27 | 9000117 | |
| 4/5/2010 | 1815205 | \$218.46 | 9000091 | IV |
| 4/6/2010 | 1821304 | \$1,254.55 | 9000272 | |
| 4/7/2010 | 1826331 | \$12,753.29 | 9000235 | |
| 4/7/2010 | 1826332 | \$282.47 | 9000084 | III, IV |
| 4/12/2010 | 1841008 | \$442.46 | 9000593 | |
| 4/19/2010 | 1868361 | \$957.92 | 9000083 | |
| 4/21/2010 | 1889191 | \$2,218.39 | 9000086 | |
| 4/22/2010 | 1884885 | \$332.32 | 9000088 | |
| 4/23/2010 | 1889704 | \$265.76 | 9000093 | • |
| 5/3/2010 | 1922230 | \$1,093.63 | 9000117 | |
| 5/3/2010 | 1922465 | \$1,130.12 | 9000116 | |
| 5/12/2010 | 1960397 | \$291.79 | 9000148 | ١V |
| 5/12/2010 | 1960399 | \$1,095.92 | 9000148 | |
| 5/13/2010 | 1966295 | \$1,285.90 | 9000154 | |
| 5/13/2010 | 1966297 | \$242.80 | 9000154 | IV |
| 6/4/2010 | 2047472 | \$2,251.06 | 9000212 | |
| 6/7/2010 | 2053033 | \$552.65 | 9000217 | |
| 6/16/2010 | 2092233 | \$3,178.78 | 9000243 | 111 |
| 6/17/2010 | 2097297 | \$1,057.04 | 9000246 | |
| 6/22/2010 | 2114362 | \$26.05 | 9000261 | IV |
| 6/23/2010 | 2118964 | \$61.29 | 9000097 | |
| 6/24/2010 | 2124231 | \$605.11 | 9000491 | |
| 6/24/2010 | 2124232 | \$26.05 | 9000405 | IV |
| 6/25/2010 | 2129495 | \$936.82 | 9000073 | |
| 6/28/2010 | 2135454 | \$369.79 | 9000529 | |

| 6/29/2010 | 2142411 | \$1,257.92 | 9000154 | |
|------------|--------------------|--------------------|---------|-------|
| 7/1/2010 | 2153290 | \$891.75 | 9000292 | |
| 7/6/2010 | 2162755 | \$270.65 | 9000296 | |
| 7/9/2010 | 2181228 | \$1,669.06 | 9000306 | |
| 7/12/2010 | 2186313 | \$21.46 | 9000310 | |
| 7/13/2010 | 2193000 | \$1,641.40 | 9000314 | |
| 7/21/2010 | 2224964 | \$1,695.68 | 9000393 | III |
| 7/22/2010 | 2230177 | \$2,085.04 | 9000552 | |
| 7/23/2010 | 2235131 | \$290.28 | 9000445 | |
| 7/26/2010 | 2240195 | \$882.56 | 9000348 | |
| 7/28/2010 | 2251473 | \$167.97 | 9000356 | |
| 7/29/2010 | 2256782- | \$844.25 | 9000359 | |
| 7/30/2010 | 2261370 | \$2,933.64 | 9000362 | |
| 8/4/2010 | 2278800 | \$1,180.86 | 9000374 | |
| 8/6/2010 | 2289257 | \$1,412.74 | 9000378 | |
| 8/10/2010 | 2300879 | \$61.52 | 9000380 | |
| 8/11/2010 | 2306054 | \$184.12 | 9000382 | |
| 8/13/2010 | 2316354 | \$269.15 | 9000388 | 3 |
| 8/16/2010 | 2321853 | \$27.14 | 9000389 | .9 |
| 8/19/2010 | 2338996 | \$1,723.88 | 9000397 | |
| 8/31/2010 | 2382758 | \$2.10 | 9000420 | |
| 9/1/2010 | 2388242 | \$6,604.65 | 9000422 | 111 |
| 9/2/2010 | 2394024 | \$1,575.63 | 9000423 | |
| 9/2/2010 | 2394026 | \$82.58 | 9000119 | IV |
| 9/2/2010 | 2394026 | \$82.58 | 9000423 | |
| 9/7/2010 | 2404730 | \$642.21 | 9000431 | |
| 9/8/2010 | 2411936 | \$227.07 | 9000432 | |
| 9/9/2010 | 2417846 | \$93.48 | 9000433 | N |
| 9/10/2010 | 2423492 | \$1,387.61 | 9000084 | |
| 9/13/2010 | 2429120 | \$7,669.47 | 9000442 | |
| 9/14/2010 | 2435831 | \$88.77 | 9000461 | IV : |
| 9/15/2010 | 2441275 | \$22.56 | 9000528 | 111 |
| 9/16/2010 | 2447036 | \$243.41 | 9000585 | V,III |
| 9/20/2010 | 2456539 | \$1,239.00 | 9000073 | II |
| 9/20/2010 | 2457417 | \$3,400.10 | 9000457 | Oi in |
| 9/21/2010 | 2464135 | \$1,260.78 | 9000460 | |
| 9/22/2010 | 2469544 | \$14.25 | 9000171 | IV |
| 9/23/2010 | 2474926 | \$175.96 | 9000466 | |
| 9/27/2010 | 2485537 | \$23.84 | 9000470 | |
| 9/28/2010 | 2490390 | \$862.78 | 9000472 | |
| 9/28/2010 | 2493130 | \$365.46 | 9000473 | |
| 9/29/2010 | 2498285 | \$5.89 | 9000515 | 111 |
| 9/30/2010 | 2503000 | \$5.69 \$581.12 | 9000313 | |
| | | | 9000480 | IV |
| 10/1/2010 | 2508104 2514384 | \$361.28 | 9000071 | I V |
| 10/4/2010 | | \$2,354.99 | | IV |
| 10/5/2010 | 2521055 | \$65.10 | 9000528 | IV |
| 10/6/2010 | 2526259 | \$564.00 | 9000491 | |
| 10/7/2010 | 2529879 | \$44.24 | 9000084 | |
| 10/7/2010 | 2531333 | \$423.97 | 9000494 | |
| 10/8/2010 | 2536743 | \$112.84 | 9000495 | 1)./ |
| 10/8/2010 | 2536744 | \$537.24 | 9000495 | IV |
| 10/12/2010 | 2548228 | \$49.50 | 9000426 | IV |
| 10/18/2010 | 2569330 | \$378.94 | 9000512 | |
| 10/19/2010 | 2575989 | \$43.45 | 9000515 | IV |

| 10/19/2010 | 2575990 | \$394.49 | 9000515 | |
|------------|---------|--------------|---------|---------|
| 10/20/2010 | 2580821 | \$4,694.77 | 9000520 | 111 |
| 10/21/2010 | 2586238 | \$43,45 | 9000522 | IV |
| 10/21/2010 | 2586240 | \$758.53 | 9000522 | |
| 10/25/2010 | 2596641 | \$104.56 | 9000528 | III, IV |
| 10/25/2010 | 2596642 | \$210.59 | 9000528 | |
| 10/26/2010 | 2603431 | \$750.67 | 9000529 | |
| 10/26/2010 | 2603432 | \$76.86 | 9000529 | IV |
| 10/27/2010 | 2608658 | \$46.31 | 9000533 | |
| 10/28/2010 | 2613514 | \$2,240.70 | 9000536 | |
| 10/29/2010 | 2618726 | \$298.58 | 9000538 | |
| 10/29/2010 | 2618727 | \$130.95 | 9000538 | IV |
| 11/1/2010 | 2624430 | \$1,943.59 | 9000541 | |
| 11/3/2010 | 2636951 | \$73.19 | 9000543 | |
| 11/4/2010 | 2642477 | \$249.76 | 9000548 | |
| 11/8/2010 | 2652846 | \$40.73 | 9000551 | IV |
| 11/8/2010 | 2652848 | \$138.87 | 9000551 | |
| 11/11/2010 | 2669807 | \$1,790.42 | 9000559 | |
| 11/12/2010 | 2674537 | \$809.37 | 9000562 | 14 |
| 11/15/2010 | 2680205 | \$229.46 | 9000563 | |
| 11/16/2010 | 2686630 | \$767.70 | 9000565 | |
| 11/18/2010 | 2697271 | \$512.12 | 9000569 | |
| 11/19/2010 | 2702274 | \$198.96 | 9000572 | |
| 11/19/2010 | 2702595 | \$216.66 | 9000572 | |
| 11/22/2010 | 2707835 | \$349.60 | 9000574 | |
| 11/22/2010 | 2707836 | \$49.83 | 9000574 | Ш |
| 11/23/2010 | 2714797 | \$42.85 | 9000576 | |
| 11/24/2010 | 2720345 | \$1,386.60 | 9000579 | |
| 11/29/2010 | 2729923 | \$73.75 | 9000580 | IV 15 |
| 11/29/2010 | 2729924 | \$874.58 | 9000580 | 133 |
| 11/30/2010 | 2736943 | \$2,827.53 | 9000583 | |
| 12/1/2010 | 2742446 | \$79.87 | 9000589 | |
| 12/2/2010 | 2748585 | \$4,323.94 | 9000590 | |
| | | \$113,698.55 | | |
| | | | | |

This is a violation of pharmacy law.

Non-Compliant Security. University Specialty Pharmacy was not in compliance with California Code of Regulations section 1714 subd. (e), which states only the pharmacy owner, the building owner or manager or a family member of a pharmacist owner may possess a key to the pharmacy that is maintained in a tamper evident container. Specifically University Specialty Pharmacy located at 3328 Garfield Ave. in Commerce, CA 90040 on 1/13/2011 a key to the pharmacy was in the possession of a non-licensed employee which was not in a tamper evident container.

This is a violation of pharmacy law.

CITATION ISSUED ON June 27, 2011

TOTAL AMOUNT OF FINE(S): \$370,000.00

PAYMENT OF FINE(S) DUE BY July 27, 2011

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: UNIVERSITY SPECIALTY PHARMACY

License No: PHY 50160

Citation Number: CI 2010 48633

| I hereby ackr contest the Citat | | | ed above and notification and request an Offic | |
|------------------------------------|---|------------------|--|------------------------|
| Check One: | | | | |
| | the entire Citation or olations for the following | reasons (list ea | ach violation with you | ır specific reason): |
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| | | 31 | 72 | |
| | eded attach additional sheets | 44 | | S 34 |
| Name: | 6 | | | |
| Signature: | ************************************** | | Dated: | · |
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| 74 | | | | |
| Telephone: (Busine | ess) () | Re | sidence: () | |
| | n documentation or evidence submitted with this reques | | considered for the offic | e conference review or |
| Mailing Address: | State Board of Pharmacy Attn: Linda Kapovich 1625 North Market Boulevar | d, Suite N219 | 2 0 | |

Sacramento, CA 95834-1924

(916) 574-7924

| 1 | REQUEST F | OR APPEAL | | | | |
|---------------------|---|--|--|--|--|--|
| 2 | BEFORE THE BOARD OF PHARMACY DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA | | | | | |
| 4 5 | | an administrative hearing before an | | | | |
| 6 7 8 | In the Matter of the Citation Against: UNIVERSITY SPECIALTY PHARMACY PHY 50160 Respondent | Citation Case No : CI 2010 48633 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code) | | | | |
| 9 10 11 12 | said Citation. | entitled proceeding, hereby acknowledge receipt of a time to present my defense to charges contained herein in | | | | |
| 13 14 | Mailing Address of Respondent: | (Respondent) | | | | |
| 15 | (Street Address) | | | | | |
| 16 | (City (State) (Zip) | (Telephone) | | | | |
| 17 18 | Please indicate whether or not you intend to be represent complete the following: | ted by counsel. If you intend to have counsel, please | | | | |
| 19 | Mailing Address of Attorney | * g g | | | | |
| 20 | FI | a | | | | |
| 21 | | | | | | |
| 22 | (Attorney's Name | | | | | |
| 23 | (Street Address) | | | | | |
| 24 | (City (State) (Zip) | (Telephone) | | | | |
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| 27 | E2 | | | | | |

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: UNIVERSITY SPECIALTY PHARMACY, PHY 50160 Citation and Fine CI 2010 48633

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On June 27, 2011, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

CERTIFIED MAIL NO

UNIVERSITY SPECIALTY PHARMACY ATTN: SCOT SILBER, PRESIDENT 3328 GARFIELD AVENUE COMMERCE, CA 90040 7009 1410 1700 7502 4449

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

Executed on June 27, 2011, at Sacramento, California.

Linda Kapovich

Associate Enforcement Analyst

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e.you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

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

| Complete Name (no abbreviation | ns): |
|-----------------------------------|--|
| First: Thomas | Middle: EVAN Last: STREBEL |
| Mailing Address: P.O. F | 30X 6X0112 |
| City: PARK Cita | State: UTNH Zip Code: 84068 |
| Telephone: | E-mail Address: |
| Date of Birth: | Place of Birth: OCOCN, UTAH |
| Social Security Number: | Sex: M or □ F |
| Original State of Licensure you a | are reciprocating from must be active and issued by exam; |
| State: WAH | Date of Issuance: 10 11 201 |
| College of Pharmacy Information | <u>on</u> |
| Graduation Date: 6/10/19 | <u>70 </u> |
| Degree Received: ☐ PharmD | BS in Pharmacy Check one) WBA |
| Name of Pharmacy School: | MIVERSITY OF UTART |
| Location of School: | LAKE City, UTith |
| | must attach a copy of your FPGEC certificate to THIS APPLICATION. to complete the college of pharmacy information |
| | |
| ∀Board Use Only | |
| Received: NOV 2 1 20 11 | Amount: <u>330.00</u> Entity #: <u>58549</u> |
| Laws | MPJE |

| Other states where you are (or were) licensed as a pharmacist or print none | | | | | | |
|---|--|---|---|--|---|--|
| State | Lic# | ls the | license active? S | State Lic# | Is the license active? | |
| 0 | | Yes [|] No 🗇 🔑 | 9 .0 | Yes 🗆 No 🖂 | |
| 0 | - | Yes [|] No 🛮 🔑 | | Yes 🗆 No 💆 | |
| **Attach | separate | sheet if neede | d | | | |
| | | | | | Yes N | |
| abuse, or functions 1. Been 2. Been | r physical of of your lic charged, a the subject | condition that wo ense? rrested or convi t of an administr | ould impair your abil cted of a felony or r ative action whethe | nisdemeanor in <u>any</u> r completed or pend | ssential state? ding in <u>any</u> state? | |
| If you ma | rked YES | | mbered questions (| | r drug laws in <u>any</u> state? include the following information and | |
| Board Ac | Iministrativ | e State | Date: | | Case #: | |
| ACION. | | WAH 11512009 | | DOH - | 2009-5 | |
| Criminal | State | Date: | Case #: | County | Court | |
| Action: | HATIN | 2 58/2001 | 051500299 | Summit | 3PD DISTRICT et | |
| | | FEI | ERALLY MANDA | ATED REQUIREM | ENTS | |
| и . | | • | ed requirements, to ions as part of all | | ature and Attorney General | |
| 4. Are you the subject of a court order for the support of a child? | | | | | | |
| | | | | | | |
| application are concerning the Pharmacy, it: | 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 attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. | | | | | |
| No fiability of authorization. | No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization. | | | | | |

Page 2 of 2

Original Signature, no copies or stamps accepted

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF THOMAS E. STREBEL TO PRACTICE AS A PHARMACIST AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH

AMENDED ORDER

Case No. DOPL-2009-5

BY THE DIVISION:

The Division's Memorandum of Understanding and Order, dated January 15, 2009, in the above-referenced case number is hereby amended as follows:

IT IS HEREBY ORDERED the probationary condition identified in paragraph 5(c) which restricts Respondent from being alone at any time in a pharmacy during either work or non-work hours is terminated.

It is further ordered the probationary condition identified in paragraph 5(e) which requires Respondent to work under the direct, on-site supervision of a pharmacist licensed in good standing with the Division is amended to allow Respondent to practice under the general supervision of a pharmacist licensed in good standing in Utah.

It is further ordered the probationary condition identified in paragraph 5(k) is amended to allow part-time work as a pharmacist toward the probation time period without adjusting the time on a pro rata basis. Respondent must work at least 16 hours per month to be considered "practicing" in his profession.

It is further ordered the probationary condition identified in paragraph 5(t) is amended to allow Respondent to work on-call,

or on an as needed basis (prn).

All other conditions and restrictions identified in the January 15, 2009 Memorandum of Understanding and Order shall remain the same in effect.

Dated this _____ day of November, 2010.

Division Director

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
MARK L. SHURTLEFF (U.S.B. 4666)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
160 East 300 South - Box 146741
Salt Lake City, Utah 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

| IN THE MATTER OF THE ISSUANCE OF A PROBATIONARY LICENSE TO THOMAS E. STREBEL TO PRACTICE PHARMACY AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH |) | MEMORANDUM OF UNDERSTANDING AND ORDER CASE NO. DOPL 2009- 5 |
|---|---|---|
|---|---|---|

DOPL-FM-007 REV 1/25/05

THOMAS E. STREBEL ("Respondent") submitted an application for relicensure as a pharmacist and to dispense controlled substances in the State of Utah on or about August 14, 2008. On the Qualifying Questionnaire Respondent answered "yes" to questions #3, #4, #9, #12, #13, #25, #27, and #28. On or about January 4, 2007 in Case No. DOPL-2004-258 and 2005-260, Respondent entered into a Stipulation and Order with the Division of Occupational and Professional Licensing ("Division") admitting, among other things, the following:

- 1. On or about February 28, 2006, Respondent executed a plea agreement wherein he pled guilty to and was convicted of one count of filing a false/fraudulent insurance claim, a Class A misdemeanor, in connection with charges filed in the Third Judicial District Court, Summit County, State of Utah (the "misdemeanor conviction").
- 2. Respondent's aforementioned guilty plea and the misdemeanor conviction were part of an agreement with the prosecutor which is contained in a Statement of Defendant In Support of Guilty Pleas and Certificate of Counsel ("Agreement"). In the Agreement, Respondent agreed to not practice pharmacy, own a pharmacy or work in a pharmacy. Although not included in the language of the Sentence, Judgment and Commitment issued by the Court in accordance with the Agreement, the ban from working, owning or practicing pharmacy is understood by the parties to be limited to the successful completion of the term of

Respondent's probation (two years beginning on February 28, 2006). The court accepted the Agreement and Respondent's guilty plea.

Respondent agreed to surrender his licenses to practice pharmacy and to dispense controlled substances and not reapply for licensure until the successful completion and expiration of his two-year criminal probation. On or about July 7, 2008, Judge Bruce Luebeck of the Third District Court ordered that the Respondent's criminal probation be terminated.

Based upon Respondent's conduct described above, Respondent and Division, as evidenced by their signatures on this Memorandum of Understanding and Order, agree that Respondent shall be issued a probationary license to practice pharmacy and to dispense controlled substances, subject to terms and conditions, which shall be in effect for a period of five years, upon the approval of this Memorandum of Understanding and Order by the Division Director as evidenced by his signature.

- 1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(c). The issuance of the Order this matter is disciplinary action against Respondent's license pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2).
- 2. Respondent acknowledges that Respondent enters into this Memorandum of Understanding and Order knowingly and voluntarily, and other than what is contained in this Memorandum of Understanding and Order, no promise or threat whatsoever has been made by the Division, or any member, officer, agent or representative of the Division to induce Respondent to enter into this agreement.
- 3. Respondent understands that Respondent has the right to be represented by an attorney in this matter, and the Respondent has either sought the advice of counsel or knowingly waives Respondent's right to counsel in this matter.
- 4. Respondent acknowledges that this Memorandum of Understanding and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Memorandum of Understanding and Order, and will release other information about this disciplinary action against Respondent, to other persons and entities.
- 5. Respondent shall successfully complete and satisfy the following terms and conditions:
 - (a) Respondent shall meet with the Board and Division within thirty (30) days of signing of the accompanying Order and on a quarterly basis, or at other greater or lesser frequency as determined by the Board and Division for the duration of the probationary period thereafter to assess the progress of Respondent's probation. Respondent shall meet with the Board and Division at the first scheduled Board meeting after the effective date of the

Order. Respondent shall meet with a Division staff member to review the Memorandum of Understanding and Order prior to meeting with the Board.

- (b) Respondent shall not own or have ownership in any pharmacy. Respondent shall not work as a pharmacist-in-charge.
- (c) Respondent shall not be alone at any time in a pharmacy during either work or non-work hours.
- (d) Respondent shall notify any employer of Respondent's restricted status and the terms of this Memorandum of Understanding and Order. Respondent shall provide a copy of this Memorandum of Understanding and Order to Respondent's employer and cause Respondent's employer to acknowledge to the Division and Board in writing that a copy of the Order has been provided to the employer. The employer shall submit employer reports to the Division and Board on a monthly basis for the first six months and quarterly thereafter, or at such frequency as directed by the Division or Board. The employer shall write the Division and indicate whether the employer will provide the periodic employer reports.
- (e) Respondent shall work under the direct, on-site supervision of a pharmacist licensed in good standing with the Division.
- (f) All reports and documentation required in this Stipulation and Order shall be submitted to the Board on a monthly basis for the first six months of probation. If Respondent is in compliance with all terms and conditions of the Order at the end of that time, all reports and documentation shall be submitted on a quarterly basis, or at such frequency as determined by the Board, for the remainder of probation. If Respondent is not in compliance with all terms and conditions of the Order by the end of the first six (6) months of probation, all reports and documentation shall be submitted on a monthly basis until Respondent is in compliance with the Order, after which all reports shall be submitted on a quarterly basis or at such frequency as determined by the Board.
- (g) Respondent shall complete and submit to the Division and Board a self-assessment report at the frequency described in subparagraph (f) above.

 The self-assessment report shall be completed on a form prescribed by the Division.
- (h) Respondent shall notify the Division and Board within one (1) week of any change of employer or employment status. This is required regardless of whether Respondent is employed in Respondent's licensed occupation. The notification shall be in writing.

- (i) Respondent shall limit Respondent's practice in accordance with the terms of probation, unless the Division and the Board authorize changes.
- (j) In the event that Respondent leaves Utah for a period longer than 60 days, Respondent shall notify the Division and the Board in writing of the dates of departure and return. The licensing authorities of the jurisdiction to which Respondent moves must be promptly notified of the provisions of this Stipulation and Order. Periods of residency or practice outside Utah may apply to the reduction of the probation period if the new state of residency places Respondent' license on probation with equal or greater terms and conditions.
- (k) Periods of unemployment or employment in other fields of practice shall be reported by Respondent to the Division and shall not count toward completion of probation. Should Respondent not be employed in Respondent's licensed occupation during Respondent's probationary period for a consecutive period of more than sixty (60) days, that period shall not apply to the reduction of probation, though the terms of probation shall remain applicable. If the Respondent works less than full-time in Respondent's licensed occupation, the reduction of any remaining probationary time shall occur on a pro-rata basis, in relation to a full-time position of 40 hours worked per week. Respondent must work at least sixteen (16) hours per week and no more than forty-eight (48) hours per week to be considered "practicing" in Respondent's profession.
- (l) Should other acts of unprofessional conduct come to the attention of the Division or Board which have occurred prior to the entry of the Order in this case or should Respondent violate probation in any respect, the Division may, in addition to taking action as provided for herein, after giving Respondent notice and the opportunity to be heard, revoke probation or impose sanctions in accordance with applicable law.
- (m) If a petition is filed against Respondent during Respondent's probation, the period of probation shall be extended until the matters alleged in the petition are fully resolved.
- (n) Respondent shall immediately notify the Division, in writing, of any changes in private or professional address and agrees that written communication by the Division and/or the Board shall be mailed to Respondent at the last address provided to the Division via first class U.S. Mail, and shall constitute notice to Respondent.
- (o) Failure to pay for any of the costs associated with this probation shall be considered a violation of this Order. Respondent further agrees to complete all conditions of probation in a timely manner. Where a specific time for

completion is not stated in this Order, it shall be within the Division and Board's discretion to set a time for completion.

