

August 19, 2013

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 4, 2013 at 9:00 am. The meeting will continue, if necessary, on Thursday, September 5, 2013 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno

Please Note

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

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

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

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

◆ 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. 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)
2. Approval of July 24-25, 2013, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Alliance Pharmacy – Fort Worth, TX
 - B. Atlantic Medical, LLC – Hernando, MS
 - C. EntrustRx – Spring Hill, TN
 - D. Hawkins Pharmacy, LLC – Olive Branch, MS
 - E. Leedstone, Inc. – Melrose, MN
 - F. Linden Care, LLC – Syosset, NY
 - G. Novixus Pharmacy Services – Novi, MI
 - H. Pillpack, Inc. – Manchester, NH
 - I. Pipeline Rx – Rosemont, IL
 - J. Rx To You Pharmacy, Inc. – Stuart, FL
 - K. Shared Solutions Pharmacy – Olathe, KS
 - L. Sunflower Discount Pharmacy – Ruleville, MS
 - M. Sunquest Pharmaceuticals, Inc. – Syosset, NY
 - N. Walgreen Co. – Muscle Shoals, AL

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

- O. Dusa Pharmaceuticals, Inc. – Wilmington, MA
- P. Health Coalition, Inc. – Miami, FL
- Q. Healthpoint, Ltd. – Fort Worth, TX
- R. MedVantx, Inc. – Sioux Falls, SD
- S. Recordati Rare Diseases Inc. – Lebanon, NJ
- T. Smith & Nephew, Inc. – Fort Worth, TX
- U. Smarthealth Distribution Company – Phoenix, AZ
- V. Teva Pharmaceuticals USA, Inc. – Kutztown, PA
- W. Tris Pharma Inc – Monmouth Junction, NJ
- X. UPS Supply Chain Solutions, Inc. – Durham, NC

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

- Y. A&B Supply – Lake Havasu City, AZ
- Z. PME Home Health – Phoenix, AZ

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- AA. C & K Pharmacy, LLC – Las Vegas
- BB. Patient Care Infusion of Nevada – Las Vegas
- CC. St Marys Outpatient Surgery Center at Galena – Reno
- DD. True Care Pharmacy #3 – Las Vegas
- EE. Willow Springs Center – Reno

◆ REGULAR AGENDA ◆

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

- | | | |
|----|--------------------------------|------------------|
| A. | Michael M. Hautekeet, R.Ph | (12-058-RPH-A-N) |
| B. | Howard M. Fond, R.Ph | (12-058-RPH-B-N) |
| C. | Mike's Pharmacy | (12-058-PH-N) |
| D. | Angelique Cheyenne Stinson, PT | (13-016-PT-N) |
| E. | Ludwig Joseph, PTT | (13-016-PTT-N) |
| F. | Amber Shore, R.Ph | (13-016-RPH-N) |
| G. | Walgreens #12488 | (13-016-PH-N) |
| H. | Mark Robert Neufeld | (13-013-IN-S) |

5. Application for Controlled Substance Registration – Appearance for Possible Action:

Thomas J. Sanders, MD

6. Application for Pharmaceutical Technician in Training License – Appearance for Possible Action:

Scott Kearney

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

- A. William J. Mumbert
- B. Constance Willman

8. Applications for Nevada Pharmacy – Appearance for Possible Action:

- A. Desert Parkway Behavioral Healthcare Hospital – Las Vegas
- B. Meditech Laboratories, Inc. – Las Vegas

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

United Respiratory Care – Las Vegas

10. Application for Nevada Wholesaler – Appearance for Possible Action:

Southern Anesthesia & Surgical, Inc. – Reno
11. Legislative Wrap-Up – Appearance for Possible Action:

Fred Hillberby & Mike Hillerby
12. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
 - A. Empower Pharmacy – Houston, TX
 - B. OmniPlus Pharmacy – Houston, TX
 - C. Prescription Dynamics – Montvale, NJ
 - D. SCA Pharmaceuticals, LLC – Little Rock, AR
13. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
 - A. Alvarado Discount Pharmacy – Los Angeles, CA
 - B. Anderson Compounding Pharmacy Inc. – Bristol, TN
 - C. Biorx LLC – Carlsbad, CA
 - D. Central Rexall Drugs, Inc. – Hammond, LA
 - E. FPR Specialty Pharmacy, LLC – Victor, NY
 - F. KVP Pharmacy, Inc. – Glendale, CA
 - G. Medley Compounding Pharmacy – Bellaire, TX
 - H. Nucara Pharmacy #1 – Coralville, IA
 - I. PharmBlue LLC – Warrendale, PA
 - J. Stapley Pharmacy – St George, UT
 - K. Vicksburg Special Care Pharmacy and Compounding – Vicksburg, MS
14. General Counsel Report for Possible Action
15. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 1. Presentation: 8/21-Fallon
 - D. Reports to Board
 1. Derek Sapone
 2. Application Form Changes
 3. Kenneth J. Ryan
 - E. Board Related News
 - F. Activities Report