- (p) Respondent shall successfully complete four hours of continuing professional education focusing on ethics and pharmacy law. The courses shall be pre-approved by the Board and Division. The courses shall be completed within one year of the effective date of this Memorandum of Understanding and Order. The courses shall not count toward the regular continuing professional education requirement for license renewal. Respondent shall provide documentation to the Division and Board of successful completion of the additional professional education.
- (q) Respondent shall successfully complete a thinking errors course within six months of the effective date of this Memorandum of Understanding and Order. The course shall not count toward the regular continuing professional education requirement for license renewal. Respondent shall provide documentation to the Division and Board of successful completion of the course.
- (r) Respondent shall keep Respondent's Utah licenses current during the period of probation.
- (s) Respondent shall notify the Division immediately if Respondent is charged or arrested with any criminal conduct and understands that a conviction is a violation of this agreement. Respondent shall notify the Division if Respondent is hospitalized or enters into a treatment program.
- (t) Respondent shall not work in any floating, on-call, PRN ("pro re nata"), "as needed" pools, or temporary staff agencies.
- 6. Respondent agrees to abide by all applicable federal and state laws, regulations, rules or orders related to Respondent's practice of pharmacy and to dispense controlled substances.
- 7. Respondent understands that the issuance of a license pursuant to this Memorandum of Understanding and Order is a partial denial of licensure, and Respondent hereby waives the right to any administrative review of that partial denial of licensure.
- 8. If Respondent successfully completes the terms of this Memorandum of Understanding and Order, the conditions on Respondent's license to practice pharmacy and to dispense controlled substances will be lifted and Respondent's licenses will not be subject to further restriction.
- 9. If Respondent violates any term or condition of this Memorandum of Understanding and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or

suspension of Respondent's licenses, or other appropriate sanction.

- 10. The terms and conditions of this Memorandum of Understanding and Order become effective immediately upon the approval of this Memorandum of Understanding and signing of the Order by the Division Director. Respondent must comply with all the terms and conditions of this Memorandum of Understanding and Order immediately after the Division Director signs the Order page of this Memorandum of Understanding and Order. Respondent shall complete all the terms and conditions contained in the Memorandum of Understanding and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in this Memorandum of Understanding and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Memorandum of Understanding and Order and may subject Respondent to revocation or other sanctions.
- 11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties. There are no verbal agreements that modify, interpret, construe or affect this Memorandum of Understanding and Order.
- 12. Respondent has read each and every paragraph contained in this Memorandum of Understanding and Order. Respondent understands each and every paragraph contained in this Memorandum of Understanding and Order. Respondent has no questions about any paragraph or provision contained in this Memorandum of Understanding and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

RESPONDENT

DATE: 14 JAN

BY: Nava-for
LAURA POE

LAURA POE
Bureau Manager

DATE: 1-15-09

MARK L. SHURTLEFF ATTORNEY GENERAL

L. MITCHELL JONES
Counsel for the Division

DATE: 13 Tan 2009

7

ORDER

THE ABOVE MEMORANDUM OF UNDERSTANDING, in the matter of **THOMAS E**. **STREBEL** is hereby approved by the Division of Occupational and Professional Licensing. The issuance of the Order in this matter is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Memorandum of Understanding are incorporated herein and constitute my final Order in this case.

DATED this 15 day of January, 2009

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

F. DAVID STANLEY

Director

MAILING CERTIFICATE

I hereby certify that on the _____ day of January, 2009, a true and correct copy of the foregoing MEMORANDUM OF UNDERSTANDING was sent first class mail, postage prepaid, to the following:

Thomas Evan Strebel PO Box 371281 Las Vegas NV 89137

anningung

3RD DISTRICT CT- SILVER SUMMIT SUMMIT COUNTY, STATE OF UTAH

STATE OF UTAH ATTORNEY GENERAL vs. THOMAS EVAN STREBEL

CASE NUMBER 051500299 State Felony

CHARGES

Charge 1 - 76-6-521 - FALSE/FRAUDULENT INSURANCE CLAIM 2nd Degree Felony (amended) to Class A Misdemeanor Offense Date: July 18, 2001, Summit County, Utah Plea: February 28, 2006 Guilty Disposition: February 28, 2006 Guilty

Charge 2 - 76-8-508 - TAMPER W/ WITNESS/JUROR 3rd Degree Felony Offense Date: July 18, 2001, Summit County, Utah Disposition: February 28, 2006 Dismissed

CURRENT ASSIGNED JUDGE BRUCE LUBECK

PARTIES

Defendant - THOMAS EVAN STREBEL 2706 ESTATE DRIVE PARK CITY, UT 84060

Represented by: EARL G XAIZ

Plaintiff - STATE OF UTAH ATTORNEY GENERAL Represented by: MARK L SHURTLEFF

Plaintiff - STATE OF UTAH ATTORNEY GENERAL Represented by: DARYL L BELL

DEFENDANT INFORMATION

Defendant Name: THOMAS EVAN STREBEL Offense tracking number: Date of Birth: Social Security Number: Law Enforcement Agency: OCCUP AND PROF LIC Prosecuting Agency: ATTORNEY GENERAL

ACCOUNT SUMMARY

| 563.00 | Amount Due: | REVENUE | TOTAL |
|--------|--------------|---------|-------|
| 563.00 | Amount Paid: | | |
| 0.00 | Credit: | | |
| 0.00 | Balance: | | |

Printed: 09/28/10 15:13:29 Page 1

| PAPER BOND TOTALS Posted: Forfeited: Exonerated: Balance: | 0.00 20,000.00 |
|--|--|
| REVENUE DETAIL - TYPE: FINE Amount Due: Amount Paid: Amount Credit: Balance: | 525.00 525.00 |
| REVENUE DETAIL - TYPE: INTE Amount Paid: Amount Credit: Balance: | 10.25 |
| Aug 08, 2006 | Amount Reason 10.25 Interest Posted to Date |
| REVENUE DETAIL - TYPE: COPY Amount Due: Amount Paid: Amount Credit: Balance: | 9.25 |
| REVENUE DETAIL - TYPE: COPY Amount Due: Amount Paid: Amount Credit: Balance: | 14.50 14.50 |
| REVENUE DETAIL - TYPE: COPY Amount Due: Amount Paid: Amount Credit: Balance: | 3.00 |
| REVENUE DETAIL - TYPE: COPY Amount Due: Amount Paid: Amount Credit: Balance: | FEE 1.00 1.00 0.00 0.00 0.00 |

NONMONETARY BOND DETAIL - TYPE: Surety
Posted By: DEWEY'S BAIL BOND COMPANY

Posted: 20,000.00 Forfeited: 0.00 Exonerated: 20,000.00

Balance:

0.00

CASE NOTE

IFD Case #3F-05-2430

PROCEEDINGS

| 11-01-05 Case filed 11-01-05 Filed: From an Information | kellyh kellyh |
|--|------------------|
| 11-01-05 Judge BRUCE LUBECK assigned. | kellyh |
| 11-01-05 Filed: Notice to Appear in Court | kellyh |
| 11-01-05 Bond Account created Total Due: 20000.00 | kellyh |
| 11-01-05 Bond Posted Non-Monetary Bond: 20.000.00 | kellvh |
| 11-01-05 INITIAL APPEARANCE scheduled on November 08, 2005 at 08:30 AM | werry. |
| in COURTROOM 1 with Judge LUBECK. | kellyh |
| 11-07-05 Filed: Appearance of Counsel Earl Xaiz | elainet |
| 11-07-05 Filed: Motion and Stipulation for Continuance | elainet |
| 11-07-05 Filed order: Order for Continuance | elainet |
| Judge BRUCE LUBECK | oraznec. |

Signed November 07, 2005 11-07-05 Notice - NOTICE for Case 051500299 ID 6444580 INITIAL APPEARANCE.

elainet

elainet

Date: 11/29/2005 Time: 08:30 a.m.

Location: COURTROOM 1 SILVER SUMMIT

6300 NORTH SILVER CREEK DRIVE

PARK CITY, UT 84098

Before Judge: BRUCE LUBECK

The reason for the change is Correct calendar

11-07-05 INITIAL APPEARANCE rescheduled on November 29, 2005 at 08:30 AM Reason: Correct calendar.

11-29-05 Minute Entry - Minutes for Initial Appearance

bonniel

Judqe: BRUCE LUBECK

PRESENT

Clerk: bonniel

Prosecutor: DARYL L BELL

Defendant

Defendant's Attorney(s): XAIZ, EARL G

Audio

Tape Number: cd Tape Count: 8:45

INITIAL APPEARANCE

Defendant waives reading of Information.

Printed: 09/28/10 15:13:30

PRELIMINARY HEARING is scheduled. Date: 01/17/2006 Time: 01:30 p.m. Location: COURTROOM 1 SILVER SUMMIT 6300 NORTH SILVER CREEK DRIVE PARK CITY, UT 84098 Before Judge: BRUCE LUBECK 11-29-05 PRELIMINARY HEARING scheduled on January 17, 2006 at 01:30 PM in COURTROOM 1 with Judge LUBECK. bonniel 01-17-06 Minute Entry - Minutes for Preliminary Hearing bonniel Judge: BRUCE LUBECK PRESENT Clerk: bonniel Prosecutor: DARYL L BELL Defendant Defendant's Attorney(s): XAIZ, EARL G Audio Tape Number: cd Tape Count: 1:51 HEARING Deft waives preliminary hearing and case bound over. Deft advies of his rights. DISPOSITION is scheduled. Date: 02/28/2006 Time: 09:00 a.m. Location: COURTROOM 1 SILVER SUMMIT 6300 NORTH SILVER CREEK DRIVE PARK CITY, UT 84098 Before Judge: BRUCE LUBECK 01-17-06 DISPOSITION scheduled on February 28, 2006 at 09:00 AM in COURTROOM 1 with Judge LUBECK. bonniel 02-28-06 Charge 1 amended bonniel 02-28-06 Charge 2 Disposition is Dismissed bonniel 02-28-06 Charge 1 Disposition is Guilty bonniel 02-28-06 SENTENCING scheduled on April 18, 2006 at 11:00 AM in COURTROOM 1 with Judge LUBECK. bonniel 02-28-06 Minute Entry - Minutes for Change of Plea bonniel Judge: BRUCE LUBECK PRESENT Clerk: bonniel

Prosecutor: DARYL L BELL

Defendant

Defendant's Attorney(s): EARL G XAIZ

Audio

rinted: 09/28/10 15:13:30

Tape Number: Tape Count: 9:18 cd

Court advises defendant of rights and penalties.

A pre-sentence investigation was ordered.

The Judge orders Positive Adjustments to prepare a Pre-sentence report.

Change of Plea Note

Defendant upon the plea of guilty to Amended Count I: False Ins. Claim Class A, Count II is dismissed. Defendant signs the Statement of Defnedant in open court.

bonniel

bonniel

bonniel

bonniel

bonniel

SENTENCING is scheduled.

Date: 04/18/2006 Time: 11:00 a.m.

Location: COURTROOM 1 SILVER SUMMIT

6300 NORTH SILVER CREEK DRIVE

PARK CITY, UT 84098

Before Judge: BRUCE LUBECK

02-28-06 Filed: Statement of Defendant in Support of Guilty Plea and Certificates of Counsel.

04-18-06 Tracking started for Fine. Review date Oct 31, 2006.

04-18-06 Tracking started for Probation (Court). Review date Apr 18, 2008.

04-18-06 Fine Account created Total Due: 525.00 04-18-06 Minute Entry - Minutes for SENTENCE, JUDGMENT, COMMITME

BRUCE LUBECK Judge:

PRESENT

Clerk: bonniel

Prosecutor: DARYL L BELL

Defendant

Defendant's Attorney(s): COEBERGH, COLLEEN K

Audio

Tape Number: cd Tape Count: 11:04

SENTENCE JAIL

Based on the defendant's conviction of FALSE/FRAUDULENT INSURANCE CLAIM a Class A Misdemeanor, the defendant is sentenced to a term of 365 day(s) in the Summit County Jail. The total time suspended for this charge is 335 day(s).

SENTENCE FINE

Charge # 1 Fine: \$2000.00

> Suspended: \$1475.00 Surcharge: \$241.22 Due: \$525.00

Total Fine: \$2000.00 Total Suspended: \$1475.00 Total Surcharge: \$241.22

CASE NUMBER 051500299 State Felony

08-14-08 COPY FEE

Payment Received:

1.00 bridgetk

Printed: 09/28/10 15:13:31

Total Principal Due: \$525.00

Plus Interest

The fine is to be paid in full by 10/31/2006.

ORDER OF PROBATION

The defendant is placed on probation for 24 month(s). Probation is to be supervised by THIRD DISTRICT COURT. Defendant to serve 30 day(s) jail. Defendant is to report to the Summit County Jail. Defendant is to report by April 28, 2006 by 7:00 p.m..

Defendant is to pay a fine of 525.00 which includes the surcharge. Interest may increase the final amount due. Pay fine on or before October 31, 2006. Pay fine to The Court.

PROBATION CONDITIONS

04-18-06 Bond Exonerated

Pay fines and fees as agreed.
Maintain good behavior and have no violations of the law, except minor traffic citations.
Abide by all standard terms and conditions of probation.
Report any violations to the court within 48 hours.
Notify the Court of any address and/or telephone number changes.

-20,000.00 bonniel

| 04-24-06 | Fee Account created | Total Due: | 10.25 | deba |
|----------|------------------------------|----------------------|--------------|--------------|
| 04-24-06 | Fee Account created | Total Due: | 9.25 | deba |
| 04-24-06 | Fee Account created COPY FEE | Payment Received: | 9.25 | deba |
| 05-03-06 | Filed: Sentence, Judgmen | t and Commitment | | deba |
| 05-26-06 | Filed: Commitment Receip | t | | deba |
| 08-08-06 | Fine | Payment Received: | 525.00 | corys |
| 08-08-06 | INTEREST | Payment Received: | 10.25 | corys |
| 09-26-06 | Fee Account created | Total Due: | 14.50 | saral |
| 09-26-06 | COPY FEE | Payment Received: | 14.50 | saral |
| 12-05-06 | Tracking ended for Fine. | _ | | candice |
| 12-05-06 | Note: Per call to jail, | defendant did report | 04/28/06 and | |
| | served his 30 day jail c | ommitment | | candices |
| | Fee Account created | | | shaunaa |
| 10-18-07 | COPY FEE | Payment Received: | 3.00 | shaunaa |
| 05-16-08 | Tracking ended for Proba- | tion (Court). | | debbiek |
| 05-16-08 | Case Closed | | | debbiek |
| | Disposition Judge is BRU | CE LUBECK | | debbiek |
| 07-07-08 | Filed: Motion To Termina | te Probation | | brittanm |
| | Filed by: XAIZ, EARL G | | | |
| 07-07-08 | Filed order: Order Termin | nating Probation | | deba |
| | Judge BRUCE LUI | BECK | | |
| | Signed July 07 | , 2008 | | |
| 08-14-08 | Fee Account created | Total Due: | 1.00 | bridgetb |
| | | | | - |

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 Verborth, MD

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. (as Vegas MV) (This must be a business address, we can not issue a license to a home address) | | | | |
| Mailing Address: 4440 South Eastern Ave tas tages asid | | | | |
| City: Las Vegas State: NV Zip Code: 89119 57117 | | | | |
| City: <u>Las Vegas</u> State: <u>NV</u> Zip Code: <u>89119</u> 89117 Telephone Number: <u>(102) 487-6000</u> Fax Number: <u>(103) 487-6006</u> | | | | |
| E-mail: Website: | | | | |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING | | | | |
| Mon: Clased Tue: Clased Wed: Clased Thu: 8 anto 8 am | | | | |
| Mon: Clased Tue: Clased Wed: Clased Thu: 8 anto 8 am Fri: 8 pm to 8 am sun: Clased Holidays: Clased | | | | |
| FACILITY ADMINISTRATOR INFORMATION | | | | |
| Name: <u>Barbis</u> Holt | | | | |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) | | | | |
| ☐ Medical Gases** ☐ Assistive Equipment | | | | |
| ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics | | | | |
| Diabetic Supplies 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: | | | | |
| St Board Use Only 6 2 3 2011 Amount 500 Entity 51709 1 | | | | |

| OWNE | RSHIP IS A NON PUBLICLY TRADE | D CORPURATION | |
|------------|---|---------------------|----------------------------------|
| | | nia | |
| | Company if any: | | |
| Parem | ration hame: Clobal I | me I | 10 |
| Corpoi | ration rame. 1000 Will | 16h 200 1 | Iril # 1114 |
| Mailing | g Address: 10921 Will | | 90024 |
| City, S | tate and Zip: 105 Fingel | <u> </u> | 310-208-774 |
| Teleph | ione Number: 310-208-610 | - A A | 1/10 |
| Licens | e Confact Person: ISa.a.C | Veron | NA LEIST K |
| Profes | sional Compliance Contact Person: | Son ton. | Merrich |
| | AND TITLE OF EACH OFFICER AND | D DIRECTOR | Jse separate sheet if necessary) |
| Office | r or dinactor name | Office or dre | |
| - | saac Verbukh | Ce0! |)irector |
| | | | |
| 1) | a) Name | Address | |
| | b)Name | Address | |
| | c) Name | Address | |
| | d)Name | Address | |
| | | | |
| NOTE | E: All persons who are stockholders d form. | | |
| 2) | Provide the number of shares issued | by the corporal of | n. <u>/V / fN</u> |
| 3) | What was the price paid per share? | NIA | |
| 9) | | | |
| 4) | What date did the corporation actual | y recens this Cash | |
| 5) | Provide a copy of the corporations st | ock register eville | ncing the above information. |

| Name Address | it Go | prporation, and include NIA | a list of its officers. |
|---|-------------|-----------------------------|--|
| business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No Valif yes, list the persons, their address and their business new Address Name | ı M | , | |
| Name Address | bu | siness or facility which | are licensed by the State of Nevada or another political |
| b) Name Address C) Name Address Business d) Name Address Business Are you or have you in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Address Business Co | a)_ | Name | Address |
| Business c) Name Address Business d) Name Address Business Are you or have you in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Yes No in the last 10 years been associated with any person, business chealth care entity in which MDEG products were sold, dispensed or distributed? Address Business Co | | Business | |
| C) Name Address Business Business Are you or have you in the last 10 years been associated with any person, business of health care entity in which MDEG products were sold, dispensed or distributed? Yes \(\subseteq \text{No M If yes, list the persons, their address and their business names.} \) Name Address Business Business Business C) | D)_ | Name | Address |
| Business d) Name Address Business Are you or have you in the last 10 years been associated with any person, business of health care entity in which MDEG products were sold, dispensed or distributed? Yes \(\subseteq \text{No ME if yes, list the persons, their address and their business names.} \) Name Address Business Business C) | ~~ | Business | |
| Address Business Are you or have you in the last 10 years been associated with any person, business of health care entity in which MDEG products were sold, dispensed or distributed? Yes □ No M If yes, list the persons, their address and their business names. a) Name Address Business Business C) | · · /_ | Name | Address |
| Business Are you or have you in the last 10 years been associated with any person, business of 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) | ٩) | Business | |
| Are you or have you in the last 10 years been associated with any person, business of health care entity in which MDEG products were sold, dispensed or distributed? Yes No is if yes, list the persons, their address and their business names. a) Name Address Business Business C) | u /_ | Name | Address |
| 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. Address Business Business Business Business C) | | Business | |
| Name Address Business b) Name Address Business C) | hea | alth care entity in which | n MDEG products were sold, dispensed or distributed? |
| Business b) Name Address Business C) | a)_ | Name | Address |
| Name Address Business c) | | | . 1991 970 |
| Business c) | b)_ | | Address |
| c) | | | |
| | c)_ | | Addrage |

| if yes, please list name. |
|--|
| e: |
| |
| with any interest, officer(s) or director(s) felony or gross misdemeanor (including by Yes □ No 🕱 |
| with any interest, officer(s) or director(s) certificate of registration? Yes 🗆 No |
| with any interest, officer(s) or director(s) rative action or proceeding relating to the Yes No |
| with any interest, officer(s) or director(s) entered a plea of noto contendere to any substances? Yes □ No |
| with any interest, officer(s) or director(s) certificate of registration voluntarily or a facility)? Yes No |
| signed statement of explanation must be circumstance or contain an order, agreement, |
| of the State of Nevada regulating the prounds for the revocation of this permit. Index the contents thereof. I hereby certifyed on this application are true, accurate and of Pharmacy, its agents, servants and siness, professional, social and moral leem necessary, proper or desirable. Date Date |
| |

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Each MDEG shall employ an administrator at all times. The administrator must be:

- 1. A natural person.
- 2. Have a high school diploma or its equivalent.
- 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
- 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 | ,,,,,,,,,,, |
|---|-------------|
| Application for CPAP and BIPAP machines and Supplies Nature of MDEG Global DME Inc-4440 S. Eastern Ave Las Vegas DV & | 39119 |
| Name and Address of Business for Which MDEG Administrator is Requested | ****** |
| If applicable, Name Under Which It Is Now Operated | 20,000 |

| . AUG. 17. ZVII Z: IVPNF BOA | TRU OF PHARMACY | | NO. | 930 P. 8/21 |
|---|--------------------------------|-----------------|---------------------|--------------------------|
| 1. PERSONAL INFORMATION | ON: | , | | V |
| Henion Last Name | Richa | rd | Josh | nua_ |
| Last Name | First Nam | e | Middle | Name |
| Josh | Henion | | | |
| Alias(es, Nicknames, Maiden N | lame, Other Name C | hanges, Legal | or Otherwise) | |
| 1440 & Hacianda Al | E APIR | Las V | egusA | 14 89119 |
| 1440 E. Hacienda Av Present Residence Address-St | reet or RFD | City | | JU 89119 State/Zip |
| W/IA | Dates / | N/A | | <u>∕∕/∕</u> State/Zip |
| Present Business Address | Dates/ | City | | State/Zip |
| N/IA | Dates AJ/I | 4 | | |
| Present Position with the MDE | G | | • | |
| Phone://A | Fax | : NA | | |
| | | | | |
| Email address: | , , , | | | |
| | San dieg Place of Birth (Ci | ty County Sta | _ | |
| DIE OF DIE | Place of Biltin (O | ty, County, Sta | | |
| <u>29</u> Age | and a second second | | _ <u>Ma</u> | ie |
| Age | Social Security N | umber | | |
| Blue Brown Color of Eyes Color of H | <u> </u> | <u>light</u> | <u>ئى</u> Height | <u>'0</u> |
| • | | | _ | |
| Scars, tattoos or distinguishing | marks and/or chara | cteristics Yes | 3. Tattoo o | f heart |
| on chest. Eagle on | arm. | | | |
| Are you a citizen of the United | | | 1 | |
| | NIA | | | |
| If alien, registration No | 100// | <u> </u> | ~ /4 | |
| If naturalized, certificate No | NIA | Date | NA | |

_____(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.

| 021.0 | Alan and I am a Philips Park and and | 105. Vegas 111) 4919 3600} |
|-------------------|--|----------------------------------|
| 07/09 - 08/11 | Name/ Address of Employer/Business | No of Employed Hours |
| Month and Year | Name/ Address of Employer/Business | 140 Ol Milliplayor Hadia |
| Sippo tech | Run Sleep Studies | Barbie Holt |
| Sleep tech | Rvn Sleep Studies Description of Duties | Name of Supervisor |
| • | • | |
| | | Spoki |
| 04/11-08/11 2 | Name/ Address of Employer/Business | No of Employed Hours |
| Month and Year | Name/ Address of Employer/Edamese | |
| Slean teals | Run Strap Studies | Tohn DeCocte Name of Supervisor |
| Sleep tech. | Description of Duties | Name of Supervisor |
| 1111 | • | |
| | 11/10 | |
| A Maria Nama | Name/ Address of Employer/Business | No of Employed Hours |
| Month and Year | Name: Address of Employer/Edemoso | |
| | N/A | |
| Title | Description of Duties | Name of Supervisor |
| 11114 | • | |
| .5. | Alla | |
| M. HIV | Name/ Address of Employer/Business | No of Employed Hours |
| Month and Year | Name/ Address of Employer/Edamicso | 18 |
| | N/A | |
| Title | Description of Duties | Name of Supervisor |
| | | |
| | A / / . A | |
| the discount Vann | Name/ Address of Employer/Business | No of Employed Hours |
| Month and Year | Name/ Address of Employer/Dasiness | |
| | | <u> </u> |
| Title | Description of Duties | Name of Supervisor |
| • | | |
| | 4 / 14 | |
| | Name/ Address of Employer/Business | No of Employed Hours |
| Month and Year | Name/ Address of Employer business | Administration of the second |
| | | |
| Title | Description of Duties | Name of Supervisor |
| | • | |

| AUG. 17. 2011 2:10PM BOARD OF PHARMACY I have I have not X been diagnosed by a physical condition that would impair my abjects, including alcohol or substance abuse, | d or treated in the last five years to cility to perform any of the essential | 930 P. 10/21 r a mental limess functions of my |
|---|--|--|
| 1. I have ☒ I have not□ been charged, | arrested or convicted of a felony o | r misdemeanor. |
| 2. I have □ I have not 烒, been the subjections. | ect of an administrative action whet | her completed or |
| 3. I have ☐ I have not ☐ had a license sidesciplined, including any action against | suspended, revoked, surrendered of a professional license that was no | or otherwise t made public. |
| f you checked "I have" to questions 1, 2 and/o provide a written explanation and/or document | 8. | |
| a) Board Administrative Action: | State: N/A | |
| b) | Date: N/A | |
| | Case Number: N/A | |
| c) Criminal Action: | State: California | |
| | Date: 04/2003 | |
| | Case Number: <u>Un know</u> County: <u>San Barnardi</u> | 'N |
| | County: San Barnardi | nò |
| | Court: VictorVille Courth | ouse |
| 4. Will you be actively involved in and aw operation of the MDEG? | vare of the daily | Yes ⊠ No □ |
| 5 .Will you be employed fulltime with the | MDEG? | Yes 🖒 No 🗆 |
| 6 .Will you be present at the site of the M during its normal operating hours? | IDEG | Yes Ø No □ |
| If you answer No to questions 4, 5 or 6 please | provide a writte | |
| *************************************** | | |
| ************************************** | out . | |
| | | |
| | Date of photograph &-! | S I. I. |

1. 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 case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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

Original Signature of Applicant

| | 00 | | | | |
|--------|-----|-------|-----|-----|--|
| | × - | י אני | - 4 | | |
| 2 Date | · • | | - | · * | |

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 desmed 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 sultability or for other action may not be

| withdrawn without the | permission of the i | icensing agency | h , | | | |
|-----------------------------|----------------------|--|---|---------------------|--|--------------|
| Application for | Ledical | Devices | (CPAP/ | BIPAP 1 | Nachines) | |
| Global DA | AF Inc. | 4440 S. | Eastern A | we las Ve | 905 NV 89 | 3119 |
| Global Dn | Name and | Address of Establis | hment for Which Licens | e is Requested |) | |
| # D-1 | | molicable. Name Ur | der Which It is Now Op | erated |) bada ees k uy - 140 = 606 b b b b d- 4 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | •• |
| | ,,, : | ibbuererat recuire a. | | | | |
| 1. PERSONAL INFO | RMATION: | 24 | Sacred | Tach | NICA | |
| Last Name | | First Nar | hord_ | Tosh Middle Name | u. | - |
| Their | Henion | | | | | |
| Alias(es, Nicknames, warde | n Name, Other Name (| Changes, Legal or C |)tnerwise) | | | |
| 1440 East F | lacienda nue | AP+B | Las vegas | | V 89119 | .440 |
| Present Residence Address | -Street or RFD | | | Sta | ite/Zip | |
| NA | · | Dates | <i>VN</i> A City | |) / / ? | _ |
| Present Business Address | | | City | ા | ire. 7 ib | |
| N/n | | Dates V/ | 4 | none: | | |
| Occupation | | | ir i | Residence (| | |
| | | San des | an CA | Business (| W/# | |
| | | Place of Birth (City, | County, State) | | | |
| 3. G | | | | | male | |
| Ace | | | | | Sex | _ |
| 7.90 | _ | | 210 | 4/6 | 6"0 | |
| Blue Color of Eyes | Color of Hair | Complexion | Q10 Weight | Build | Height | |
| Color of Eyes | Color of Hall | OUNDIENION | *************************************** | | | |
| | | <u>.</u> | | | | _ |
| Scars, tattoos or distin | | d/oz oborootorie | line Voc. Tatt | on on chest | of a Heart. | |
| And C. Eagle | guisning marks an | | nico | | 07200 | |
| • | | | | | | |
| Are you a citizen of the | United States? | Yes 🖪 No 🗀 | if alien, registratio | n No | ********************* | |
| If naturalized, certificat | e No | | Date | | | ••• |
| Il tistatellisoo! octalise: | m 140-110101010101 | 4-341490004134 ⁴ 111111111111 | | | | |
| Place | ***->>>> | . \$00101244+++ | (If natura | lized, document i | must be verified.) | |
| 2. MARITAL INFOR | MATION: | | | | | |
| and to seek the second to | D Ochania | ☐ Divorce | d □ Widowed | ☐ Engaged | | |
| Single E Married | □ Separated | | A PAROMEA | | | ئــــ |
| | | | | Applicant's in | itia | |
| | | | | | τ. | ⊃age |

- 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

Page 2

| F⊅ AUG. | 17. 2011 VI 2:11 PM ontinuBOAR District attorney or public ager | (D OF PHARMA) ncy responsible | CY tor enforcing th | ne child support order: | NO. 930 | P. 14/21 |
|----------------------|---|----------------------------------|------------------------|---|----------|---------------|
| | Name V//A | | | | | ************* |
| | Address M/A | | | | | |
| | Contact person N/A | 4148 | | 41044beca | | |
| C. | Parents: List names, residence address | | | | | |
| parents | } <u>-</u> | | | | | |
| | | ireo or decease Birth Date | Address | ess and occupation. | Occupati | |
| ather | erald Henson | N/R | N/A | | NIX | 4 |
| | usan tillman | - | 15615 ac | icata RDFF1 | N/F | 1 |
| v - 11 1- | N/A | | | | | |
| ather-in | -Law N/A | | | | | <u> </u> |
| vlother-ir | | | | | | |
| D. | Brothers and Sisters: List names, residence address their respective spouses. | | | cent occupations of bro | | |
| | Name (Maiden) | Birth Date | Address | | Occupati | |
| D | brielle Henion | _ | N/A | | <u> </u> | |
| Spouse | NA | | | | | |
| | | | | | | |
| Spouse | N/A | | <u> </u> | | | |
| | N/A | | | | | |
| | NA | | | | | |
| Spouse | N/A | | | | | |
| | NIA | | | | | |
| Spouse | | | | | | |
| | NA | | | | | -5 |
| 4. ED | OUCATION: | | | | | |
| | Name of School | Locat | ion Date | ss Attended | Gradua | te |
| Bramma Bohool | Adelanto Elementary | School Ad | lelanto, ca | N/A | Yes 🔣 | No 🗆 |
| ligh School | Mojave Youth Basin | rde | bato, CH | 2001 | Yea 🏋 | No 🗆 |
| College Universit | | | | | Yes 🛚 | No □ |
| ¥IIIAÆ(¢i() | ⁷ Λ//Λ | | | | | |
| Other | 10/1 | | ···· | | Yes 🗆 | No 🗆 |
| Other Type of | f degree obtained, if any | NIA | | *************************************** | Yes 🗆 | No 🗆 |
| Гуре о | f degree obtained, if any | - 1.A | | ***** | Yes 🗆 | No 🗆 |

Applicant's initial Page 3

Applicant's initial

Page 4

| aintiff/Defendant or aimant/Respondent | . Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|-------------------|---|----------------------------|---|
| N/ | A | | | |
| N | A | | · | |
| N | A | | | |
| associated | with it as an own | , business venture, sole er, officer, director or pa ete the following: | armer) been a party to a r | held corporation (while you we awsuit, arbitration or bankrupto |
| | | There as Falling | App Law | roximate Date(s) of /sult/Arbitration/Bankruptcy |
| Name of Entit | | Type of Entity | | |
| | | | | |
| N/A | | | | |
| NIA | | <u> </u> | <u> </u> | |
| N/A | | | | |
| 7. RESIDENCES | 1 | | | |
| ist all residences | you have had for | the last 25 years: | _ | |
| onth and Year (From-To) | Stre | et and Number | City | State or County |
| 90-2000 | <u> 18414</u> | Jonathan St A | 13 Adelanto | CA |
| 2000-2006 | | white AVE | Adelanto | CA |
| 1009-2011 | | • | APHID lasveg | as NU |
| 100 /- 40-1 | | | | |
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Applicant's initial Page 5

| and/or all periods of un business ventures with | urrent employment, list your work history, all busine nemployment since 18 years of age. Also, list all co h which you have been associated as an officer, dir | orporations, partnerships or any other |
|--|--|---|
| 07/09 - 8/11 Oby Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Sleep tech | Run Sleep Studies Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Lasucyas AU 89128 Still employ Reason for Leaving |
| Sleep tech | Run Steep studies Description of Dutles | Name of Supervisor |
| 10/0% - 2/09 Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Sleep tech | Description of Dutles | Name of Supervisor |
| 09/06-10/08 Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title | Description of Duties | Name of Supervisor |
| 68/05 - 68/06 Month and Year | Domina's PIZZG Adelante Cri Name/Malling Address of Employer/Business | Moved to AVV Reason for Leaving |
| COOK Titie | Description of Duties | Name of Supervisor |
| <i>D%/04 - 09/05</i> Month and Year | Unemployed Name/Malling Address of Employer/Business | Reason for Leaving |
| Title | Description of Duties | Name of Supervisor |
| 03/09-08/09 Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Crounds Keeper | For the local SingleA Baseloo Description of Duties | Name of Supervisor |
| 2003 Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title | Description of Dutles | Name of Supervisor |
| f additional space is ne | eded, continue on page 10 or provide attachment. | |

Applicant's initial

Page 6

| | List five chara employer or e | cter reference | who have know y | ou five year | s or more. Do | not include relat | ives, pr | esent |
|---------------|---|---|---|----------------------------|--|--|------------|---|
| Name | of Where Employed | Street | City State | Zip | Telepho | ine | Yeara K | помп |
| <u>Ņame</u> | Ryan Proven | 2000 Home | <u>applevous</u> | Y Apple V | alley CH 973 | o; | 1 | Syrs |
| <u>Employ</u> | ver N/A | Business | M/A | | | | | |
| <u>Name</u> | Tamal coil | 147 Horne 144 | O E. Haciendia | Lasuegas | 5 NU 89119 | لب | ĭ :I | OYES |
| Employ | er N/YA | Business | N/A | | | | | |
| Name | Decenna Fo | ord Home H | enderson Ni | ِّن | | | _ (| e Yrs |
| Employ | ver N/1A | Business | NA | | (_ | 11 | | |
| <u>Name</u> | Steven Chirs | tie Home LI | vermone ca | 9455 | 0 (| _ | _a | OYIS |
| Employ | er VIII- | Business | NIA | · | | | | |
| <u>Name</u> | Milton onc | yes Home L | as vegas | NU, 89 | 119 | , | 7 | 641S |
| Employ | er N/Y | Businesa | N/A | | (= | | | |
| 10. | person's depos | ny safe deposit sitory? Yes □ te the followir | No 🔯 | xh depositor | y, access to a | ny depository or c | do you u | use any othe |
| Box Nu | mbar or Type of Dep | ository | Location | City and Sta | ąje ej | Authorized Users | | |
| | NIA | | | | | | <u> </u> | |
| 4.5 | NA | | | | ., | | | |
| | NIA | | | | | | | |
| 11. | the following: | | · | , | | any state, includir | - | |
| | Liquor Doctor | Lawyer Contractor | Race horse/ra Real estate br | | | Securities deale Barber/Cosmeto | | Insurance Gaming |
| | Accountant | Pilot | Sports promot | | 311,611 | Trainer or mana | | Educator |
| | Yes I No 129 If yes, state typ | e, where and y | ears held | | | | | |
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| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 67 | ************************************** | | ,,, | 1451 p 1 p 4 5 5 7 7 7 7 7 7 7 7 5 5 5 6 7 7 7 7 7 7 | | *************************************** |
| 12. | interest in a lice If yes, state type | ensed business e, when and wh ames and addre | or industry OUT nere and give na | SIDE the St mes and loc | ate of Nevada | ustry license or healt? Yes ☐ No Made ousinesses in white ible for licensing s | ch you | were |
| | ************************************** | ******************** | 000000000000000000 |) | | # * * * * * * * * * * * * * * * * * * * | ********* | |
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| | | | | | | | | N/ |

Applicant's initial

Page 7

| AUG. | 17. 2011u 2:11PMeared BOARD OF PHARMACYagency any reason whatsoever? Yes □ No ❷ | or similar authority in or outsideNO, 930ste of P. 19/2 pr |
|-------------|---|---|
| 14. | Have you ever been denied a personal license, permit or professional activity? Yes □ No 🙀 | t, certificate or registration for a privileged, occupational |
| If yes to | the above, state where, when and for what reason: | |
| 15. | Have you ever been refused a business or industry lic participant in any group which has been denied a busi suitability? | ense or related finding of suitability or been a ness or industry license or related finding of Yes 디 No 恒 |
| 16. | Have you or any person with whom you have been a padministrative action or proceeding relating to the pha | participant in any group been the subject of an rmaceutical industry? Yes □ No [♣ . |
| 17. | Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any offer controlled substances? | participant in any group ever been found guilty, plead nse, federal or state, related to prescription drugs and/or Yes □ No ❷ |
| 18. | Have you or any person with whom you have been a permit or certificate of registration relating to the pharm upon voluntary close of a manufacturer | participant in any group ever surrendered a license, naceutical industry voluntarily or otherwise (other than Yes 口 No 风 |
| 19. | Do you have any relatives within the fourth degree of opharmaceutical or drug related industry? | consanguinity associated with or employed in the Yes 🏻 No 🛭 🛣 |
| *********** | | 443044000444174804447799999999444999999944499999444999994449999 |
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| ********** | *************************************** | S. C. II |
| | 441195554 | Date of photograph 8-18-11 |
| | | Applicant's initial Page 8 |

COUNTY OF Clark

I. Richard T. Hemion, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a 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 filling of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada 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 ______

day of

MARTHA PALOMERA
Notary Public-State of Neyada
COUNTY OF CLARK
My Appointment Expires
No. 04 90582-1 May 20, 2013

Notary Public

(seal)

Applicant's initial

Раде!

| AUG. 17. 2011 2:12PM BOARD OF PHARMACYAL INFORMATION | | P. 21/2 |
|---|--|--|
| Pglo cont. 2002 03-09 maurice startium | Adelanto, CA | ; >74411177747\$7041 |
| 2000 - 2002 Line moleved | #4===000 | ********* |
| 2000-2002 Unemployed. 98-79 Dary Queen Millianto CA | | ************************************** |
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Applicant's initial Page 10

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 THC- | |
| Physical Address: 5015. Rainbow Rd Ctr - 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: 1/14 | |
| E-mail: <u>CESPME dw Embargmail. Com</u> 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: $8 \text{ to } 5$ Sat: $8 \text{ to } 4$ Sun: $8 \text{ to } 8$ Holidays: $8 \text{ to } 3$ | |
| FACILITY ADMINISTRATOR INFORMATION | |
| Name: KoboA Scholl | |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) | |
| Medical Gases** | |
| Respiratory Equipment** | |
| ☑ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ Diabetic Supplies ☐ Orthotics and Prosethics | |
| **If providing these types of services you are required to have in place a mechanism to ensu | ıre |
| continued care in the event of an emergency. Provide name and telephone number of Neva contact. Name: <u>Robert Scholl RRT</u> Telephone: <u>702-374-2720</u> | ada |
| | |
| Received Amount 500,000 Entity 585104 1 | |

Received

| OW | NERSHIP IS A NON PUBLICLY TRADED CORPORATION |
|----------|---|
| Stat | e of Incorporation: NEVACIA |
| | ent Company if any: NA |
| Corp | poration Name: RESOME THC. |
| | ing Address: 501 S. Ray Cho Rd. Str. E34 |
| City, | State and Zip: LAS VEGAS, NV 89106 |
| | phone Number: Fax Number: |
| Lice | nse Contact Person: Robitet Scholl RRt, MARIVIC Scholl RN |
| Prof | essional Compliance Contact Person: Robert Schol |
| NAN | RE AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary) |
| | er or director name Officer or director title |
| R | BERT P. Scholl President |
| M. | PRIVIC Scholl SECRETARY |
| <u> </u> | KIVIC School Sichmany |
| For a | 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 WEI CAMPO GrAHOR AVE Name Address b) MARIVIC Scholl 4058 WEI CAMPO GRAHDE AVE |
| | b) MARIVIC Scholl 4058 WEI Campo Grande AVE Name Address |
| | c) |
| | Name Address |
| | d) |
| | Name Address |
| | E: All persons who are stockholders must accurately complete a personal history rd form. |
| 2) | Provide the number of shares issued by the corporation |
| 3) | What was the price paid per share? 2001 |
| 4) | What date did the corporation actually receive the cash assets? |
| 5) | Provide a copy of the corporations stock register evidencing the above information. |

| | | | orporation is a subsidiary, list name and state of incorporation of the clude a list of its officers. |
|-----|---------|---------------------|--|
| 4 | A | | |
| - a | ill Med | | caid provider numbers registered to the business or its owner: |
| | busi | iness or facility w | s hold an interest ownership or have management in any type of which are licensed by the State of Nevada or another political No X If yes, list the persons, their address and their business name |
| | a) | Name | Address |
| | | Business | |
| | b) | Name | Address |
| | c) | Business | |
| | ·) | Name | Address |
| | d) | Business | |
| | u) | Name | Address |
| | | Business | |
| | healt | th care entity in v | in the last 10 years been associated with any person, business or which MDEG products were sold, dispensed or distributed? , list the persons, their address and their business names. |
| | a) | Name | Address |
| | | Business | Address |
| | b) | | |
| | | Name | Address |
| | c) | Business | |
| | | | Address |

| 3) | Are any of the owners health profession | nals? If yes, please list name. | |
|---|---|---|---|
| | Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist | Name: | RN |
| Withir | the last five (5) years: | | |
| 4) | Has the firm or any owner(s), sharehold thereof, ever been charged, or convicted way of a guilty plea or no contest plea)? | d of a felony or gross misdemean | |
| 5) | Has the firm or any owner(s), sharehold thereof, ever been denied a license, per | | |
| 6) | Has the firm or any owner(s), sharehold thereof, ever been the subject of an adn pharmaceutical industry? | | |
| 7) | Has the firm or any owner(s), shareholded thereof, ever been found guilty, pled guild offense federal or state, related to control | lty or entered a plea of nolo conte | |
| 8) | Has the firm or any owner(s), shareholde thereof, ever surrendered a license, per otherwise (other than upon voluntary clo | mit or certificate of registration vol | |
| attach | answer to any question 4 through 8 is "ye ed. Copies of any documents that identif er disposition may be required. | | |
| correct operat I have under p correct employ backer | by certify that the answers given in this apple. I understand that any infraction of the liftion of an authorized MDEG provider may read all questions, answers and statemed penalty of perjury, that the information function is a lifting to conduct any investigation(s) of the cound, qualification and reputation, as it is a lifting to conduct any investigation and reputation. | laws of the State of Nevada regular be grounds for the revocation of ents and know the contents thereornished on this application are true oard of Pharmacy, its agents, ser he business, professional, social anay deem necessary, proper or definition. | ating the this permit. f. I hereby certify, e, accurate and vants and and moral esirable. |
| Bab Evpa n | ERT P. Scholl BRT | President | |

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 KESPMEd IHC |
|---|
| RESPMENT INC. 501 S. RAHCHO Rd. LAS VEGAS, NV 89106 Name and Address of Business for Which MDEG Administrator Is Requested |
| NIA SAMK |
| If applicable, Name Under Which It Is Now Operated |

| 1. PERSONAL INFORMATION | V: | |
|---|--|-------------------------------|
| Scholl | Robert | PETER |
| Last Name | First Name | Middle Name |
| Rob Alias(es, Nicknames, Maiden Na | ma Other Nama Changes Laga | Lor Othonuino |
| Alias(es, Nickhames, Maiden Na | me, Other Name Changes, Lega | (of Otherwise) |
| Alias(es, Nicknames, Maiden Na 4068 W El Campo Gr Present Residence Address-Stre 601 S Rahcha Rd Present Business Address | MHORE AVE N. LAS VEG | 95, NV 89031 State/7in |
| Present Residence Address-Sire | City | State/Zip |
| 501 S BAHCHA ROL | Dates LAS VEGAS | NV 89106 |
| Present Business Address | City | State/Zip |
| N/A | Dates | |
| Present Position with the MDEG | | |
| Phoi | Fax: | |
| Email address | | |
| | Brooklyn NY NY Place of Birth (City, County, Sta | |
| Pate OF DITUI | Place of Birth (City, County, Sta | ite) |
| 117 | | M |
| Age | | Sex |
| CON DON | 190265 | <11/" |
| Color of Eyes Color of Hair | | Height |
| Scars, tattoos or distinguishing m | , | NE. |
| Are you a citizen of the United St | ates? Yes Yı́No □ | |
| If alien, registration No | | |
| If naturalized, certificate No | Date | |
| Place | (If naturaliz | zed, document must be verifie |

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 HospHal 1800 W Charleshow Blvd Las Name/ Address of Employer/Business | : Vacas, NV 89102 (10400 |
|----------------|--|--------------------------|
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| BESPIRATORY TV | Description of Duties | NORI EUAHS |
| 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 |

| or a physical condition that would impair m license, including alcohol or substance abu | IV ability to perform any of the | years for a mental illness essential functions of my |
|--|---|---|
| 1. I have □ I have notty been charg | ged, arrested or convicted of a | a felony or misdemeanor. |
| | subject of an administrative act | |
| 3. I have ☐ I have not☒ had a licen disciplined, including any action aga | se suspended, revoked, surre inst a professional license tha | endered or otherwise t was not made public. |
| If you checked "I have" to questions 1, 2 an provide a written explanation and/or docum | nd/or 3, please include the folionents. | owing information <u>and</u> |
| a) Board Administrative Action:b) | State: | |
| <i>5</i>) | Date: | |
| | Case Number: | |
| c) Criminal Action: | State: | |
| | Date: | |
| | Case Number: | 44.44 |
| | County: | |
| | Court: | |
| 4. Will you be actively involved in and a operation of the MDEG? | | Yes 🕱 No □ |
| 5 .Will you be employed fulltime with the | e MDEG? | Yes t⊈ No □ |
| 6 .Will you be present at the site of the during its normal operating hours? | MDEG | Yes ☑ No □ |
| If you answer No to questions 4, 5 or 6 pleas | e provide a written letter of ex | planation. |
| | ATTA TAKI | PH |
| | Date of photograph | 10-21-2011 |

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

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

Original Signature of Applicant

PERSONAL HISTORY RECORD

8 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 | | *************************************** | | | |
|---|----------------------|---|--------------------------|---------------------|---|
| BESPME | dINC. E | OIS-BANCI | ture of License | /EGAS, NV 8 | 9106 |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name | e and Address of Estab | lishment for Which Licer | nse is Requested | |
| | • | If applicable, Name | Under Which It Is Now (| Operated | ••••••••••• |
| 1. PERSONAL | INFORMATION: | | | | |
| Last Name | - l i | Robe | ame | Middle Name | 9 |
| Alias(es, Nicknames, | Maiden Name, Other N | ame Changes, Legal or | Otherwise) | J R FRIA | |
| 4058 W F | CAMPO G | TAHOLE AVE | N. IAS VEGAS | - NV | 89031 |
| Present Residence A | ddress-Street or RFD | New | City | State | e/Zip |
| 501 S. B | ANCho Rol | Dates Z | AS VEGAS | NV. | 89106 |
| Record A | aress | NEW Dates L 9/07 to PESA Dates | City / | State | e/Zip |
| Occupation | y incisalpis | Dates | F | Phone: | |
| | | - | | | |
| | | BrookLy1 | V NY NY | Fax (|) |
| 47 | | | itate) | 22 | M |
| Age | - | | | | Sex |
| GRU | Ren | Enia | 190665 | MEdium | 211111 |
| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |
| | | | | | |
| | | | 1 | | |
| Scars, tattoos or o | distinguishing mark | s and/or characteri | stics /YOH/C | | |
| | | - · · · · · - | | | *************************************** |
| Are you a citizen o | of the United States | i? Yes∦L NoLl | If alien, registration | on No | |
| f naturalized, cert | ificate No | ••••• | Date | | |
| Place | | | (If natura | ilized, document mu | ust be verified.) |
| | | ••••• | | | iot so voimodi, |
| 2. MARITAL INF | FORMATION: | | | | |
| Single □ Marr | ried 🕱 Separat | ed 🗆 Divorce | d 🗆 Widowed | □ Engaged [| |
| | | | | Applicant's initia | 1 285 |
| | | | | Applicant 5 initio | Page |

| MAK | ITAL INFORMATION-Continued |
|-------|---|
| A. | Current Marriage 9-21-99 Tucson, Pima, ARIZUMA |
| | Current Marriage 9-21-99 /VCSON, Pima, ARITUHA Spouse's full name (Maiden) MARIVIC DAGATAN VELASCO S.S. No |
| | Date of Birth 12-7-1971 Place of Birth MANIA, PhilippinEs |
| | Resident address 4058 W.E.I. CAMPO Granda Ava. N. LAS VAGAS, NV 8903 / Street City State Zip |
| | Telephone: Residence |
| | Spouse's employer SAN MARTIN HOSPITAL Occupation REGISTERED NURSE |
| | Address of employer 8280 W Walm Springs Rol Las Vitages NV 891/3 |
| | Street City State Zip |
| B. P | Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: |
| Name | Date of Order Date of Place Nature of City of Spouse or Decree of Marriage Action County and State |
| Pr | 15tiHA Scholl 5/96 DIVORCE TUCSOH, PING, A |
| | , |
| | |
| | |
| | List of names, current address and telephone numbers of previous spouses: Name Street City State Zip Telephone |
| _4/ | At |
| | |
| | |
| 3. FA | AMILY INFORMATION: |
| A. | Children and Dependents: List all children, including step-children and adopted children and give the following information: |
| 17 | Name Birth Date Birth Place Residence Address |
| N | 4 |
| | |
| | |
| В. | 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 Page 2 |
| | |

| FAMIL | Y INFORMATION-Continued District attorney or public agency responsible for | enforcing the child support order | |
|-----------------------|---|-----------------------------------|-----------------|
| | , 1/ / | | |
| | Address | | |
| | Contact person | | |
| C. | Parents: List names, residence addresses, dates of birth | | , step-parents, |
| parents | | | |
| | Name (Maiden) Birth Date | Address And Occupation. | Occupation |
| Father | | | |
| Bok | DERT C Scholl | 4423 Broken Box Cie | RETIRED |
| BER | HADRHE Schill | 4423 Broken Bow Cir. | RETIRED |
| Father-in | ENTE REYES VELASCO | Manila Philippines | PATIMAN |
| Mother-in | al aw | Moula Philippines O | RYIARd |
| D. | Brothers and Sisters: List names, residence addresses, dates of birth a their respective spouses. | , , | |
| | Name (Maiden) Birth Date | Address | Occupation |
| Rah | KHE Scholl | 429 Baken Bar Cia F&B | MANASKA. |
| Spouse | 1 | | |
| | | | |
| Spouse | | | |
| | | | |
| | | | 2 |
| Spouse | | | |
| | | | |
| Spouse | | | |
| | | | |
| 4. ED | JCATION: | | |
| | Name of School Location | Dates Attended | Graduate |
| Grammar School | St Williams the Abbat LI N | 14 | Yes No 🗆 |
| High School | | 4 Az 1979-82 | Yes 🖟 No 🗆 |
| College University | MARAHA HIGH Schol MARAHA PINNA MEdical INSTITUTE EAS VE | 1A5, NV 2005-07 | Yes 🛛 No 🗆 |
| · | , | | Yes No No |
| Other | Mass isk | | 169 CO INV LO |
| | degree obtained, if any ASSOCIATE | a | |
| College | or university where obtained Pimp MEO | 11cg/ ZHSTitute | , |

Applicant's initial RPS Page 3

| A. Have you ever served in any armed forces? 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 sur special or general court martial? Yes No If yes, furnish details on page regardless of where they occurred-foreign or domestic.) B. Have you registered for the draft? Yes No Date registered Date | |
|--|---|
| Rating at separation | |
| Rating at separation | *************************************** |
| While in the military service were you ever arrested for an offense which resulted in sun special or general court martial? Yes No If yes, furnish details on page regardless of where they occurred-foreign or domestic.) B. Have you registered for the draft? Yes No Date registered County Pimia State AZ Date registered ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests not convicted.) A. Have you ever been arrested, detained, charged, indicted or summoned to answer for a violation for apy reason whatsoever, regardless of the disposition of the event? (Except Yes No If yes, give details in space provided below. List all cases without except experiments of in which you were named as an unindicted co-party? Yes No If yes, page 10. C. Have you ever been questioned or deposed by a city, state, federal or law enforcement or committee? Yes No If Yes No | |
| special or general court martial? Yes No If yes, furnish details on page regardless of where they occurred-foreign or domestic.) B. Have you registered for the draft? Yes No Date registered Date registered ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests not convicted.) A. Have you ever been arrested, detained, charged, indicted or summoned to answer for a violation for any reason whatsoever, regardless of the disposition of the event? (Except Yes No If yes, give details in space provided below. List all cases without excep Test Age Charge Localion-City and State Deposition/Date Deposition/Date Deposition/Date Test Age Test | • |
| County Pimil State AZ Date registered ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests not convicted.) A. Have you ever been arrested, detained, charged, indicted or summoned to answer for a violation for any reason whatsoever, regardless of the disposition of the event? (Except Yes No 1 f yes, give details in space provided below. List all cases without except the of Arrest Age Charge Location-City and State Deposition/Date B. Has a criminal indictment, information or complaint ever been returned against you, but arrested or in which you were named as an unindicted co-party? Yes No 1 f yes. page 10. C. Have you ever been questioned or deposed by a city, state, federal or law enforcement or committee? Yes No 1 f yes. Have you ever been subpoenaed to appear or testify before a federal, state or county grommission? Yes No 2 f yes No 2 f yes No 3 f yes No 2 f yes, when? City, county and state. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes If yes, when? City, county and state. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes If yes when? City, county and state. Has any member of your family or of your spouse's family ever been convicted of a felor If you answer to any of the above questions (B through H) is yes, furnish details on page | mmary action, a tri 10. (List all incide |
| ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests not convicted.) A. Have you ever been arrested, detained, charged, indicted or summoned to answer for a violation for apy reason whatsoever, regardless of the disposition of the event? (Except Yes | |
| A. Have you ever been arrested, detained, charged, indicted or summoned to answer for a violation for any reason whatsoever, regardless of the disposition of the event? (Except Yes No If yes, give details in space provided below. List all cases without excepted of Arrest Age Charge Location-City and State Deposition/Date Location-City and State Deposition/Date Age Total Location-City and State Deposition/Date Location-City and State | 1982 |
| B. Has a criminal indictment, information or complaint ever been returned against you, but arrested or in which you were named as an unindicted co-party? Yes No If yes. page 10. C. Have you ever been questioned or deposed by a city, state, federal or law enforcement or committee? Yes No If | any criminal offens t minor traffic citation |
| B. Has a criminal indictment, information or complaint ever been returned against you, but arrested or in which you were named as an unindicted co-party? Yes No If yes. page 10. C. Have you ever been questioned or deposed by a city, state, federal or law enforcement or committee? Yes No If | |
| arrested or in which you were named as an unindicted co-party? Yes No If yes page 10. C. Have you ever been questioned or deposed by a city, state, federal or law enforcement or committee? Yes No No No No No No No No No N | 7 11 100 11 11 11 11 11 11 11 11 11 11 11 |
| C. Have you ever been questioned or deposed by a city, state, federal or law enforcement or committee? Yes No No No Have you ever been subpoenaed to appear or testify before a federal, state or county gr commission? Yes No No Have you ever been subpoenaed to testify for any civil, criminal or administrative proces Yes No No Have you ever had a civil or criminal record expunged or sealed by a court order? Yes If yes, when? | for which you wer furnish details on |
| D. Have you ever been subpoenaed to appear or testify before a federal, state or county gr commission? Yes No Have you ever been subpoenaed to testify for any civil, criminal or administrative process Yes No Have you ever had a civil or criminal record expunged or sealed by a court order? Yes If yes, when? | agency, commissi |
| Have you ever been subpoenaed to testify for any civil, criminal or administrative process Yes No F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes If yes, when? | rand jury, board or |
| F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes I If yes, when?city, county and state G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes If yes when?city, county and state Has any member of your family or of your spouse's family ever been convicted of a felor If you answer to any of the above questions (B through H) is yes, furnish details on page | eding or hearing? |
| G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes If yes when? City, county and state Has any member of your family or of your spouse's family ever been convicted of a felor If you answer to any of the above questions (B through H) is yes, furnish details on page | □ No 🗹 |
| If you answer to any of the above questions (B through H) is yes, furnish details on page | □ No 🌠 |
| ne Relationship Charge Locat | ny? Yes □ No □ e 10. |
| 1/A | tion Date |
| /// | |
| | |
| | |
| | |

Applicant's initial Page 4

PETER TOTAL, ELLICATIONS AND ANDLINATIONS-COMMUNICO 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 \(\frac{\text{V}}{\text{Other than divorces}}\) If yes, give details below. List all cases without exception, including bankruptcies: Plaintiff/Defendant or Court and Case Claimant/Respondent Date Filed Number City, County and State Disposition/Date 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 I No W If yes, complete the following: Approximate Date(s) of Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy 7. RESIDENCES: List all residences you have had for the last 25 years: Month and Year State or County (From-To) Street and Number N. LAS VEGAS

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 |
|---|---|----------------------------|
| 9/09 to Prisk | ENT UMC HOSPITAL 1800 W/Charleston LA | OS VEGAS 89102 Still HARRE |
| Title | _ Description of Duties | Name of Supervisor |
| MESPIRTURY 1 | HARAPPIST MANNER VEHLS 2 SUL | HORI EURHS |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 1 1 1 | | |
| 6/05 to 9/07 Title | Description of Duties | Name of Supervisor |
| Maril 1 | | |
| 1 JOHITON / RO | LA EKG NOHITAN | HAGHES Cridan. |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 3/04/2 6/05 | HEAlth South Calp. | MOUED to A MOSPITAL |
| Title | Description of Duties | Name of Supervisor |
| MoHitor the | 4 EKG Mentitan | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 1/95 1 1/0 | 4 Albratsou's Tuesou Az | Moved L. LASVEGAS |
| Title | Description of Duties | Name of Supervisor |
| Mart Cultur | Cotmant | Min Griffith. |
| | | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 8/89 h 5/9 | 5 HILTISOTY LHCOMPURATION | SEHEL 100 |
| 16-1 /1 | Description of Duties | Name of Supervisor |
| TRST TRUCK | VICIALY JUESON AT | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 1/8/2 7/89 | GARRY LINKSKIDACH TUSON | D |
| Title | Description of Duties | Name of Supervisor |
| Electronic Tre | GARLIAN TEST CHOUT BURNES | - |
| | | |
| 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 RPS

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 Telephone Years Known Name **Business Business** Employer (1) W HTM **Business** Name <u>Home</u> Employer **Business** Name <u>Home</u> **Employer Business** 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 Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liguor 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
V olf yes, state type, where and years held Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No 🖔 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business.

venture or industry.

Applicant's initial RFS

| 13. | Have you ever appeared before any licensing agent any reason whatsoever? Yes ☐ No ☐ | cy or similar authority in or outside the State of Nevada to |
|------------|--|--|
| 14. | Have you ever been denied a personal license, perr or professional activity? Yes ☐ No ☐ | nit, certificate or registration for a privileged, occupational |
| If yes | to the above, state where, when and for what reason: | |
| 15. | Have you ever been refused a business or industry participant in any group which has been denied a busuitability? | |
| 16. | Have you or any person with whom you have been a administrative action or proceeding relating to the ph | |
| 17. | Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any off controlled substances? | a participant in any group ever been found guilty, plead fense, federal or state, related to prescription drugs and/o Yes ☐ No ☑ |
| 18. | | n participant in any group ever surrendered a license, rmaceutical industry voluntarily or otherwise (other than Yes 口 No 区 |
| 19. | Do you have any relatives within the fourth degree or pharmaceutical or drug related industry? | f consanguinity associated with or employed in the Yes 口 No 文 |
| | | |
| | | ATTACH PHOTOGRAPH |
| | | TAKEN WITHIN LA |
| ********** | | 30 DAYS HERE |
| | | |
| | | The state of the s |
| | | |
| | | |
| | | to 0102 |
| | | Date of photograph 10-21-2011 |
| | | Applicant's initial 1/K(|

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG) LICENSE – SOLE OWNER

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

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

Application must be printed legibly or typed

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

| New MDEG Ownership Change Name Change Location Change |
|---|
| FACILITY INFORMATION |
| Facility Name: STATE MEDICAL EQUIPMENT |
| Physical Address: 3824 E. SUNSET RD. SUITE F&G LAS VEGAS, NV 89120 (This must be a business address, we cannot issue a license to a home address) |
| Mailing Address: 3027 E. SUNSET RO. SUITE FEG |
| City: LAS VEGAS State: NV Zip Code: 99120 |
| Telephone Number: 302-530-9555 Fax Number: 302-530-9433 |
| E-mail: MAYSTATE MEDICALEQUIPMENT @YAHOO. CONWebsite: N/A |
| DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING |
| Mon: gam to spm Tue: gam to spm Wed: gam to spm Thu: gam to spm |
| Fri: 9AM to 5PM Sat: 10AM to 2PM Sun: COSEO Holidays: CLOSED to |
| FACILITY ADMINISTRATOR INFORMATION |
| Name: ALBERTO S. RAMOS |
| TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE) |
| ☐ Medical Gases ☐ Respiratory Equipment ☐ Life-sustaining equipment ☐ Diabetic Supplies - compression ☐ Official Gases ☐ Parenteral and Enteral Equipment ☐ Official Gases ☐ Parenteral and Prosethics - OFC ONLY ☐ Official Gases ☐ Official Gases ☐ Parenteral and Enteral Equipment ☐ Official Gases ☐ Parenteral and Enteral Equipment ☐ Official Gases ☐ Parenteral and Enteral Equipment ☐ Official Gases ☐ Official Gases ☐ Parenteral and Enteral Equipment ☐ Official Gases ☐ Official G |
| Beceived DEC 0.7 2011 Amount 500.00 Entity: 586.70 _ 1 |

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

| Owner's Name: MAY F. CHENCA | |
|--|--|
| List all previous names: MAY R. FLORE | 3 |
| Social Security Number: | |
| Date of Birth: | |
| Place of Birth: City: MANUA | State: N/A Country: PHILIPPINES |
| Citizenship: USA N/A other PERM | ANENT RESK |
| If applicable, list Naturalization Number: 🕦 🛕 | Passport Number: N/A |
| | |
| Current residence address: 4816 LONGSI | TOT DR. |
| City: LAS VEGAS | State: NV Zip Code: <u>8</u> 012.2 |
| | Fax Number: <u>302 - 539 - 6433</u> |
| Previous address (last 5 years): | 5 |
| Address: 3750 ARVILLE ST. APT. 425 City: | LAS VECAS State: NV Zip Code: 69103 |
| Address: 615 VIRGIL AVE. # 108 City: | LOS ANGELES State: CA Zip Code: 90005 |
| Address: 77 DELMAR CONDO City: | DEDGDO State: GUAM Zip Code: 96912 |
| | ä |
| Business Name: STATE MEDICAL EQ | MIPMENT |
| Current Business Address: <u>3827 と、SU</u> | NSET RD. |
| City: LAS VECAS | State: NV Zip Code: 89120 |
| Telephone Number: 302-5360555 | Fax Number: 702 - 538 - 6433 |
| | |
| Previous Employment (last 5 years): | |
| Name: PATTERSON & ASSOCIATES IN Addre | SS: 3127 EAST WARM SPRINGS BLOGG A100 |
| City: LAS VEGAS | State: NV Zip Code: 89120 |
| Name: WAINES & KRIEGER ATTYS AT LAW Addre | SS: 6985 S. BASTERN AVE. SUITE # 180 |
| City: LAG VOCAS | State: _NV Zip Code: <u>69123</u> |
| Name: CENTURY 21 Addre | ss: 1860 E. WARM SPRINGS STE. 125 |
| City: LAS YECAS | State:Zip Code: |
| | |
| List all Medicare and Medicaid provider number | s registered to the business or its owner: |
| N/A | |
| IN / P | <u> </u> |
| | / |

| a) | | 3) /A | | | |
|----------------------|---|--|--------------|--|--|
| | Name | Address | Address | | |
| | | Address | | | |
| | N/A Business | | | | |
| b) | N/A | 13/4 | | | |
| <i></i> | Name | Address | | | |
| | N /A | /100000 | | | |
| | Business | | | | |
| c) | N/A | W/A | | | |
| / | Name | Address | | | |
| | N/A | | | | |
| | Business | 1 | | | |
| d) | N/A | H/A | | | |
| | Name | Address | | | |
| _ | N/A | | | | |
| | Business | | | | |
| nealt ⁄es [| you in the last 10 years h care entity in which Mi | been associated with any person, busines DEG products were sold, dispensed or distr persons, their address and their business r | ributed? | | |
| nealt Yes [| you in the last 10 years h care entity in which MI I No 反 If yes, list the | DEG products were sold, dispensed or distressons, their address and their business r | ributed? | | |
| healt Yes [| you in the last 10 years h care entity in which MI I No [X] If yes, list the Name | DEG products were sold, dispensed or distr | ributed? | | |
| healt Yes [| you in the last 10 years h care entity in which MI I No [X] If yes, list the NAME | DEG products were sold, dispensed or distressons, their address and their business r | ributed? | | |
| healt Yes [a) | you in the last 10 years h care entity in which Mi No K If yes, list the Name NA Business | DEG products were sold, dispensed or distressons, their address and their business r | ributed? | | |
| healt Yes [a) | you in the last 10 years h care entity in which MI I No IX If yes, list the NA Name NA Business | DEG products were sold, dispensed or distripersons, their address and their business representations of the sold o | ributed? | | |
| healt | you in the last 10 years h care entity in which Mi No [X] If yes, list the NA Name Business Name | DEG products were sold, dispensed or distressons, their address and their business r | ributed? | | |
| healt Yes [a) | you in the last 10 years h care entity in which Mi No (x) If yes, list the NA Name NA Business Name NA | DEG products were sold, dispensed or distributions, their address and their business representations. N/A Address Address | ributed? | | |
| healt Yes [a) | you in the last 10 years h care entity in which Mi No (A) If yes, list the NA Name NA Business Name NA Business | DEG products were sold, dispensed or distributions, their address and their business representations. N/A Address Address | ributed? | | |
| healt Yes [a) | you in the last 10 years h care entity in which Mi No (x) If yes, list the NA Name NA Business Name NA | DEG products were sold, dispensed or distripersons, their address and their business representations of the sold o | ributed? | | |
| healt Yes [a) | you in the last 10 years h care entity in which Mi No (x) If yes, list the NA Name NA Business Name NA Business NA Business | DEG products were sold, dispensed or distripersons, their address and their business representations of the sold o | ributed? | | |

| Within | the last five (5) years: | | | |
|--|--|---|--|--|
| 4) | ive you ever been charged, or convicted of a felony or gross misdemeanor (including by yof a guilty plea or no contest plea)? Yes □ No □ | | | |
| 5) | Have you ever been denied a license, permit or certificate of | registration? Yes □ No 194 | | |
| 6) | Have you ever been the subject of an administrative action or pharmaceutical industry? | proceeding relating to the Yes □ No 🎾 | | |
| 7) | Have you, ever been found guilty, pled guilty or entered a plea | a of nolo contendere to any | | |
| | offense federal or state, related to controlled substances? | Yes □ No 🖼 | | |
| 8) | Have you ever surrendered a license, permit or certificate of otherwise (other than upon voluntary close of a facility)? | registration voluntarily or Yes □ No 🖼 | | |
| attach | answer to any question 4 through 8 is "yes", a signed statemer ed. Copies of any documents that identify the circumstance of er disposition may be required. | | | |
| correctof an all have under corrected and and and and and and and and and an | by certify that the answers given in this application and attached. I understand that any infraction of the laws of the State of Notathorized MDEG provider may be grounds for the revocation of read all questions, answers and statements and know the compensity of perjury, that the information furnished on this application. I hereby authorize the Nevada State Board of Pharmacy, its yees, to conduct any investigation(s) of the business, profession ound, qualification and reputation, as it may deem necessary, | evada regulating the operation of this permit. Itents thereof. I hereby certify, ation are true, accurate and agents, servants and onal, social and moral | | |
| | Mõuerca | 11-28-11 Date | | |
| Origina | al Signature of owner | Date | | |
| | MAY F. CUENCA | | | |

Type name

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

| ≱ Date_ | 11-28-11 | |
|---------|----------|--|
| | | |

Each MDEG shall employ an administrator at all times. The administrator must be:

- 1. A natural person.
- 2. Have a high school diploma or its equivalent.
- 3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
- 4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
- 5. Be approved by the board.
- 6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

| Application for | DURABLE | MEDICAL | EQUIPME | 76 |
|-----------------|----------------|----------------|------------------|---------------------------|
| ,, | ••••••• | | e of MDEG | |
| | STATE M | eoical eg | LUIPMENT | |
| Name | and Address of | Business for y | Vhich MDEG A | dministrator Is Requested |
| | | NA | r | |
| | If applicat | ole, Name Únd | er Which It Is N | low Operated |

1. PERSONAL INFORMATION: Last Name Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) 3315 E. RUSSEL RD. SINTE A4-140 LAS VECAS Present Residence Address-Street or RFD State/Zip 3027 E. SUNSET 2D. (F46)Dates 11-28-11 89120 State/Zip **Present Business Address** 11-20-11 ADMINISTRATOR Dates Present Position with the MDEG Phone: 702-517-2515 Fax: 702 - 539 - 6433 Email address: ALBERT STATE METICAL EQUIPMENT @ YAHOO. COM MANILA, PHILIPPINES Place of Birth (City, County, State) Date of Birth Social Security Number BROWN Color of Hair Color of Eyes Scars, tattoos or distinguishing marks and/or characteristics MOLE ON TOP PIGHT SHOULDER Are you a citizen of the United States? Yes ⊅No □ If alien, registration No __NA Date SEPTEMBER 0,1992 If naturalized, certific

(If naturalized, document must be verified.)

HONOLULU, HAWAII

Place_

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.

| employment. | FAMILY CARE MEDICAL SUPPLY AND FAM 94-889 WAIPAHU ST. WAIPAHU HIGGA | and care pharmacy |
|---------------------------------------|--|----------------------|
| ins 10000 - head 1000. | | 7 YEARS |
| Jan 1989 - MAY 1996 Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| | | |
| COHER | MANAGE & OPERATE DAY TO DAY OFFRATION | Name of Supervisor |
| Title | Description of Duties | Name of Supervisor |
| /. | | /. |
| N/A | TY/A | No of Employed Hours |
| Month and Year | Name/ Address of Employer/Business | <u> </u> |
| Title | N/A Description of Duties | Name of Supervisor |
| Title | Description of Duties | Name of Supervisor \ |
| | | \ |
| NA | N/A | N/A |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| N/A | NA | U/A |
| Title | Description of Duties | Name of Supervisor |
| 4 | , | |
| Month and Year | N/A | No of Employed Hours |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| NA | H /A Description of Duties | N/A |
| N/A Title | Description of Duties | Name of Supervisor |
| | | <u> </u> |
| NA | N/A | NA |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| NA | N/A | NA |
| Title | Description of Duties | Name of Supervisor |
| , | | |
| NA | NA | N/A |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| N/A | NA | N/A |
| Title | Description of Duties | Name of Supervisor |

| | any reason whatsoever? Yes LI No 1/2 | | |
|-------|---|--|---------|
| 14. | Have you ever been denied a personal license, pern or professional activity? Yes □ No 🖟 | nit, certificate or registration for a privileged, occupa | tional |
| | to the above, state where, when and for what reason: | | |
| | N/A | | |
| 15. | Have you ever been refused a business or industry is participant in any group which has been denied a bu suitability? | | 4 |
| 16. | Have you or any person with whom you have been a administrative action or proceeding relating to the ph | | Ľ. |
| 17. | Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any off controlled substances? | ense, federal or state, related to prescription drugs Yes ☐ No ☐ | and/o |
| 18. | Have you or any person with whom you have been a permit or certificate of registration relating to the pha upon voluntary close of a manufacturer | participant in any group ever surrendered a license rmaceutical industry voluntarily or otherwise (other Yes \(\square\) No | than |
| 19. | Do you have any relatives within the fourth degree of pharmaceutical or drug related industry? | f consanguinity associated with or employed in the Yes ☐ No | ₹ |
| | | | |
| | | | |
| | | ATTACH PHOTOGRAPH | |
| | | TAKEN WITHIN LAST | |
| ••••• | | 30 DAYS HERE | |
| | | | |
| | | | |
| | | | |
| | | Date of photograph 11 - 2 © - 11 | |
| | | | *** |
| | | Applicant's initial MFC | O'MARL! |

PERSONAL HISTORY RECURD

| g/Date | 11-20-11 | |
|-----------|----------|--|
| & - W. W. | I. U | |

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 D | URABLE MI | foical es | MIPMENT | AND SUP | PUES |
|--|-------------------|----------------------------------|------------------------|-------------------------------|-----------------------|
| STATE MEDICAL | Name and | - 3827 G. Address of Establis | shment for Which Licen | se is Requested | as vecas NV 89120 |
| | lf | applicable, Name U | nder Which It Is Now C | perated | |
| 1. PERSONAL INFO | RMATION: | MAY First Na | me | FLOQN Middle Na | |
| MAY R. FLOW Alias(es, Nicknames, Maider | Name Other Name | | | | |
| 4816 LONGSH | ot DR. | LAS | | NV: | &al22 State/Zip |
| Present Residence Address- | -Street or RFD | Nov. 1 | VEGAS VEGAS | | State/Zip |
| Present Business Address | | Not-1 | City | | State/Zip |
| Occupation Occupation | | MANILA, P. | IILIPPINES | Phone: Residence Business Fax | |
| Date of Birth | 1 | Place of Birth (City | , County, State) | | F |
| Age | | , | | | Sex |
| BROWN | BLACK | FAIR | 140 US 9 Weight | · SMALL | 5′0″ Height |
| Color of Eyes | Color of Hair | Complexion | AABIĞIIK | bulla | rieight |
| Scars, tattoos or disting | guishing marks ar | nd/or characteris | tics MOLE | on fore | HEAD |
| Are you a citizen of the | United States? | Yes□ No 🛣 | If alien, registration | on N | |
| If naturalized, certificate | No HA | | Date N | 1/4 | |
| Place H/A | | | (If natura | Nized, documen | nt must be verified.) |
| 2. MARITAL INFORM | NATION: | | | | |
| Single □ Married ◀ | Separated | ☐ Divorced | d 🗆 Widowed | | |
| | Ŧ | | | Applicant's | initial MFC |

| ٩. | Current Marriage | N/A | N | /A | |
|-----------|--|--|---|--|-----------|
| | Spouse's full name (Maiden) | Date RWIN ENCARO | CHENCA | | |
| | Date of Birth 4-19-71 | Plac | e of Birth CAVITE | CITY PHILIPPINE | 5 |
| | Resident address 4819 L | | LAS VECAS N | | |
| | Telephone: Residence | 2 Bus | siness | 1 | |
| | Spouse's employer HILTON 6 | PAND VACATION | Occupation FRONT | DEK AGENT | |
| | Address of employer 2650 | LAS VECAS BI | LVO SOUTH LASY | ECAS, NU EQ122 | |
| 3. 1 | Previous Marriages: If ever legall | y separated, divorced | | low: | |
| ame | Date of Order or Decree | Date of Plac of Marriage | | City County and State | i |
| | | /^ | | | - |
| | | NIA | | | . } |
| | | | | | / |
| | | N/A | | | \rangle |
| . F A. | AMILY INFORMATION: Children and Dependents: List all children, including si | ton children and ador | atod children and give the | | / |
| | Name Birth Date | Birth Place | Resid | ence Address | 135 |
| | Name Birth Date | Birth Place | Resid | ence Address | L |
| в. | Name Birth Date Child Support Information: Please mark the appropri | Birth Place | Resid | ence Address | - |
| В. | Name Birth Date Child Support Information: | riate response: | Resid | ence Address | - |
| В. | Child Support Information: Please mark the approp | riate response: court order for the support of the | pport of child. rt of one or more childrer ther public agency enforc | and am in compliance with | a |
| В. | Child Support Information: Please mark the appropriate am not subject to a couplan approved by the of the amount owed plan approved to a couplan approved by the of the amount owed plan approved by the order or a plan approved the order or a plan approved by the order or a plan approved to a couple or a plan approved the order or a pl | riate response: court order for the suppore district attorney or ottoursuant to the order; rt order for the suppore poroved by the district | pport of child. rt of one or more childrer her public agency enforc or to one or more childrer attorney or other public | and am in compliance with | ent th |
| в. | Child Support Information: Please mark the appropriate amount owed purposed by the of the amount owed purposed by the other purposed by the of the amount owed purposed by the other p | riate response: court order for the suppore district attorney or ottoursuant to the order; rt order for the suppore poroved by the district | pport of child. rt of one or more childrer her public agency enforc or rt of one or more childrer attorney or other public agency enforcer to the order | and am in compliance with ing the order for the repayment and NOT in compliance with | ent th |

| | District attorney or public agenc | y responsible f | or enforcing the child | support order: | |
|-------------------|--|---|----------------------------------|-----------------------|----------------------|
| | Name N/A | *************************************** | | | ······ |
| | Address N/A | | •••••• | | |
| | Contact person ν | | *********** | | / |
| C. | Parents: | 21.58 | | | |
| parents | List names, residence addresse | es, dates of birth | and most recent oc | cupations of parents | , step-parents, |
| | in-law or legal guardian. If retire | ed or deceased th Date | list last address and Address | occupation. | Occupation |
| | Name (Malden) | in Date | Address | | Occupation |
| Father | | | , | | |
| Six1 | to A. Flores 8- | 6-13 | N/A | | PECERSED |
| | and the same and the same of t | a a a a | . | 0.0 | 38 |
| MAG* | | 29-25 | OIT-MASCARDOS | r. QC. PHILIPPINE | s Housewice |
| Arec | ACIO O CIÓNILO A | 26-40 | 77 DELMAR CONDI | DEDEDA CIMA (| augi2 Retired |
| Mother-in | | 24 40 | 11 VELMINE CONVI |) NEDECO GUANTO | |
| FLOW | LENCIA E. CHENCA 2- | 23-47 | 77 DELMAR COND | O DEDEDO GNAM | OLGIZ AGENT |
| | | | | | |
| D. | Brothers and Sisters: List names, residence addresse | s, dates of birth | and most recent occ | cupations of brothers | s and sisters and of |
| | their respective spouses. Name (Maiden) | Birth Date | Address | | Occupation |
| | Name (Malden) | Diffi Date | Address | | |
| Spouse | | | | | <u> </u> |
| | | | | | |
| | | 1 | | | · |
| Spouse | | 1/8 | | | |
| | | 61 | | | - |
| Spouse | | | | | |
| | | | | | |
| | | | | | / |
| Spouse | | | | | / |
| | | | | | |
| 4. ED | UCATION: | | | | |
| | Name of School | Location | Dates Attende | ed | Graduate |
| Grammar School | MARINI ELEM. SCHOOL | PHILIPPIA | les 1976-10 | 162 | Yes ₩ No □ |
| High School | LACONSOLACION COLLEGE | | | | Yes 🛣 No 🛚 |
| College | • | · | | | Yes 154 No □ |
| | UNIVERSITY OF SANTO TOM | | NOS 1966-10 N/A | 190 | , |
| Other | N/A | N/A | N/A | | Yes No No |
| Гуре of | degree obtained, if any HOTE | Ano er | STAURAUT M | ana Gement | |
| College | or university where obtained \(\) | NIVERSIN | OF SANTO | TOMAS PH | IMPPINES |
| | | | | | |

| Α. | riave you ever served in any armed lordes? | res 🗆 No 💆 | | |
|---------|---|--|---|----------------------------|
| | Branch N/A | Date of entry-active service | ce N/A | • |
| | Date of separation 1 / A | Type of discharge | N/A | \N\ |
| | Rating at separation N/A | Serial number | N/A | /. |
| | While in the military service were you ever arre special or general court martial? 🏎 Yes C regardless of where they occurred-foreign or do | 🗆 No 🗀 If yes, furnish deta | | |
| B. | Have you registered for the draft? Yes E | J № 15X | | |
| | County N/A State N/ | A Date regis | stered N | /N (|
| 6. A | RRESTS, DETENTIONS, LITIGATIONS AND AF | RBITRATIONS: (Include th | ose arrests in which | ı you were |
| A. | not convicted.) Have you ever been arrested, detained, charge violation for any reason whatsoever, regardless Yes □ No □ If yes, give details in space prov | s of the disposition of the eve | ent? (Except minor tra | |
| Date of | Arrest Age Charge Location | n-City and State Dep | osition/Date Arresting | Agency |
| | | | | \ |
| | N/A | | | \\ \ |
| | | | | |
| В. | Has a criminal indictment, information or compla arrested or in which you were named as an unit page 10. | aint ever been returned aga ndicted co-party? Yes □ N | inst you, but for which lo 🕱 If yes. furnish c | you were not letails on |
| C. | Have you ever been questioned or deposed by or committee? Yes \(\square\$ No \(\frac{1}{2} \) | a city, state, federal or law | enforcement agency, | commission |
| D. | Have you ever been subpoenaed to appear or t commission? Yes □ No 🕱 | testify before a federal, state | or county grand jury, | board or |
| E. | Have you ever been subpoenaed to testify for a | ny civil, criminal or administ | rative proceeding or h | earing? |
| F. | Yes ☐ No 15K Have you ever had a civil or criminal record exp | ounged or sealed by a court | order? Yes □ No 🕏 | 4 |
| G. | If yes, when? A Have you ever received a pardon or deferred pr | rosecution for any criminal o | ffense?Yes 🗆 No 🦒 | <u>a</u> |
| H. | If yes when? Has any member of your family or of your spous If you answer to any of the above questions (B t | se's family ever been convic | ted of a felony? Yes | □ No \$ |
| Name | Relationship | Charge | Location | Date |
| | · · · · · · · · · · · · · · · · · · · | | | _ \ |
| | A/A | The same of the sa | | |
| | | | | \mathcal{N} |
| | | | | / |
| | | | | / |
| | | Applic | cant's initial MFC | ·/ |
| | | | | Page 4 |

| part to a lawsuit as e Yes □ No 🙀 (Oth | vidual, member of a partnership, o either a plaintiff or defendant or an a er than divorces) elow. List all cases without excepti | arbitration as either a clair | nant or respondent? |
|--|--|-------------------------------|--|
| Plaintiff/Defendant or Claimant/Respondent Date | Court and Case Filed Number | City, County and State | Disposition/Date |
| | | | . \ |
| | N/A | | / \ |
| associated with it as | tnership, business venture, sole pro an owner, officer, director or partno s, complete the following: | er) been a party to a laws | uit, arbitration or bankruptcy? |
| Name of Entity | Type of Entity | | ate Date(s) of Arbitration/Bankruptcy |
| | N/A | | \ |
| | | | |
| | | | |
| 7. RESIDENCES: | | | , |
| ist all residences you have h | nad for the last 25 years: | | |
| nonth and Year (From-To) | Street and Number | City | State or County |
| June 2008 - Present | 4816 LONGSHOT DE | LAS VECAS | NU |
| APRIL 2007 - MA-1 2008 | 3750 ARVINLE ST. APT 425 | LAS VEGAS | NV |
| VAN 2007 - APR- 2007 | GIIS. VIRGIL AVE. \$108 | LOS ANGELES | CA |
| Stpr. 2006 - DEC-2006 | 77 DELMAR CONDO | DEDEBO | GUAM |
| May 1993 - SEPT. 2006 | P.O. BOX 5087 CHPB | GARAPAN | SAIPAN |
| MAY 1949 - MAY 1993 | 743 - C MATAPANG ST. | QUIAPO MAINILA | PHILIPPINES |
| | | | |
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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 |
|-------------------------------------|--|------------------------------|
| MAY -07 - MAY -93 | , N/A | N/A UNEMPLOYED |
| Title | Description of Duties | Name of Supervisor |
| NA | NA | NA |
| <u>'-/r</u> | · / pr | 70/74 |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| MAY "43 - SEPT. "06 | H-VATT REGENCY GAIPAN MP 96950 | resigned |
| Title | Description of Duties | Name of Supervisor |
| AGGT. MANAGER | IN CHARGE OF CLUB AT THE HYATT PROCESM | SAM CHENG |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Comme or bearings and | | |
| SEPT OU - JUNE 07 | Description of Duties | Name of Supervisor |
| N/A | NA | NA |
| <u> </u> | 0 / 11 | |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| PO. UOH - FO BANK | 1680 t. warm springs ste 125 luin boing | RESIGNED |
| litle . | Description of Duties | Name of Supervisor |
| EXEC. ADMIN ARST. | ASSISTING THE OWNER ON THE DAY TO DAY CREEKATION | JON LAGUARDIA |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| . 69 | Name/Mailing Address of Employer/Business ##AINESS KRIEGER ATTY'S AT LAW | |
| <u> Νου, 109 - ΔΔΝ, 11</u> Title | Description of Duties | RESIGNED Name of Supervisor |
| | ASSISTING THE OWNER ON THE DAY TO DAY OPERATION | |
| EXEC. ADMIN ASST. | DAY TO DAY OPERATION | MICHAEL RICHMAN |
| fonth and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| 14-11-11-11-11 | PATTERSON & ASSOCIATES VID 3127 B-WARM PRINGS BLOG 64100 WINV BAIZO | REGIGNED |
| itle | Description of Duties | Name of Supervisor |
| LEGAL ASSISTANT | AGGISTING PARMETALY ON THE | LANCE BURBANY |
| | VAT 10 VAT CREEKING | |
| fonth and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| | | \ |
| Title | Description of Duties | -Name of Supervisor |
| | NA | |
| fonth and Year | Name/Mailing Address-of Employer/Business | Reason for Leaving |
| American metros a depot | The state of Employon Book 1000 | / |
| itle | Description of Duties | Name of Supervisor |
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If additional space is needed, continue on page 10 or provide attachment.

| Applicant's | initial | Mf | C | | |
|-------------|---------|----|---|------|--|
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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 Er | nployed | Street | City Stat | ie Zip | Teleph | one | Years Known | |
|---|-------------------------------------|---|---|------------------------------|-------------------------------|--|--------------------|------|
| EXECUTER CO | | | ms Gt. Maga | Lendale ca | 91206 | | 24 YEARS | |
| Suneay weavt | H CARE EEME | Home できない いし | 7100 Pa.VO-1 | A CA OCOLO | 1/0 | | 70.00 | |
| Employer | | Rueinace | | | 100 | | | |
| ALVIN CORPOY | モン | 2046 WAY | teruly view | d St. Hender | 3,013 | | 17 YEARS | |
| Name MANDALAH BA | y result | 30150 LAC | IEGAS POLVO. | SOUTH LY NY | Galla | | | |
| Employer | | Rusiness | | | | | | |
| LARRY GUTIER | aer | - | WILD EAR O | gvecas nv t | earr | | 17 YEARS | |
| Name UNIVERSITY OFF | ANTOLOM | Home | RIETON LAS | VECAS NIVE | 30102 | | 3-10-14-2 | |
| Employer CENT | rer | Rusiness | | | | | | |
| FELIPE PEDE | 2NAV | CAA WAK | e ane-at 63 | el centro (| CACIVUA | | IL YEARS | |
| Name | | Home | \ /. | | | | | 1. |
| Employer 13/A | | Business | 4/4 | - X | | | | YA |
| VICLETA LOPE | 2 | | et ones said | in mp a gas | b | | | |
| Name HYATT REGENCY | SAIPAN | <u>Home</u> ደለ <i>ያ</i> ርፈ 5093 | CHEB SAIPA | IN MP 9405 | 0 | | 10.10100 | |
| Employer | | Business | | | | (ኢንፕ | 18 YEARS | |
| person If yes, | 's depository's complete the | ? Yes □ N e following | o \ \ \ | | | | o you use any othe | |
| Box Number or Tyr | oe of Depository | | Location | City and S | tate | Authorized Users | | |
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| If yes, s | state type, wh | ere and ye | ars held | | | | | |
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| interest If yes, s involved | in a licensed state type, wh | l business o en and who | or industry O ere and give | UTSIDE the S names and k | State of Nevadocations of the | idustry license or he da? Yes □ No ☑ businesses in whi nsible for licensing s | ch you were | |
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| | ed or treated in the last five years for a mental illness ability to perform any of the essential functions of my e, |
|---|--|
| 1. I have □ I have not been charged | d, arrested or convicted of a felony or misdemeanor. |
| 2. I have □ I have not been the subpending. | ject of an administrative action whether completed o |
| | suspended, revoked, surrendered or otherwise st a professional license that was not made public. |
| If you checked "I have" to questions 1, 2 and/provide a written explanation and/or document | or 3, please include the following information <u>and</u> nts. |
| a) Board Administrative Action: | State: N/A |
| b) | Date: N/A |
| | Case Number: N/A |
| c) Criminal Action: | State: NA |
| | Date: NA |
| | Case Number: N/A |
| | County: NA |
| | Court: N/A |
| 4. Will you be actively involved in and avoperation of the MDEG? | ware of the daily Yes ★ No □ |
| 5 .Will you be employed fulltime with the | MDEG? Yes ★ No □ |
| 6 .Will you be present at the site of the N during its normal operating hours? | MDEG Yes 1 No □ |
| If you answer No to questions 4, 5 or 6 please | provide a written letter of explanation. |
| NA | A 1 |
| | Date of photograph 11-26-11 |

COUNTY OF CLARK

I, MAY F. CUENCA being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a 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 of 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

day of

1/0L 1/0L

Notary Qublic

NOTARY PUBLICATION
STATE OF NEVADA

County of Clark
LISA CANTRELL
continent Expires Oct 17, 2015

Applicant's initial MFC

Page 9

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PHARMACEUTICAL TECHNICIAN APPLICATION

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

| Complete Name (no abb | reviations): | | | | |
|---|---|---|--|--|----------------------|
| First: Trina | | Middle: Dela | l | Last: Trin | idad |
| Home Address: 50 | N. Hona | Lulu | | Apt #: | 142 |
| city: Las Vega | 7 | | State: NV | Zip Code: | 89110 |
| Telephone: | | Socia | al Security Number: | | |
| Date of Birth: | | Place: of Birth | Paramount | CA. Sex | c:□MorÒXF |
| E-mail Address: | | + 1 | | · · · · · · · · · · · · · · · · · · · | |
| To qualify as a pharmaceur include documentation. ☑ Copy of registration of technician. ☐ Copy of a certificate f ☑ Copy of certificate of | r on⁴line verifica irom an <u>ASHP</u> a _l | tion from state in whi oproved pharmacy te | ch you are <u>currently</u> (chnician school. | registered as a ph | |
| 1. Are you 18 years of a 2. Are you a high school | ge or older? | | | Yes | S X No □ S X No □ |
| (IF YOU ANSWERED "N | O" TO QUEST | ON 1 AND/OR 2, YO | U <u>CAN NOT</u> SUBMI | | TION) |
| Been diagnosed or to Physical condition to 3. Been charged, arrested 4. Been the subject of are 5. Had your license subject to any of the property of the property of the physical | hat would impa ed or convicted on administrative e ected to any disc | ir your ability to per f a felony or misdem action whether compl ipline for violation of | form the essential teanor in <u>any</u> state? leted or pending in <u>ar</u> pharmacy or drug la | functions of you ny state? ws in <u>any</u> state? | r license? |
| Board Administrative | State | | | Case #: | |
| Action: | Nevada | | | | |
| Criminal State | 1 10-10-00-0 | | | | Court |
| Action: / | 1 | | | | |
| In response to federally man questions as part of all appl | | ets, the Nevada Legislat | ure and Attorney Gene | ral require that we i | |
| Are you the subject of a cou | et order for the cur | anort of a obild? | | | Yes No □ DE |
| IF you marked YES to the q | | | | | |
| I hereby certify that the infor regulations governing pharm grounds for suspension or re | naceutical technici evocation of this p nidad | ans and understand tha ermit. | at a violation of any suc | on statutes, rules an | |
| Original Signature, no copie | a or aranipa accep | | | | |
| সূBoard Use Only | | | | | |
| Received: | | Amount: | En | ntity # | ** |

BOARIJ OT TANDES SUITE SACRAMENTO, CA 95834 (916) 574-7900

N-219

REGISTRATION TCH 101584 98062000 RECEIPT

JUNE 30

93 E RENO AVE #29 LAS VEGAS NV 89119 TRINA DELA TRINIDAD

11/20/10

07/03/11
The official status of this license can be verified at www.pharmacy.ca.gov

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named hereon is registered as a Pharmacy Technicien, and is subject to the rules and regulations of the Culifornia State Board of Phermacy.
Please notify the Board of Pharmacy of any name or address change in writing Please include your registration number with any

SIGNATURE OF REGISTRANT

correspondence to this office.

FORM WPHTCH (12/31/05)

esth ... esthere.

MEI COLLEGE

vested in it by law and on recommendation of the Faculty awards The UEI College Board of Directors by virtue of the authority

Trina Trinidad The Diploma An Tharmacy Technician

With all rights, privileges and honors pertaining thereto.

Given at San Gernardino, San Bernardino County. In the State of California

Wis Twenty-Eighth Day of May, Two Thousand and Ten







Blank

Attention Ms. Jeri Walter,

My name is Niko Ligutom and I hereby want to appeal to the Nevada State Board of Pharmacy to reinstate my Pharmacy Technician license. Hopefully I hear from you soon.

Niko Ligutom

120 Clayton Street

Las Vegas, Nevada 89110



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

٧.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

NIKO LIGUTON, P.T., Certificate of Registration #PT07093,

Case No. 10-049-PT-S

| | Respondent. |
|----|-------------|
| 60 | |

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Though Respondent was notified of the hearing, he did not appear at the hearing or provide the Board with an Answer and Notice of Defense. The Board presented no testimony or evidence, but did make a presentation based upon the public records in the Board's possession.

Based on the presentation of the Board's staff, the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On or about May 11, 2010, Board staff was notified that Respondent had been terminated from employment as a pharmaceutical technician at Smith's Food and Drug Companies for failing a random drug test on May 3, 2010. Respondent had tested positive for methamphetamine. Mr. Liguton left work early on May 8th, called in sick on May 9th and May 10th. Mr. Liguton was not scheduled for work on Mary 11th and 12th and was scheduled for vacation May 13th through the 19th. Smith's personnel tried to contact him several times however Mr. Liguton did not return any of their calls. Mr. Liguton was terminated from service.

CONCLUSIONS OF LAW

- 1. The Board has jurisdiction over this matter because Mr. Liguton is registered as a pharmaceutical technician with the Board.
- 2. In testing positive for methamphetamine while working at Smith's #358, Mr. Liguton violated NRS 639.210(1),(3) and/or (4).

<u>ORDER</u>

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

1. Mr. Liguton's registration (PT07093) is revoked. Mr. Liguton may not be employed in any business registered by the Board in any capacity.

Signed and effective this 5th day of August , 2010.

Donald w. Fey, President

Nevada State Board of Pharmacy

Plank

Dept of Corrections Page 1 of 1

Dept of Corrections

Linda Fox [lfox@doc.nv.gov]

Sent: Thursday, November 17, 2011 8:47 AM

To: LARRY L. PINSON

Cc: Darla Steib [dsteib@doc.nv.gov]

Larry, I would like to be put on next Vegas board meeting. Looks like that is January? I would like to discuss implementing automation for the Dept of Corrections and some of the unique situations we will face.

Thank you!

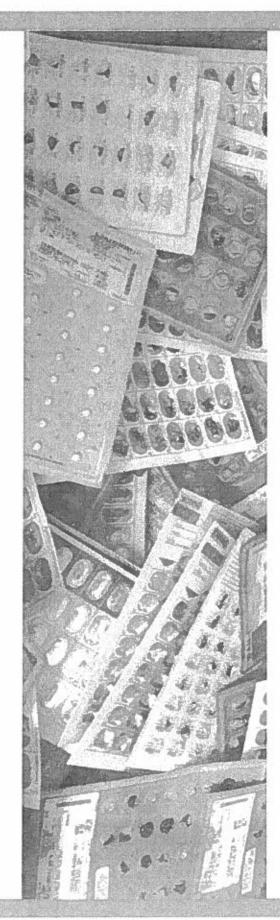
Linda S. Fox Pharmacy Director lfox@doc.nv.gov 702-486-9981 FAX 486-9982 Nevada Dept of Corrections Casa Grande Transitional Housing 3955 W. Russell Road Las Vegas, NV 89118



InSite Remote Dispensing

The Current System



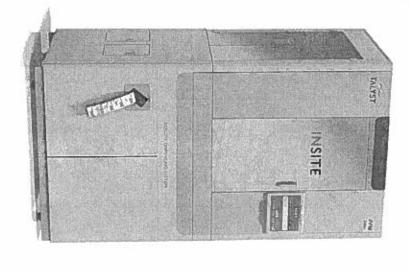


- 2-4 hour delivery times for new orders
- Emergency kits create issues with billing and diversion
- Slow and inefficient med prep and pass
- Time-consuming narcotics counts at shift change
- Unused medications create waste, inefficiency, & diversion

What is InSite Remote Dispensing?



- are located onsite at the LTC facility One or more automated dispensing systems
- The remote dispensing systems are considered an *extension of the pharmacy*
- Nurses have access to pharmacist-approved medications 24x7
- Patient-specific medications are dispensed on-demand and only when needed.
- The system and inventory is under complete controlled by pharmacy



Benefits to the Facility



- Provides access to medications 24x7
- **Emergency / STAT doses**
- First doses for new admissions (esp. late night/weekend)
- Reduces medication errors and prep/pass time
- Virtually eliminates medication waste
- Reduces inventory on the med cart
- Eliminates narcotics count at shift change
- Increases accountability and reduces diversion
- Allows nurses more time with patients

= Better Quality of Care

Benefits to the Pharmacy



- Increases accuracy (5 rights)
- Provides better inventory control
- Reduces delivery costs
- Reduces fill labor costs
- Provides better service to remote facilities
- Eliminates returns and drug destruction costs
- Allows pharmacists to focus on clinical functions

Better Service, Lower Cost

Benefits to the State



- Virtually eliminates medication waste
- Provides cost savings to Medicaid
- Dual eligibles
- Part D excluded drugs
- Doughnut hole
- Reduces environmental impacts
- Prevents diversion of controlled substances

= Lower Costs, Improved Public Safety

The Remote Dispensing Process

TALYST

Doctor Writes Order

RX

Nurse Submits Order to Pharmacy

Inventory is Monitored and Replenished

Pharmacist Approves

Pharmacist Performs Final Check of Canister

Medications are Packaged On-Demand

Medications are Available to Package

considerioa

Confidentia



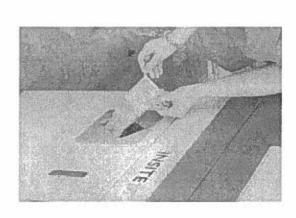
Medication Dispensing & Administration

- Orders are submitted to the pharmacy via phone, fax, or electronically
- Pharmacist reviews and approves the order
- Nurse retrieves medications daily, by shift, by med pass, or on-demand
- Medications are packaged in patient-specific, time-specific multi-dose
- Packets can be bar-coded for e-MAR integration

medication packets





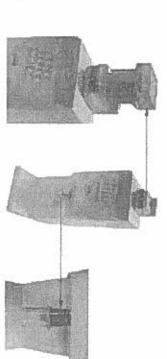


Canister Filling and Logistics



- to determine when to replenish medications Pharmacy monitors inventory levels and utilization
- Canisters are tested each time they are filled
- Label is printed and data is written to the microchip
- Pharmacist checks for correct meds, signs label, and seals canister
- Canisters delivered to facility 1-2 times per week
- System provides complete canister tracking





Medication Labels

Canister Label



Pharmacist

Date

Furosemide 20mg

Form: Color: Shape: Mnemonic: 04031282 01726355611 TABLET ROUND

Pack Alone: Exp Date: Fill Date: Schedule: Hanufacturer. None Big Pharma

Marking:

None False 9/11/2008 9/12/2007 LoXYZ123 Dr. Pharmacist Tech Techster 500

Pharmacist: Technician: Quantity:

Furosemide 20mg



Multi-Dose Packet Label

TALYST

Resident, Jason
02SWisw101/a
2600233
TAKE CONTENTS AT 08/14 6:00P
1X 180 MG TIC TAC FRESHMINTS
OBLONG WHITE TAB TICTACUSA
Loff: 500 Mfr: FERRERO
RX# 76589624 Rph: MW Dr: Dr. Rob Newhouse 1X 180 MG TIC TAC SPEARMINT
OBLONG DK GREEN TAB TICTACUSA
LOW: KKKK Mfr: FERRERO
RX# 76589617 Rph: MW Dr: Dr. Rob Newhouse

DISPENSED: 08/14/2008 USE BY: 09/21/2008 Packet: 08142008123722-10 For: Test Facility1 By: Test Pharmacy I-635, Garland, TX, 75032

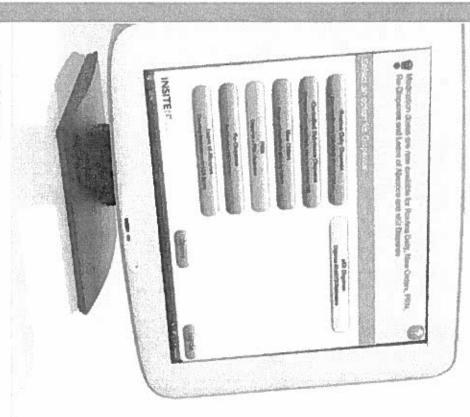


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| | | | | | | | | | | | | Wiew Report | | | | 1 Site Settings : He | | | | | | | | |

Dispensing Kiosk





- Easy to use
- Touch screen interface
- Workflows customized by facility
- No-Touch dispensing
- Re-dispense and e-kit
- Leave-of-absence (LOA)

Tracking Canisters



| Event | Status | Description |
|-------------------------------|--------------------------|---|
| Scam canister to ship | In Transit | The canister is in transit to the facility or is already at the facility but has not yet been scanned. The status of the canister will remain in Transit until the facility scans the canister to receive it. |
| Scan canister at facility | On Shelf | The facility has received the canister. The status of the canister will remain as On Shelf until the facility loads the canister in the unit. |
| Load canister in the unit | Packager - Location # | The received canister has been placed in the unit. The canister location number appears in the Inventory Report (for example: "Packager-64") |
| Unload canister from the unit | On Shelf | The canister has been removed from the unit. The status of the canister will remain as On Shelf until the it is loaded back in the unit or scanned to return it to the pharmacy. |
| Scan canister to return | Returned | The canister is in transit back to the pharmacy or is already at the pharmacy but not yet received. The status of the canister will remain as Returned until the pharmacy scans the canister to receive it. |
| Scan canister at pharmacy | Empty | The canister has been returned to the pharmacy. |

^{*} The Inventory Report shows the status of all canisters for one or more facilities

Safeguards for Accuracy and Security



System is locked in a med room with video surveillance

- Narcotics are locked separately and only accessible by pharmacy
- Expiration dates and lots are tracked down to the packet
- Canisters are tested for accuracy each time they are filled
- A pharmacist checks each canister to verify the medication
- Microchip technology guarantees 100% restocking accuracy
- A nurse performs the 5 rights prior to administration

Support and Maintenance



- 24x7 live technical support
- Remote diagnostic capability
- 60+ person nation-wide field support network

Typically able to provide a technician on site within two hours

- Bi-annual preventative maintenance
- Re-direct orders to unit at another facility or pharmacy Talyst trained technicians and on-site spare parts
- Ongoing maintenance:
- Replacing paper/ribbon
- Dusting unit, cleaning print head and heat roller



Backup, Redundancy, and Support

- Built-in Backup and Redundancy
- 45-minute battery backup for power loss
- Data caching for intermittent internet connectivity
- Order re-routing to backup system in case of system failure
- Disaster Recovery Planning
- Talyst provides a complete Disaster Recovery Plan tailored specifically for each facility

Current State and Federal Adoption



- 14 states have approved remote dispensing
- DEA has approved the use of InSite in LTC facilities
- CMS recognizes remote dispensing as "the most effective in reducing waste"
- dispensing in LTC (NABP) definition and model rules for remote National Association of Boards of Pharmacy

System Accuracy



| 4,942,912 | 65.696 | 3,324,141 | 5,402,014 3,324,141 | 7 | Total |
|-----------|----------|-----------|---------------------|--------|-----------|
| 416062 | 5887 | 294164 | 466396 | 1 | May 2011 |
| 458912 | 5745 | 294317 | 458912 | 0 | Apr 2011 |
| 459451 | 5619 | 286982 | 459451 | 0 | Mar 2011 |
| 417555 | 5126 | 258644 | 417555 | 1 | Feb 2011 |
| 437333 | 5590 | 299546 | 493302 | 0 | Jan 2011 |
| 458406 | 5815 | 315513 | 511840 | 0 | Dec 2010 |
| 414640 | 5680 | 292741 | 464201 | ω | Nov 2010 |
| 407071 | 5541 | 279645 | 457502 | 0 | Oct 2010 |
| 370716 | 5233 | 256599 | 420035 | 1 | Sep 2010 |
| 377734 | 5257 | 253858 | 429027 | 1 | Aug 2010 |
| 361862 | 5078 | 248962 | 411031 | 0 | July 2010 |
| 363170 | 5125 | 243170 | 412762 | 0 | June 2010 |
| Doses | Patients | Packets | Pills | Errors | Month |

errors per 1,000,000 doses, compared to the industry standard error rate of 1.7% or 17,000 errors per 1,000,000 doses. 7000-bed correctional facility, only 7 errors occurred. This represents an overall error rate of 1.4 Over a 12 month period in which the InSite system packaged more than 4.9 million doses for a



Thank You!

InSite Remote Dispensing

State-by-State Regulatory Summary

Executive Summary

More than half of the states in the U.S. have approved the use of automated dispensing systems (ADS) in long-term care (LTC) and correctional facilities. However, unlike traditional ADS, such as Pyxis cabinet, which are stocked with pre-packed, unit-dose medications, the InSite Remote Dispensing System packages and labels medications on-demand at the long-term care (LTC) or correctional facility. As a result, many states have regulations that prevent the system from being approved for use in that state. However, because of the patientsafety, cost-saving, and environmental benefits gained by having medication packaged on-demand, more and more states are allowing pharmacies to operate InSite Remote Dispensing Systems in long-term care and correctional facilities.

At the time of writing, Texas, Maryland, and Florida are the only states that have adopted specific rules and regulations for systems like InSite. However, several states in which Talyst customers are operating InSite systems have either provided a waiver/variance or do not have pharmacy regulations that would prevent the use of InSite in LTC or correctional facilities. Some of these states now allow pharmacies to operate InSite Remote Dispensing Systems by simply notifying the Board and providing Policies and Procedures for operation. Though, most states require a more extensive approval process that, in many cases, includes a formal presentation to the Board and a request for a waiver/variance. Therefore, Talyst recommends inquiring with the Board of Pharmacy, regardless of the state, to determine the appropriate process for obtaining approval to operate an InSite Remote Dispensing System.

The states listed below currently allow on-demand remote dispensing in LTC and/or correctional facilities:

- Texas
- Maryland
- Florida
- Pennsylvania
- Indiana

- California
- New York
- North Dakota
- South Dakota
- Georgia

- Maine
- Washington
- Ohio
- Minnesota

Information on the specific rules related to InSite and accounts of how Talyst customers gained approval in these states can be provided upon request.

In addition, Talyst is helping customers request approval to operate InSite Remote Dispensing Systems in many other states. Information about the approval status in the following states can be provided upon request:

- lowa
- Kansas
- South Carolina
- Michigan

- Colorado
- Wisconsin
- Virginia
- Missouri

- Connecticut
- Massachusetts

InSite Regulatory Approval History

Texas

Texas was the first state to adopt specific rules and regulations for the use of remote dispensing systems that package and label medications on-demand at the long-term care (LTC) facility. In Texas, LTC pharmacies are classified as "Community Pharmacy" and have rules and regulations that specifically allow for the use of "automated pharmacy dispensing systems" that contact bulk stock medications and package and label mediations on-demand.

The following is an excerpt from subsection (i) on automated devices and systems in the Texas Administrative Code Title 22, Part 15, Chapter 291, Subchapter 8, Rule §291.33. Paragraph (2)(C) addresses the ability for a licensed healthcare professional to stock the system.

- (i) When an automated pharmacy dispensing system is used to fill prescription drug orders, it shall be operated according to written policies and procedures of operation. The policies and procedures of operation shall establish requirements for operation of the automated pharmacy dispensing system and shall describe policies and procedures that:
 - (I) include a description of the policies and procedures of operation;
- (II) provide for a pharmacist's review, approval, and accountability for the transmission of each original or new prescription drug order to the automated pharmacy dispensing system before the transmission is made;
- (III) provide for access to the automated pharmacy dispensing system for stocking and retrieval of medications which is limited to licensed healthcare professionals or pharmacy technicians acting under the supervision of a pharmacist;
- (IV) require prior to use, that a pharmacist checks, verifies, and documents that the automated pharmacy dispensing system has been accurately filled each time the system is stocked;
- (V) provide for an accountability record to be maintained which documents all transactions relative to stocking and removing medications from the automated pharmacy dispensing system;
- (VI) require a prospective drug regimen review is conducted as specified in subsection (c)(2) of this section; and
- (VII) establish and make provisions for documentation of a preventative maintenance program for the automated pharmacy dispensing system.

Paragraph (3) from the same subsection outlines the rules and regulations that allow systems containing bulk stock medications to package and label the medication at the LTC facility and still meet the requirements for a final pharmacist check.

- (3) Final check of prescriptions dispensed using an automated pharmacy dispensing system. For the purpose of §291.32(b)(2) of this title (relating to Personnel), a pharmacist must perform the final check of all prescriptions prior to delivery to the patient to ensure that the prescription is dispensed accurately as prescribed.
 - (A) This final check shall be considered accomplished if:

- (i) a check of the final product is conducted by a pharmacist after the automated system has completed the prescription and prior to delivery to the patient; or
 - (ii) the following checks are conducted by a pharmacist:
- (I) if the automated pharmacy dispensing system contains bulk stock drugs, a pharmacist verifies that those drugs have been accurately stocked as specified in paragraph (2)(C)(i)(IV) of this subsection; and
- (II) a pharmacist checks the accuracy of the data entry of each original or new prescription drug order entered into the automated pharmacy dispensing system.
- (B) If the final check is accomplished as specified in subparagraph (A)(ii) of this paragraph, the following additional requirements must be met.
- (i) The dispensing process must be fully automated from the time the pharmacist releases the prescription to the automated system until a completed, labeled prescription ready for delivery to the patient is produced.
- (ii) The pharmacy has conducted initial testing and has a continuous quality assurance program which documents that the automated pharmacy dispensing system dispenses accurately as specified in paragraph (2)(A) and (B) of this subsection.
 - (iii) The automated pharmacy dispensing system documents and maintains:
- (I) the name(s), initials, or identification code(s) of each pharmacist responsible for the checks outlined in subparagraph (A)(ii) of this paragraph; and
- (II) the name(s), initials, or identification code(s) and specific activity(ies) of each pharmacist or pharmacy technician who performs any other portion of the dispensing process.
- (iv) The pharmacy establishes mechanisms and procedures to test the accuracy of the automated pharmacy dispensing system at least every month rather than every six months as specified in paragraph (2)(B) of this subsection.

Maryland

Maryland was the second state to adopt specific rules and regulations pertaining to the use of remote dispensing systems in LTC facilities. The Board's definition of "remote automated medication system" allows for medications to be stored as bulk stock.

(5) "Remote automated medication system" means an automated medication system that is located in a health care facility that does not have an on-site pharmacy and in which medication is stored in a manner that may be, but need not be, patient specific.

Title 10, Subtitle 34, Chapter 28 of the Code of Maryland Regulations specifically addresses the filling (Paragraph .06) and final check (Paragraph .08) of automated medication systems. These regulations allow licensed healthcare profession to restock the system and do not require a final check if the medication is dispensed to a licensed healthcare professional.

.06 Filling of Automated Medication System.

- A. Except as provided in §B of this regulation, only a licensed pharmacist may fill an automated medication system.
- B. Systems that possess sufficient safeguards to ensure accuracy of the replenishment may be filled by:
 - (1) Personnel supervised by a licensed pharmacist; or
- (2) Health care professionals licensed under Health Occupations Article, Annotated Code of Maryland, and permitted access to an automated medication system due to the health care professionals' privileges to administer medication.
- .08 Final Check of Medication for Centralized Automated Medication Systems.
 - A. Except as provided in §B of this regulation, before distribution or dispensing, a licensed pharmacist shall check each medication removed from the centralized automated medication system.
 - B. Exception. A licensed pharmacist utilizing a centralized automated medication system may distribute patient specific medications within the licensed health care facility without checking each medication selected by the system, if:
- (1) The medication is distributed for subsequent administration by a health care professional permitted by law to administer medication;
- (2) A licensed pharmacist performs a daily quality assurance check of the integrity of the system that includes random sampling of the output; and
 - (3) The permit holder otherwise complies with this chapter.

Florida

Fiorida is the most recent state to adopt rules that specifically apply to operating a remote dispensing system, such as InSite, that packages and labels the medications at the LTC facility. The use of "automated pharmacy systems" in long-term care and correctional facilities is covered under Chapter 28, Section 607 of the Florida Board of Pharmacy rules. While the final check is not specified in the regulations, Paragraph (4)(f) allows the system to be loaded by facility personal designated by the pharmacy, if the medications are delivered in tamper-evident canisters that utilize an electronic verification process.

- (f) Stocking or Restocking of an Automated Pharmacy System.
 - The stocking or restocking of a medicinal drug in an automated pharmacy system at the remote site shall be completed by a pharmacist or other licensed personnel, except as provided in subparagraph 2. below of this section.
 - 2. If the automated pharmacy system uses removable cartridges or containers to store the drug, the stocking or restocking of the cartridges or containers may occur at the provider pharmacy and be sent to the remote site to be loaded by personnel designated by the pharmacist if:

- a. A pharmacist verifies the cartridge or container has been properly filled and labeled.
- the individual cartridge or container is transported to the remote site in a secure, tamper-evident container.
- c. The automated pharmacy system uses bar code verification, electronic verification, or similar process to assure that the cartridge or container is accurately loaded into the automated pharmacy system.

Indiana

Article 5 of Title 856 in the Indiana Administrative Code addresses the use of automated medication systems at long-term care facilities, but the Board or Pharmacy does not provide specific rules regarding the restocking or final check of the medications. Therefore Wellfount Pharmacy inquired with the Indiana Board of Pharmacy about the use of an InSite remote dispensing system in a long-term care facility. In September 2009, after having provided product demonstrations to several board members, Wellfount officially requested to operate an InSite Remote Dispensing System in a long-term care facility. Below are the meeting notes from the September 2009 Indiana Board of Pharmacy meeting:

Mr. Leamon (CEO for Wellfount) appeared before the Board to receive approval of a pilot program for operating what amounts to an "unmanned" remote pharmacy in one of its client long term care facilities. Appearing with Mr. Leamon where Ms. Suzanne Hall (Qualifying Pharmacist for Wellfount's central fill pharmacy in Indianapolis) and Tracy Wilson (representing Talyst; Wellfount's technology and systems provider). The appearance was arranged following several onsite visits and consultations between members of the Board and Board staff and staff from Wellfount Pharmacy. To summarize, the Talyst machine utilizes technology to package drug orders in individual unit dose/compliance dose packaging with all the appropriate patient information and bar codes attached to ensure safety, accountability, and proper labeling. The machine is filled by appropriate pharmacy staff and the orders are reviewed by pharmacists before being downloaded to the machine prior to dispensing, which later allows the appropriate facility staff to access and administer the medications.

Incorporated into these minutes are the policies and procedures and other documentation provided by Wellfount management concerning the operation of the unit and other security procedures being implemented by the pharmacy. This it outside what the Board has traditionally/explicitly allowed under the pharmacy rules, and Wellfount has asked the Board to approve their system under a pilot program. The program will include a six month review, along with audits of the system to ensure accuracy and to determine what prevalence of errors exists, if any. The unit will operate under the Wellfount Pharmacy permit, but will operate under its own CSR to ensure proper accountability and security for any controlled substances. This is necessary to satisfy the location specific requirements concerning CSR laws and regulations. The pilot program will operate at a long term care facility in Lafayette, Indiana (Willner) and will undergo inspection by one of the Board's Compliance Officers before beginning operation.

Regarding the presentation, several Board members asked questions related to security, system access, and Wellfount having the proper documentation and specificity as it relates to access and control. The Board requested several other changes be made before beginning operation including:

- Availability of 24/7 support for the unit during the hours the central fill pharmacy is closed.
- Make more specific who the designee for operations pertaining to the unit is.

- Clarify that the Qualifying Pharmacist of Wellfount is ultimately responsible for the operation of the remote unit.
- Ensure that orders given over the weekend (or any other time) are cleared through the main pharmacy system and reviewed prior to dispensing.
- Establish contingency plans in the event the unit fails to operate properly.

The Board also requested that Wellfount appear again before the Board following six months of operation with the new system to report on how it has worked out. Member St. Angelo made a motion to approve the system pending all the recommended changes, seconded by Member Wall; Motion carried 7-0-0.

On May 10, 2010 the Indiana Board of Pharmacy reviewed the results of Wellfount's 6-month pilot study and voted to approve the pharmacy's roll-out of additional InSite remote dispensing systems.

NABP Model Rules for Remote Dispensing

In 2006, the National Association of Boards of Pharmacy (NABP) and the Association of Consultant Pharmacists (ASCP) established a joint task force that "recommended amending the NABP Model Act to provide a more extensive regulatory framework for telepharmacy practice, including the use of remote dispensing systems in institutional and long-term care settings." The joint task force published a summary of its recommendations, which can be found at:

http://www.nabp.net/assets/NABP%20ASCP%20Report%20on%20Long%20Term%20Care.pdf.

The following excerpts from NABP Model Act are related to the operation of InSite Remote Dispensing Systems in long-term care (LTC) and correctional facilities. The entire Model Act can be found at: http://www.nabp.net/publications/assets/2009%20Model%20Act.doc

Section 105. Definitions.

(ff) "Coordinating Pharmacy" is a Pharmacy responsible for the Practice of Telepharmacy performed at Remote Pharmacies and Remote Dispensing Sites.

(dddddd) "Remote Dispensing Site" is a site located within an Institutional Facility or a clinic that utilizes an Automated Pharmacy System and that is electronically linked to the Coordinating Pharmacy via a computer system and/or a video/auditory

(eeeeee) "Remote Pharmacy" is a Pharmacy staffed by a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician that is electronically linked to the Coordinating Pharmacy via a computer system and/or a video/auditory communication system approved by the Board.

Section 105(dddddd). Comment.

The Board may want to consider allowing only Institutional Facilities that are licensed by the State to utilize a "Remote Dispensing Site."

Section 3. Pharmacy Practice.

- (o) Remote Pharmacy Services
 - (1) General Requirements
 - (i) The Pharmacist-in-Charge of the Coordinating Pharmacy shall apply to the Board for a permit prior to engaging in the Practice of Telepharmacy via the Remote Pharmacies and Remote Dispensing Sites.
 - (ii) A Coordinating Pharmacy shall demonstrate to the Board that there is limited access to pharmacy services in the community prior to engaging in the Practice of Telepharmacy via the Remote Pharmacies and Remote Dispensing Sites.
 - (iii) One Pharmacist shall not operate more than three simultaneously open Remote Pharmacies or Remote Dispensing Sites. An exception to this limit may be granted by the Board in situations where the Coordinating Pharmacy has documented a need to supervise additional Remote Pharmacies or Remote Dispensing Sites and has demonstrated that appropriate safeguards are in place to ensure proper supervision of each.
 - (iv) Remote Pharmacies that are principally staffed by Certified Pharmacy Technicians or Pharmacy Interns shall be under the continuous supervision of a Pharmacist at the Coordinating Pharmacy at all times that it is open to provide pharmacy services. To qualify as continuous supervision, the Pharmacist is not required to be physically present at the Remote Pharmacy, but shall supervise operations electronically through the use of a video/auditory communication system.

- (v) A Coordinating Pharmacy shall comply with appropriate federal and state controlled substance registrations for each Remote Pharmacy or Remote Dispensing Site if controlled substances are maintained.
- (vi) A Coordinating Pharmacy shall notify the Board in writing within 10 days of a change of location, discontinuance of service or closure of a Remote Pharmacy or Remote Dispensing Site operated by the Coordinating Pharmacy.
- (2) Remote Pharmacy

A Remote Pharmacy may have a limited Drug inventory consisting of suitable unit-of-use containers Prepackaged by the Coordinating Pharmacy or a registered Repackager or as provided in the original Manufacturer's container. A Remote Pharmacy may utilize an Automated Pharmacy System.

- (3) Remote Dispensing Site
 A Remote Dispensing Site shall utilize an Automated Pharmacy System located in an
 area accessible only to authorized personnel.
- (4) Personnel
 - (i) The Pharmacist-in-Charge of the Coordinating Pharmacy:
 - (A) is responsible for the Practice of Telepharmacy performed at Remote Pharmacies and Remote Dispensing Sites, including the supervision of any Automated Pharmacy System and compliance with these Rules;
 - (B) is responsible for ensuring that the Coordinating Pharmacy and the Remote Pharmacy and Remote Dispensing Site have entered into a written agreement that outlines the services to be provided and the responsibilities and accountability of each party in fulfilling the terms of the agreement in compliance with federal and state laws and regulations. Such contract or agreement is not required if the Remote Pharmacy or Remote Dispensing Site are under common control or ownership of the Coordinating Pharmacy;
 - (C) shall ensure the Coordinating Pharmacy has sufficient Pharmacists on duty for the safe operation and supervision of all Remote Pharmacies and Remote Dispensing Sites; and
 - (D) shall ensure that the Automated Pharmacy System is in good working order and accurately Dispenses the correct strength, dosage form, and quantity of the Drug prescribed while maintaining appropriate recordkeeping and security safeguards.
 - (ii) Pharmacists, Pharmacy Interns, and Certified Pharmacy Technicians at Remote Pharmacies shall be registered with the Board and be trained in the operation of the video/auditory communication system used for Dispensing and Patient Counseling.
- (5) Operations
 - (i) Remote Pharmacies:
 - (A) that are principally staffed by Certified Pharmacy Technicians or Pharmacy Interns shall be under the continuous supervision of a Pharmacist;
 - (B) may receive Prescription Drug Orders or refill requests by the patient or the patient's agent in accordance with the policies and procedures designated by the Pharmacist-in-Charge. The Certified Pharmacy Technician or Pharmacy Intern shall either transmit the Prescription Drug Order or refill request to the Coordinating Pharmacy or process the Prescription Drug Order or refill request so that the Pharmacist at the Coordinating Pharmacy may perform a Prospective Drug Regimen Review prior to Dispensing;
 - (C) shall contain an appropriate area for Patient Counseling by the Pharmacist, if required;

- (D) may employ Certified Pharmacy Technicians or Pharmacy Interns, who shall be under the continuous supervision of a Pharmacist at the Coordinating Pharmacy, to assist in the Dispensing process and maintain appropriate video/auditory communication with the Coordinating Pharmacy; and
- (E) may contain an Automated Pharmacy System or a limited Drug inventory for the purposes of preparing medications for Dispensing. The Pharmacist at the Coordinating Pharmacy shall have access to the Remote Pharmacy's automated data processing system to perform a Prospective Drug Regimen Review prior to Dispensing. The Pharmacist shall ensure, through the use of the video/auditory communication system, that the Certified Pharmacy Technician or Pharmacy Intern has accurately and correctly prepared the Drug for Dispensing according to the Prescription Drug Order.
- (ii) Remote Dispensing Sites:
 - (A) that are located within an Institutional Facility shall utilize an Automated Pharmacy System for the purposes of Dispensing. The Pharmacist at the Coordinating Pharmacy shall have the necessary patient information to perform a Prospective Drug Regimen Review prior to Dispensing; and
 - (B) that are located in clinics shall utilize an Automated Pharmacy System. Such Automated Pharmacy Systems shall be located in an area that will provide for Patient Counseling and must be installed within the same area utilized by the Practitioner for the provision of clinical services.

(6) Security

- (i) Drugs shall be stored in compliance with state and federal laws and in accordance with these Rules, including those addressing temperature, proper containers, and the handling of outdated drugs.
- (ii) Drugs stored at Remote Dispensing Sites shall be stored in an area that is:
 - (A) separate from any other Drugs used by the health care facility; and
 - (B) locked by key or combination, so as to prevent access by unauthorized personnel.
- (iii) Access to the area where Drugs are stored at the Remote Pharmacy or Remote Dispensing Site must be limited to:
 - (A) Pharmacists, Certified Pharmacy Technicians, Pharmacy Technicians, or Pharmacy Interns who are employed by the Coordinating Pharmacy; or
 - (B) Personnel employed at the Institutional Facility or clinic where the Remote Dispensing Site is located who:
 - (-a-) are licensed health care providers;
 - (-b-) are designated in writing by the Pharmacist-in-Charge or the Person responsible for the supervision and on-site operation of the facility where the Automated Pharmacy System is located; and
 - (-c-) have completed documented training concerning their duties associated with the remote site.
- (iv) Remote Pharmacies and Remote Dispensing Sites shall have adequate security to:
 - (A) comply with federal and state laws and regulations; and
 - (B) maintain patient confidentiality.
- (v) The Coordinating Pharmacy shall have procedures that specify that Drugs may only be Delivered to the Remote Pharmacy or Remote Dispensing Site in accordance with the policies and procedures of the Coordinating Pharmacy.
- (7) Policies and Procedures
 - (i) The Coordinating Pharmacy, Remote Pharmacy, and Remote Dispensing Site shall operate in compliance with written policies and procedures that are established by

the Coordinating Pharmacy. The policy and procedure manual shall include, but not be limited to, the following:

- (A) a current list containing the name and business address of the Pharmacist-in-Charge and personnel designated by the Pharmacist-in-Charge to have access to the area where Drugs are stored at the Remote Pharmacy or Remote Dispensing Site;
- (B) duties that may only be performed by a Pharmacist;
- (C) a copy of the written agreement between the Coordinating Pharmacy and the Remote Pharmacy or between the Coordinating Pharmacy and the Institutional Facility or clinic where the Remote Dispensing Site is located. Such contract or agreement is not required if the Remote Pharmacy or Remote Dispensing Site are under common control or ownership of the Coordinating Pharmacy;
- (D) date of last review and revision of policy and procedure manual; and
- (E) policies and procedures for:
 - (-a-) operation of the video/auditory communication system;
 - (-b-) security;
 - (-c-) sanitation;
 - (-d-) storage of Drugs;
 - (-e-) Dispensing;
 - (-f-) supervision;
 - (-g-) Drug procurement, receipt of Drugs, and Delivery of Drugs.
 - Drugs may only be Delivered to the Remote Pharmacy or Remote Dispensing Site in a sealed container with a list of Drugs Delivered.
 - Drugs Delivered to the Remote Pharmacy or Remote Dispensing Site must be checked by personnel designated by the Pharmacistin-Charge to verify that the Drugs sent were actually received. The designated Person who checks the order shall document the verification by signing and dating the list of Drugs Delivered.
 - (-h-) Recordkeeping.
- (ii) A Coordinating Pharmacy providing pharmacy services at a Remote Pharmacy or Remote Dispensing Site shall, at least annually, review and revise as necessary its written policies and procedures, and document such review.
- (iii) A Coordinating Pharmacy providing pharmacy services at a Remote Pharmacy or Remote Dispensing Site shall maintain a written plan for recovery from an event that interrupts the ability of a Pharmacist to electronically supervise the Dispensing of Drugs at the Remote Pharmacy or Remote Dispensing Site. The written plan for recovery shall include:
 - (A) a statement that Drugs shall not be Dispensed at the Remote Pharmacy or Remote Dispensing Site if a Pharmacist is not able to electronically supervise such Dispensing;
 - (B) procedures for response when the video/auditory communication system is experiencing downtime; and
 - (C) procedures for the maintenance and testing of the written plan for recovery.
- (iv) All policies and procedures must be maintained and made available for inspection by the Board in the Coordinating Pharmacy responsible for the Automated Pharmacy System and at the Remote Pharmacy or Remote Dispensing Site where the Automated Pharmacy System is being used.
- (8) Quality Assurance

- (i) A Coordinating Pharmacy that provides pharmacy services via a Remote Pharmacy or Remote Dispensing Site shall operate according to a written program for quality assurance that:
 - (A) requires continuous supervision of the Remote Pharmacy at all times the site is open to provide pharmacy services;
 - (B) requires a Pharmacist of the Coordinating Pharmacy to be accessible to respond to inquiries or requests pertaining to Drugs Dispensed from the Remote Pharmacy or from the Automated Pharmacy System located at the Remote Dispensing Site; and
 - (C) establishes procedures to test the operation of all Automated Pharmacy Systems and all video/auditory communication systems at a minimum of every six months and whenever any upgrade or change is made to the system and document the testing of each such system.

(9) Recordkeeping

- (i) Required Records
 - (A) A Coordinating Pharmacy shall keep a record of all Drugs received, Dispensed, and Distributed from the Coordinating Pharmacy.
 - (B) A Coordinating Pharmacy shall keep a record of all Drugs received, Dispensed, and Distributed from each Remote Pharmacy or Remote Dispensing Site.
 - (C) All records of receipt, Dispensing, and Distribution shall be kept at the Coordinating Pharmacy. Coordinating Pharmacy, Remote Pharmacy, and Remote Dispensing Site records must be kept separate from each other.
- (ii) Inventory
 - (A) A Coordinating Pharmacy shall keep a perpetual inventory of controlled substances, and other Drugs required to be inventoried according to state and federal law, that are held in the Coordinating Pharmacy, each Remote Pharmacy, and each Remote Dispensing Site.
 - (B) A Coordinating Pharmacy shall conduct an annual non-controlled substance Drug inventory at the Coordinating Pharmacy and at each Remote Pharmacy or Remote Dispensing Site.
 - (C) All inventory records shall be kept at the Coordinating Pharmacy. The Coordinating Pharmacy, Remote Pharmacy, and Remote Dispensing Site inventory records must be kept separate from each other.

(p) Automated Pharmacy Systems

Automated Pharmacy Systems can be utilized in licensed pharmacies, Remote Pharmacies, and Remote Dispensing Sites located within an Institutional Facility or clinic. A Pharmacist is not required to be physically present at the site of the Automated Pharmacy System if the system is supervised electronically by a Pharmacist. Automated Pharmacy Systems shall comply with the following provisions.

- (1) Documentation as to type of equipment, serial numbers, content, policies and procedures, and Remote Pharmacy or Remote Dispensing Site location shall be maintained on site in the Pharmacy (or Coordinating Pharmacy) for review by the Board of Pharmacy. Such documentation shall include, but is not limited to:
 - (i) name and address of the Pharmacy (or Coordinating Pharmacy) and the Remote Pharmacy or Remote Dispensing Site where the Automated Pharmacy System(s) is being used;
 - (ii) Manufacturer's name and model;
 - (iii) description of how the Device is used;

- (iv) quality assurance procedures to determine continued appropriate use of the automated Device;
- (v) policies and procedures for system operation, safety, security, accuracy, patient confidentiality, access, and malfunction; and
- (vi) documentation evidencing that the Automated Pharmacy System has been tested prior to initial use and on a periodic basis at each location to ensure that the Automated Pharmacy System is operating properly.
- (2) Automated Pharmacy Systems should be used only in settings where there is an established program of Pharmacist Care that ensures medication orders are reviewed by a Pharmacist in accordance with established policies and procedures and good Pharmacy practice.
 - (i) A Pharmacist shall be accessible to respond to inquiries or requests pertaining to Drugs Dispensed from the Automated Pharmacy System.
 - (ii) Any Pharmacy (or Coordinating Pharmacy) that maintains an Automated Pharmacy System for the purposes of remote Dispensing to outpatients shall maintain a video/auditory communication system to provide for effective communication between the Remote Pharmacy or Remote Dispensing Site and the Pharmacist; the video/auditory communication system shall allow for the appropriate exchange of oral and written communication and Patient Counseling; if the video/auditory communication system malfunctions, then all operations of the Automated Pharmacy System at the Remote Pharmacy or Remote Dispensing Site shall cease until the system is fully functional.
- (3) All policies and procedures must be maintained in the Pharmacy (or Coordinating Pharmacy) responsible for the Automated Pharmacy System and at the Remote Pharmacy or Remote Dispensing Site where the Automated Pharmacy System is being used.
- (4) Automated Pharmacy Systems shall have adequate security systems and procedures, evidenced by written policies and procedures, to:
 - (i) prevent unauthorized access:
 - (ii) comply with federal and state regulations; and
 - (iii) prevent the illegal use or disclosure of Protected Health Information.
- (5) Records and/or electronic data kept by Automated Pharmacy Systems shall meet the following requirements.
 - (i) All events involving the contents of the Automated Pharmacy System must be recorded electronically.
 - (ii) Records must be maintained by the Pharmacy and must be readily available to the Board. Such records shall include:
 - (A) identity of system accessed;
 - (B) identification of the individual accessing the system;
 - (C) type of transaction;
 - (D) name, strength, dosage form, and quantity of the Drug accessed;
 - (E) name of the patient for whom the Drug was ordered; and
 - (F) such additional information as the Pharmacist-in-Charge may deem necessary.
- (6) Access to and limits on access (eg, security levels) to the Automated Pharmacy System must be defined by policy and procedures and must comply with state and federal regulations.
- (7) The Pharmacist-in-Charge shall have the sole responsibility to:
 - (i) assign, discontinue, or change access to the system;
 - (ii) ensure that access to the medications comply with State and Federal regulations;
 - (iii) ensure that the Automated Pharmacy System is filled/stocked accurately and in accordance with established, written policies and procedures.

- (8) The filling/stocking of all medications in the Automated Pharmacy System shall be accomplished by qualified personnel under the supervision of a licensed Pharmacist.
- (9) A record of medications filled/stocked into an Automated Pharmacy System shall be maintained and shall include identification of the persons filling/stocking and checking for accuracy.
- (10) All containers of medications stored in the Automated Pharmacy System shall be packaged and labeled in accordance with federal and state laws and regulations.
- (11) All aspects of handling controlled substances shall meet the requirements of all state and federal laws and regulations.
- (12) The Automated Pharmacy System shall provide a mechanism for securing and accounting for medications removed from and subsequently returned to the Automated Pharmacy System, all in accordance with existing state and federal law.
- (13) The Automated Pharmacy System shall provide a mechanism for securing and accounting for wasted medications or discarded medications in accordance with existing state and federal law.

Section 2(a)(3)(ii). Comment.

The method of and level of Pharmacist supervision over technicians may vary depending on practice site. For example, supervision of technicians in a Remote Pharmacy or Remote Dispensing Site will be different than that of technicians in a retail Pharmacy setting.

Section 3(o)(1). Comment.

The Board may want to consider the extent to which this General Requirements Section is applicable to institutional-based Remote Dispensing Sites, as such application may be subject to interpretation of existing State and federal law governing Institutional Facilities.

Section 3(o)(1)(i). Comment.

Often the terms "licensure," "registration," and "permit" are used interchangeably throughout the Model Act. In the case of Remote Dispensing Sites that utilize Automated Pharmacy Systems, boards may determine that it is appropriate to issue a permit for the Automated Pharmacy System but not for the physical site where the Automated Pharmacy System is located.

Section 3(o)(1)(ii). Comment.

States will need to determine what constitutes limited access to Pharmacy services in the community. For example, states may consider using parameters such as mileage or census tracts to assist in measuring the availability of Pharmacies within a defined area or community. States may also consider waiving this requirement for remote Pharmacy services used within an institutional system.

Section 3(o)(5)(ii). Comment.

Automated Pharmacy Systems may be operated through a variety of settings such as clinics, Institutional Facilities, and retail Pharmacies.

Section 3(p)(2). Comment.

Each state should determine whether or not the Dispensing of a "first dose" or an "emergency dose" may take place without prior order review by a Pharmacist but with appropriate security and patient medication management controls in place.

Section 3(p)(2)(i). Comment.

In order to facilitate communication between the Coordinating Pharmacy and the site where the Automated Pharmacy System is located, a Pharmacy should provide a toll-free telephone number so that the Pharmacist is accessible at all times the Automated Pharmacy System is operational.

Section 3(p)(2)(ii). Comment.

Although an "outpatient" generally refers to a Person who receives Drugs for use outside of an Institutional Facility, the definition of "outpatient" must be defined by each state. For example, although the *Model Act* classifies penal institutions as a type of Institutional Facility and therefore its inmates as inpatients, the Pharmacist is exempt from providing Patient Counseling. However, some states may consider inmates of penal institutions as outpatients and therefore should decide if a video/audio communication system is required in such facilities so that the Pharmacist is able to provide Patient Counseling.

Section 3(p)(4). Comment.

The use of Automated Pharmacy Systems requires written policies and procedures in place prior to installation to ensure safety, accuracy, security, and patient confidentiality and to define access and limits to access to equipment and medications.

Section 3(p)(6). Comment.

This section anticipates that decisions regarding which health care professionals may access the Automated Pharmacy System and the level of access allowed (eg, access to medications, access to patient profiles for viewing only, access to patient profiles for modification) will be left up to the individual(s) responsible for the Automated Pharmacy System; however, states may decide to take on this responsibility and define those who may have access to the system and the levels of access allowed.

Section 3(p)(9). Comment.

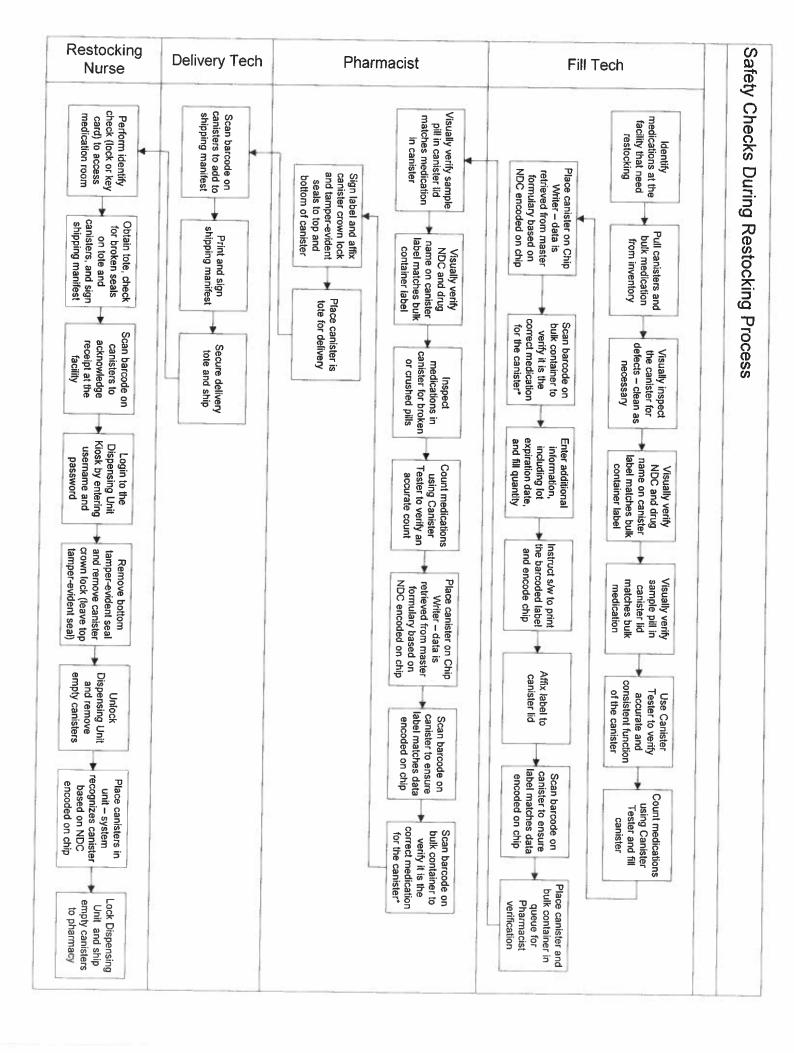
This section anticipates that states will allow non-Pharmacist personnel to fill/stock Automated Pharmacy Systems under a Pharmacist's supervision; however, the state may decide to only allow a Pharmacist to perform this function. Should the State allow non-Pharmacist personnel to perform this function, it should define the level of Pharmacist supervision necessary (eg, immediate, direct, or general).

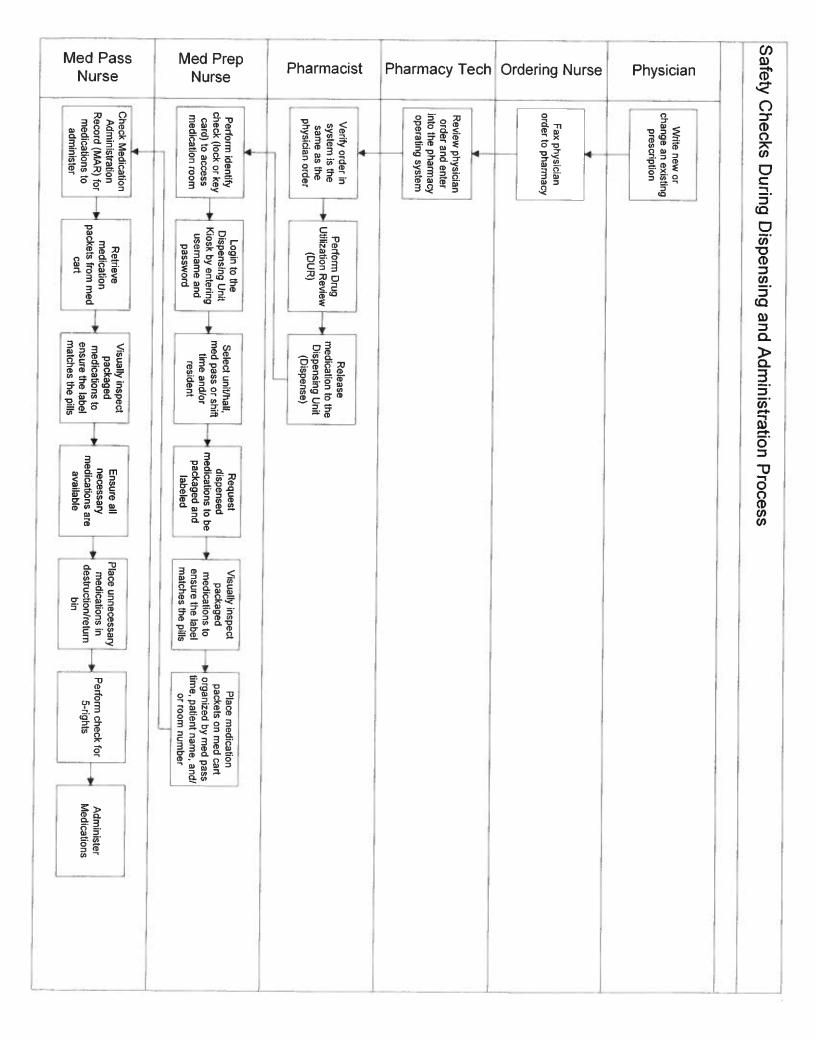
Section 3(p)(12). Comment.

The State may require that each licensed Pharmacy or facility have in place written policies and procedures to address situations in which medications removed from the system remain unused and must be secured and accounted for.

Section 3(p)(13). Comment.

The State may require that each licensed Pharmacy or facility have in place written policies and procedures to address situations in which medications removed from the system are wasted and must be secured and accounted for.





DISCUSSION AND DETERMINATION E-PRESCRIBING OF C-II PRESCRIPTIONS

DRAFT FOR DISCUSSION AND DETERMINATION JANUARY 18 OR 19, 2012

NAC 639.7105 Electronic transmission of prescription. (NRS 639.070, 639.0745) Except as otherwise provided in NAC 639.711:

- 1. A prescription for [÷]
- [(a) A controlled substance listed in schedule II must not be transmitted electronically.]
- [(b)] A dangerous drug or a controlled substance listed in schedule *II*, III, IV or V may be transmitted electronically by a practitioner to a pharmacy.
 - 2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:
- (a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy;
 - (b) The patient:
 - (1) Consents to the transmission of the prescription electronically; and
 - (2) Approves the pharmacy where the prescription will be transmitted; and
 - (c) All requirements 21 C.F.R. Part 1311 are satisfied.
- 3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:
- (a) The registration number from the Drug Enforcement Administration of the prescribing practitioner if the prescription is for a controlled substance;
 - (b) The telephone number of the practitioner;
 - (c) The time and date of the transmission; [and]

- (d) The name of the pharmacy to which the prescription is sent[-];
- (e) The controlled substance registration number;
- (f) The date of the last physical examination; and
- (g) The indication for use.
- 4. A pharmacist who receives a prescription that is transmitted electronically shall:
- (a) Print a copy of the prescription on paper that is of sufficient quality to last for at least 2 years; and
- (b) Keep a copy of the prescription for at least 2 years after the pharmacy receives the prescription.
- 5. A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.
- 6. A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

We just expanded our field of vision.



The Pitfalls of E-Prescribing

Published Online: Tuesday, November 29th, 2011

| Laura Enderle, Associate Editor | |
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Pharmacists and physicians say electronic prescribing has potential to save time and reduce errors, but that systems currently in use are flawed.

It's become an all-too-familiar scenario for community pharmacists: during an appointment with a sick patient, a physician prescribes a drug, explaining that she'll send the prescription electronically. Moments after the check-up ends, the patient stops in at a nearby pharmacy, expecting to pick it up.

Then come the words every pharmacist dreads: "My doctor said it'd be ready when I got here."

In one-third of community pharmacies, the exchange happens at least once a day, a new study reports. Resolving it takes more than simply waiting a few extra minutes for the script to arrive. In many cases, the pharmacist is forced to call the physician for verbal orders—an extra step that wastes time and negates the purpose of electronic prescriptions.

Scripts lost in cyberspace are just one of the pitfalls exposed in a recent report detailing <u>flaws in e-prescribing</u>, which is now in use by more than half of all physician practices. The research, funded by the US Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ), focuses on the transmission of prescriptions from physicians to pharmacies.

WEIGH IN: Is your practice plagued with e-prescribing problems? Share your thoughts in the comments below or cast your vote in our <u>news poll</u>.

This handoff of prescription data is at the heart of e-prescribing's potential to save time and advance patient safety, according to AHRQ director Carolyn M. Clancy, MD. It's also a source of daily frustration for pharmacists and physicians, researchers reported November 18 online in the *Journal of the American Medical Informatics Association*.

In more than 100 interviews with physician practices and pharmacies nationwide, researchers at the Center for Studying Health System Change found that e-prescribing's major flaws and inconsistencies are concentrated in 3 critical areas. These include prescription renewals, connectivity between physician offices and mail-order pharmacies, and manual entry of prescription information by pharmacists.

Among the study's other key findings:

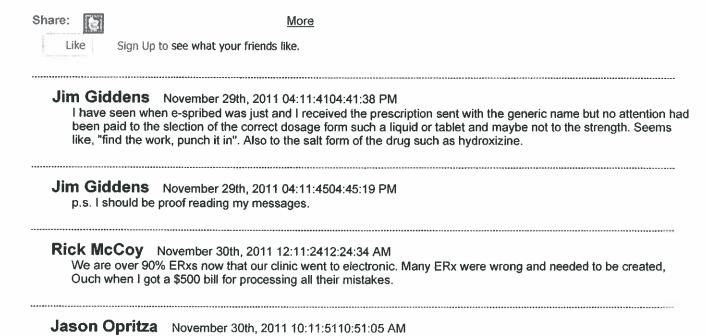
- In practice, e-prescribing use is inconsistent at best. Despite broader adoption of e-prescribing thanks to federal incentives, the extent to which it is used by individual practices varies. In general, pharmacies and physicians are less likely to use e-prescribing for prescription renewals than for new prescriptions. The report also found that many physicians are unsure about whether mail-order pharmacies accept electronic prescriptions.
- Electronic requests breed miscommunication and information overload. Both pharmacies and physicians reported receiving or mistakenly sending duplicate or conflicting messages via fax, phone, and e-prescribing systems. One physician said, "Sometimes the patient will call, the pharmacy will fax, and send something via Surescripts, all for the same patient, the same prescription, on the same day. That is cumbersome."
- "Shortcut" features need tweaking. Timesaving features are often more trouble than they're worth. For example, fields that complete automatically often require additional follow-up calls or manual entry by pharmacists to clarify a physician's orders, verify quantities and sig codes, or provide patient-friendly instructions.

Despite these and countless other glitches outlined in the report, most physicians and pharmacists expressed satisfaction with e-prescribing—when it's working properly. Smoothing out the kinks in e-prescribing systems should be the focus of health IT initiatives going forward, according to the study's authors.

"Physicians and pharmacies have come a long way in their use of e-prescribing, and that's a very positive trend for safer patient care and improved efficiency," said Dr. Clancy. "This study identifies issues that need attention to improve e-prescribing for physicians, pharmacies, and patients."

For other articles in this issue, see:

- 4 Drugs Cause Most Hospitalizations in Seniors
- Polypharmacy Linked to Erectile Dysfunction



destruction to a pharmacy because there is no provision in the law specifically allowing this. Regulations do permit a person to return controlled substances to a pharmacy, but only if the person submits a letter to the DEA including, among other information, how the person obtained the controlled substance and who possessed it previously.⁵⁸ Needless to say, few people are likely to take advantage of this means of disposal.

Recognizing that its position conflicts with its primary mission of reducing diversion and abuse, and that there should be a better procedure for persons to dispose of controlled substances, the DEA issued an advance notice of rulemaking in January 2009 seeking comments from stakeholders.59 The DEA followed this notice with national take-back programs through local law enforcement agencies on September 25, 2010 and April 30, 2011.60 It was Congress, however, that expedited a remedy to the situation by passing the Secure and Responsible Drug Disposal Act of 2010.61 This law permits an "ultimate user" such as a patient, who has lawfully obtained a controlled substance, to deliver it for disposal if the person or facility receiving it is authorized to dispose of controlled substances and does so according to DEA regulations. The law allows the DEA to authorize LTCFs to dispose of controlled substances on behalf of their patients. However, the DEA has not issued regulations clarifying who can dispose of controlled substances or how to dispose of them. Currently, pharmacists are authorized to dispose of controlled substances, but are not authorized to receive previously dispensed controlled substances.

Delivering Dispensed Controlled Substances to Patient's Prescriber

Another situation that has provoked complaints from the health care community involves this scenario: A pain management specialist issues a written prescription for a sterile morphine solution to be used in a patient's surgically-inserted intrathecal pump. The prescriber requests that the drug be delivered to the prescriber's office so that she can load it into the pump. Is this delivery legal under the CSA? The DEA contends that "the transfer of a controlled substance to anyone (including the prescribing practitioner) other than an 'ultimate user' constitutes a distribution" (not a dispensing) of a controlled substance.62 This position in itself might not be that adverse to pharmacies, because the CSA allows pharmacies to distribute up to 5% of the total controlled substance dosage units it distributes and dispenses in one year.63 However, the DEA further contends that the compounding of controlled substances for distribution constitutes manufacturing,62 thus making it illegal for a pharmacy to deliver a compounded, controlled substance to a prescriber without registering as a manufacturer.

The DEA's position on this issue has drawn the ire of several pharmacy and other health care practitioner organizations, and seems incongruous with the plain language of the CSA. The law defines dispensing as the delivery of a controlled substance to an ultimate user, and includes compounding necessary to prepare the product for delivery.51 Delivery includes the actual, constructive, or attempted transfer of a controlled substance.51 The law further provides that compounding as an incident to the administration or dispensing of the drug does not constitute manufacturing.51 Even though the law does not define "constructive," one has to wonder how delivery of the compounded and dispensed medication to the prescriber is not a constructive delivery, and how the compounding is not "incident to" dispensing. These are just some of the points that 8 pharmacy-related organizations made in a joint letter to the DEA in October 2010.64

E-Prescription Regulation

After years of anticipation by practitioners, the DEA has authorized the electronic transmission of controlled substance prescriptions.⁶⁵ The regulation permits, but does not require, the e-prescribing of controlled substances in schedules II –V. Pharmacists, however, must follow their state laws and regulations as to whether electronic controlled substance prescriptions are permitted in their state, and if so, whether to the same extent as the federal regulations.⁶⁵

The DEA makes it clear that the e-prescription regulations were structured with 2 primary concerns in mind. First is security, so that only authorized persons have access to and are actually using the electronic system. Second is accountability for law enforcement purposes, so that authorship of or any involvement with a prescription cannot be denied and violators of the law can be readily identified.65 The DEA's concerns are very valid, because an e-prescription transmitted from a practitioner to a pharmacy is generally routed through 3 to 5 intermediaries - creating several external and internal opportunities for fraud and diversion to occur. Moreover, e-prescriptions do not provide evidence of forgery and alteration like paper prescriptions do, thus making detection by pharmacies almost impossible. Without adequate controls, pinpointing accountability for fraud and diversion would be very difficult, because every party in the process could blame someone else.65

Prescriber Requirements

In order to ensure that only authorized persons have access to an e-prescribing system, prescribers must undergo identity proofing, meaning that they must establish

identity, either in person or remotely, with a federally authorized credential service provider (CSP) or certification authority (CA). Once identity is proven, the prescriber is provided an authentication credential or a digital certificate. Institutional practitioners (for example, hospitals) are allowed to conduct in-house identity proofing of individual practitioners authorized to use the institution's DEA registration.⁶⁵

In order to sign and transmit controlled substance prescriptions electronically, the prescriber must use a 2-factor authentication method. The DEA allows prescribers to select 2 of 3 authentication factors for this purpose: (1) something you know (such as a password or pin number); (2) something you have (a hard token [device] separate from the computer such as a PDA, cell phone, or flash drive); (3) something you are (biometrics).

When a prescriber is ready to sign the prescriptions, a review screen with a list of the prescriptions for approval will appear. The prescriber will then use the 2-factor authentication method to sign and ultimately transmit the prescriptions. Alternatively, if the prescriber has a digital certificate and is transmitting the prescriptions directly to the pharmacy without using an intermediary, 2-factor authentication is not required.⁶⁵

An agent of the prescriber may enter the appropriate prescription information into the system for later approval and authentication by the prescriber. However, an agent cannot have access to the 2-factor authentication to sign the prescriptions. The prescription ultimately transmitted to the pharmacy must contain all the information required on paper prescriptions. Once the 2-factor authentication is completed, the digitally signed record is electronically archived prior to transmission, thus allowing the prescriber's staff to add information not required by DEA regulations, such as pharmacy URLs. The content of the required information on the prescription must not be altered during transmission between the prescriber and the pharmacy.⁶⁵

The application service provider (ASP) must generate a monthly log of all controlled substances prescribed electronically by the prescriber and present it to the prescriber, but the prescriber is not required to review and confirm the log. The prescriber may print copies of electronic prescriptions to place in the chart, but these must clearly be marked as copies and cannot be used as hard copy prescriptions in the event transmission fails, and cannot be used to satisfy the record keeping requirements.⁶⁵

Pharmacy Requirements

When the e-prescription is transmitted to the pharmacy, either the pharmacy or its ASP (if it uses one) must digi-

tally sign it, and the pharmacy must archive the e-prescription. If a prescription transmission fails, the prescriber may print a copy of the transmitted prescription and sign it. The copy must indicate that the prescription was originally transmitted to a specific pharmacy and that the transmission failed. The pharmacy must check to ensure that the e-prescription was not received or dispensed, before it dispenses the paper prescription. Similarly, if a pharmacist receives a paper or oral prescription indicating that it was originally transmitted electronically to another pharmacy, the pharmacist must check with that pharmacy to determine whether the e-prescription was received. If the original e-prescription was received but not dispensed, the pharmacy that received it must void it. If the original e-prescription was dispensed, the pharmacy with the paper prescription must void it.65

A pharmacy may make changes to the e-prescription after receipt in the same manner that it may make changes to paper controlled substance prescriptions. The pharmacy application system must document any such changes, in addition to documenting prescription receipt, annotation or deletion. The pharmacy, as well as the ASP, must also maintain a daily internal audit trail that compiles a list of auditable events. Auditable events are those that indicate a potential security problem. For example, an unauthorized person attempting to sign or alter a prescription is an auditable event. However, a pharmacist annotating the prescription to indicate a change to a generic drug would not be an auditable event.⁶⁵

Pharmacies must back up all e-prescription records daily. Back-up records may be kept on site; however the DEA recommends that pharmacies keep these records off-site. All records related to an e-prescription must be maintained by the pharmacy for 2 years, the same as for paper prescriptions, unless state law requires a longer period of time.⁶⁵

Prescriptions may be electronically transferred between pharmacies subject to the same requirements as for written or oral transfers. The transferring pharmacist must provide with the electronic transfer all the information that the recipient pharmacist would transcribe if the prescription were transferred orally.⁶⁵

Pharmacies, as well as prescribers, must use e-prescription systems that meet all DEA requirements. The DEA will not audit or approve these systems itself; instead, the systems must be audited for compliance by a third party every 2 years, or whenever the system is altered in a way that could affect its functionality. The third-party audit is the responsibility of the ASP. Pharmacies and prescribers are not responsible for these audits unless they use their own applications.⁶⁵

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DISCUSSION AND DETERMINATION

NAC 639.753

Draft language for declination of a pharmacist to fill a prescription

At the Board's request, staff has drafted the following page as a starting point for discussion.

Draft Language for Discussion and Determination

NAC 639.753 Declination of pharmacist to fill prescription. (NRS 639.070)

It is the intent by adoption of this regulation that a pharmacist or pharmacy who has dispensed lawfully prescribed controlled substances or dangerous drugs to a patient pursuant to this regulation should not be legally accountable for damages suffered by any third party resulting from the ingestion of the controlled substances or dangerous drugs.

- 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)

TEMPORARY LICENSES (Issued since last board meeting)

No temporary licenses have been issued since the last board meeting.

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December 9, 2011

Debra Scott, MSN, RN, FRE 5011 Meadowood Mall Way, Suite 201 Reno, Nevada 89509

Dear Ms. Scott,

At a board meeting of the Nevada State Board of Pharmacy held on December 7, 2011, the Board voted to pledge its full support for Nevada's selection as a Regional Action Coalition (RAC) proposed by the Nevada Alliance for Nursing Excellence (NANE) and the Nevada Health Care Sector Council, for the purpose of advancing the recommendations included in the Institute of Medicine's report on The Future of Nursing: Leading Change, Advancing Health initiative.

This application is very timely in that it coincides with the Governor's Workforce Investment Board's recent selection as a grantee for a Planning Grant funded by the U.S. Resources and Services Administration (HRSA).

The objectives of this grant are being carried out by the Nevada Health Care Sector Council, a board of 26 members appointed by the Governor representative of Nevada's health care, labor, education, business and government sectors. The principal outcome of the project is to address workforce shortages especially in the primary health care workforce over the next ten years. The project will also move Nevada forward in developing a system for uniform information and data collection on health professions supply and demand.

The Nevada Health Care Sector Council has identified nursing as one of its primary strategic workforce priorities. The Future of Nursing: Campaign for Action presents opportunity for nurses to fully participate and provide leadership in the transformation of quality health care.

The Nevada State Board of Pharmacy is pleased to offer our strong support for Nevada's selection as a RAC, and is willing to work in conjunction with the RAC in addressing solutions to challenges facing the nursing profession and in advancing quality health care for all Nevadans.

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Sincerely,

Larry L. Pinson, Pharm. D.

Executive Secretary

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DEA Final Rule Places Carisoprodol in Schedule IV

Drug Enforcement Administration (DEA) issued a final rule, placing carisoprodol into Schedule IV of the Controlled Substances Act (CSA), effective January 11, 2012. The DEA notice (PDF) regarding the final rule includes a summary of the background and procedural history of the final rule and a detailed review of the data considered in determining whether the drug should be scheduled. The notice was published in the *Federal Register* on December 12, 2011.

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FW: Record 64% Rate Honesty, Ethics of Members of Congress Low

Cheryl Blomstrom [cherylblomstrom@gmail.com]

Sent: Monday, December 12, 2011 1:11 PM

To: Beth Foster [beth.foster@va.gov]; Carolyn J. Cramer; Cheryl Blomstrom [cherylblomstrom@gmail.com]; Jack Dalton [pharmjld@aol.com]; Jeri Walter; Jody Lewis [jodyliz@gmail.com]; Kam Gandhi [kam.gandhi@supervalu.com]; Kirk Wentworth [kwentworth@sbcglobal.net]; LARRY L. PINSON; Russ Smith [rjmbsmith@hotmail.com]

December 12, 2011

Record 64% Rate Honesty, Ethics of Members of Congress Low

Ratings of nurses, pharmacists, and medical doctors most positive

by Jeffrey M. Jones

Gallup

PRINCETON, NJ -- Sixty-four percent of Americans rate the honesty and ethical standards of members of Congress as "low" or "very low," tying the record "low"/"very low" rating Gallup has measured for any profession historically. Gallup has asked Americans to rate the honesty and ethics of numerous professions since 1976, including annually since 1990. Lobbyists also received a 64% low honesty and ethics rating in 2008.

This year's update, from a Nov. 28-Dec. 1 Gallup poll, finds Americans rating the honesty and ethical standards of 3 medical professions -- nurses, pharmacists, and doctors -- the highest of the 21 professions tested. At the other end of the spectrum, Americans give the least positive honesty and ethics ratings to members of Congress, lobbyists, car salespeople, and telemarketers.

Nurses consistently top the list, having done so each year since they were first included in 1999 -- apart from 2001, when firefighters were included on a one-time basis to measure public support for them after their heroic actions on 9/11. In addition to nurses and firefighters, medical doctors (1976), clergy (1977, 1981, 1983, 1985), and pharmacists (1988 and 1990-1998) have also ranked as the top-rated profession in a given year.

Americans Highly Negative on Members of Congress

In general, Congress members' honesty and ethics ratings have never been that positive, averaging 15% very high or high and peaking at 25% in 2001. What has changed in recent years is the growing proportion of Americans rating their honesty and ethics as very low or low, rising from 22% in 2001 to 64% today.

This year's ratings of members of Congress are the worst for them on record, with 7% rating them as high and 64% as low. That is consistent with Americans' poor views of Congress in general, as both its job approval rating and broader trust in the institution are also at record lows.

Several Professions Set or Tie New High Honesty/Ethics Ratings

Congress is the only profession that established a new low rating for the profession this year. In contrast, the 84% of Americans who rate the honesty and ethics of nurses as very high or high this year is tied for the highest rating nurses have received. They achieved the same rating in 2001, 2006, and 2008.

For pharmacists and medical doctors, the poll also finds honesty and ethical ratings that tie or set new highs. The trend for doctors dates back to 1976, with 56% rating them highly that year. This year's 70% rating for doctors eclipses the previous high from 2006 by one percentage point. The rating for pharmacists, first measured in 1981, this year ties that profession's historical high, from 2006.

There is also a new high in ratings of accountants (43%), first measured in 2000 but whose score slipped to 32% in 2002 in the wake of the Arthur Andersen accounting scandal for its handling of Enron's books. Building contractors (26%) and real estate agents (20%) also tied or established new high ratings, though both continue to have fairly low ratings in general. **Implications**

By any measure, Americans' views of Congress are as poor as they have ever been, and Congress now ties lobbyists as the most disparaged profession Gallup has ever tested. Some of the frustration with Congress is no doubt related to the poor economy, which is also keeping down President Obama's job ratings. Congress' poor ratings also likely result from the institution's inability to address the key issues facing the country, such as jobs and the federal budget deficit, with the failure of the "supercommittee" to reach agreement on deficit reduction a recent example.

On the other hand, Americans are as positive as they have ever been about those in medical professions, though the public has always held doctors, nurses, and pharmacists in high esteem.

Survey Methods

Results for this Gallup poll are based on telephone interviews conducted Nov. 28-Dec. 1, 2011, with a random sample of 1,012 adults, aged 18 and older, living in all 50 U.S. states and the District of Columbia.



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

DECEMBER 7 & 8, 2011 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the December, 2011 Board meeting.

Licensing Activity:

- 26 licenses were granted for Out-of-State MDEG (Medical Devices. Equipment and Gases) companies.
- 12 licenses were granted for Out-of-State pharmacies.
- 9 licenses were granted for Out-of-State wholesalers.
- 4 licenses were granted for a Nevada pharmacy (pending inspection).
- 6 licenses were granted for a Nevada MDEG company and 1 tabled.

Disciplinary Action:

 Physician GK was put on probation for two years with monitoring of her controlled substance prescription activity for pre-signing prescription blanks & leaving them with office staff to complete while she was on vacation.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- A presentation was given by Affiliated Monitors to discuss the services of a monitoring service in specific disciplinary cases.
- Support was give to the Nevada Nursing Regional Action Coalition to back their efforts to better provide nursing services to the citizens of Nevada.
- The revised comprehensive review of regulations to be presented to the Governor was approved by the Board.
- Board discussions were held on E-prescribing of controlled substances; controlled substance diversion in pharmacies and on prescription drug abuse education.

 A petition, submitted by the Retail Assn of Nevada, was heard to amend a pharmacist's right to decline to fill a prescription (if that prescription would cause harm to the patient or if the prescription is fraudulent) to a pharmacist having to fill every prescription presented to him.

Your Success Rx Reports

Russell Smith

Chona Sabistina

PROPOSED REGULATION OF

THE STATE BOARD OF PHARMACY

LCB File No. R065-11

November 17, 2011

EXPLANATION - Matter in italics is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the list of drugs and other substances contained in schedule I; and providing other matters properly relating thereto.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

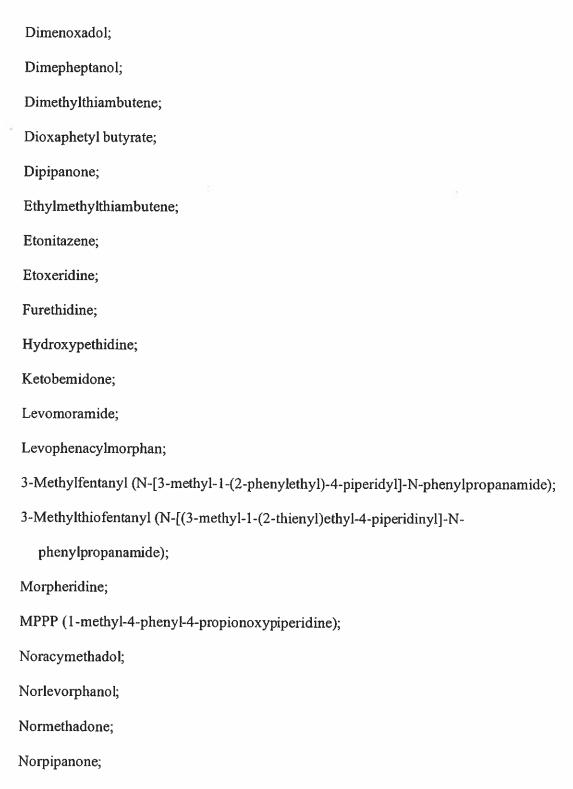
2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

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Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-
    acetylmethadol, levomethadyl acetate or "LAAM");
 Alphameprodine;
 Alphamethadol;
 Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
    1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
 Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-
   phenylpropanamide);
Benzethidine;
Betacetylmethadol;
Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-
   phenylpropanamide);
Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-
   piperidinyl]-N-phenylpropanamide);
Betameprodine;
Betamethadol;
Betaprodine;
Clonitazene;
Dextromoramide;
Diampromide;
Diethylthiambutene;
Difenoxin;
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| Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide); |
|--|
| PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine); |
| Phenadoxone; |
| Phenampromide; |
| Phenomorphan; |
| Phenoperidine; |
| Piritramide; |
| Proheptazine; |
| Properidine; |
| Propiram; |
| Racemoramide; |
| Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide); |
| Tilidine; or |
| Trimeperidine. |
| |
| 3. Unless specifically excepted or unless listed in another schedule, any of the following |
| opium derivatives, including, without limitation, their salts, isomers and salts of isomers, |
| whenever the existence of such salts, isomers and salts of isomers is possible within the specific |
| chemical designation: |
| |
| Acetorphine; |
| Acetyldihydrocodeine; |
| 4 |

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| Benzylmorphine; |
|--|
| Codeine methylbromide; |
| Codeine-N-Oxide; |
| Cyprenorphine; |
| Desomorphine; |
| Dihydromorphine; |
| Drotebanol; |
| Etorphine (except hydrochloride salt); |
| Heroin; |
| Hydromorphinol; |
| Methyldesorphine; |
| Methyldihydromorphine; |
| Morphine methylbromide; |
| Morphine methylsulfonate; |
| Morphine-N-Oxide; |
| Myrophine; |
| Nicocodeine; |
| Nicomorphine; |
| Normorphine; |
| Pholcodine; or |
| Thebacon. |

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltrytamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

- 1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);
- 4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);
- 4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);
- 1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);
- 2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alphamethylphenethylamine; 2,5-DMA);

- 2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);
- 2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);
- 5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);
- 5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);
- 4-methoxyamphetamine (some trade or other names: 4-methoxy-alphamethylphenethylamine; para-methoxyamphetamine; PMA);
- 5-methoxy-3,4-methylenedioxyamphetamine;
- 5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);
- 4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");
- 3,4-methylenedioxyamphetamine;

- 3,4-methylenedioxymethamphetamine (MDMA);
- 3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);
- 1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);
- N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alphamethyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);
- 1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);
- 3,4,5-trimethoxyamphetamine;
- Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT); Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold); Gamma hydroxy butyric acid (some trade or other names: GHB); Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; Tabernanthe iboga); Lysergic acid diethylamide; Marijuana; Mescaline; Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9trimethyl-6H-dibenzo[b,d]pyran; Synhexyl); Peyote (meaning all parts of the plant presently classified botanically as Lophophora

williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part

of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts); N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine); N-ethyl-3-piperidyl benzilate; N-methyl-3-piperidyl benzilate; Psilocybin; Psilocin; Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers, Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers, Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

following:

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the

Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

- 6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.
- 7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

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Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-
aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylline;

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

3,4-Methylenedioxymethcathinone (Methylone);
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4-Methylmethcathinone (Mephedrone);

3,4-Methylenedioxypyrovalerone (MDPV);

Aminorex:

4-Methoxymethcathinone (Methedrone);

Fluoromethcathinone;

beta-keto-N-methylbenzodioxolylpropylamine (bk-MBDB, butylone);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-

benzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

Slang