W O R K S H O P for Possible Action

Thursday, September 5, 2013 – 9:00 am

16. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.
 1. **Addition of regulations to Nevada Administrative Code Chapter 453 NEW LANGUAGE** To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 453 (per AB 39) regarding the sale and transfer of products that are precursors to methamphetamine.
 2. **Amendment of Nevada Administrative Code Chapter 639 NEW LANGUAGE** To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 639 (SB 327) regarding telemedicine, electronic refill log and 90-day refills of dangerous drugs.
 3. **Amendment of Nevada Administrative Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** Amends the rule that presently establishes the data fields and frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the data to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545.
 4. **Amendment of Nevada Administrative Code 639.7425 Dispensing Technician; Requirements; application and fee for registration; provisional registration; issuance of certificate of registration.** Adding a mandatory law CE requirement for dispensing technicians.
 5. **Amendment of Nevada Administrative Code 639.748 Identification of person to whom controlled substance is dispensed.** Regarding identification required to obtain controlled substance medication.
 6. **Amendment of Nevada Administrative Code 639.262 Application for registration; issuance of certificate of registration; maintenance of records relating to internship.** Regarding increasing the state requirement of 1500 hours for intern pharmacists to 1740 to match the national standard.

PUBLIC HEARING for Possible Action

Thursday, September 5, 2013 – 9:00 am

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

Amendment of Nevada Administrative Code 453.510 Schedule I Because of abuse of unregulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.

18. Next Board Meeting:

October 16-17, 2013 – Las Vegas

19. 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 Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at shunting@pharmacy.nv.gov.

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

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

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



Nevada State Board of Pharmacy

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

MINUTES

BOARD MEETING

Hilton Garden Inn
7830 S. Las Vegas Boulevard
Las Vegas, Nevada

July 24 – 25, 2013

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

Board Members Present:

Kam Gandhi
Jack Dalton
Kirk Wentworth

Leo Basch
Jody Lewis

Cheryl Blomstrom
Russell Smith

Board Members Absent:

Jody Lewis (July 25, 2013)

Board Staff Present:

Larry Pinson Dave Wuest Paul Edwards Shirley Hunting Rose Marie Reynolds
Ray Seidlinger Daniel Garcia Ken Scheuber Luis Curras

1. Public Comment

July 24, 2013

No public comment.

2. Approval of June 12-13, 2013 Minutes

After review and discussion, the minutes will be corrected to reflect the following:

Item 3, page 3 under "Board Action": Paragraph two, strike "Jody Smith" and replace with "Jody Lewis."

Board Action:

Motion: Russ Smith moved to approve the minutes with the change as noted.

Second: Leo Basch

Action: Passed Unanimously

3. Applications for Out-of-State Pharmacy – Non Appearance

- A. AmericanRx, LLC – Florence, AL
- B. BIORX LLC – Carlsbad, CA
- C. Freedom Medical Direct – Du Quoin, IL
- D. JDiscount Pharmacy – Chicago, IL
- E. MiRx Pharmacy – Billings, MT
- F. Mizner Pharmacy – Boca Raton, FL
- G. OK Compounding – Skiatook, OK
- H. Pharmacy Alternatives California, Inc. – Orange, CA
- I. Precise Compounding Pharmacy – Culver City, CA
- J. Premier Pharmacy Services – Brea, CA
- K. Prosperity Specialty Pharmacy – Falls Church, VA
- L. Quality Specialty Pharmacy – Lomita, CA
- M. Skyemed Pharmacy & Infusion Services Inc. – Pompano Beach, FL
- N. Sterlington Village Pharmacy – Sterlington, LA
- O. The Compounding Shop – St. Petersburg, FL
- P. The Medicine Center – Salt Lake City, UT
- Q. The Snyder Center of Pain Pharmacology – Inverness, FL
- R. Willow Pharmacy, Inc. – Madisonville, LA

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

- S. Care Concepts Louisiana Inc. – Chatsworth, CA
- T. Carepoint-QH Medical – Glen Allen, VA
- U. Choice Medical Healthcare, Inc. – Salt Lake City, UT
- V. Complete Medical Homecare – Raymore, MO
- W. CranioMadibular Rehab, Inc. – Denver, CO
- X. Med Life & Orthopedic Shoes, Inc. – Tujunga, CA
- Y. National Seating & Mobility, Inc. – Peoria, AZ
- Z. Novocure, Inc. – Portsmouth, NH
- AA. Reglera – Wheat Ridge, CO

Applications for Out-of-State Wholesaler – Non Appearance

- BB. Actavis Pharma, Inc. – Gurnee, IL
- CC. Atlantic Biologicals/National Apothecary Solutions – Morrisville, NC
- DD. Cypress Pharmaceutical, Inc./Hawthorn Pharmaceutical – Madison, MS

- EE. DV Medical Supply, Inc. – Redondo Beach, CA
- FF. Foundation Care, LLC – Earth City, MO
- GG. Freedom Pharmaceuticals, Inc. – Broken Arrow, PA
- HH. Greer Laboratories, Inc. – Lenoir, NC
- II. Lehigh Valley Technologies, Inc. – Allentown, PA
- JJ. Millstone Medical Outsourcing, LLC – Olive Branch, MS
- KK. Packaging Coordinators, Inc. – Rockford, IL
- LL. Paratus Health Systems, LLC – Alpharetta, GA
- MM. Para Pro, LLC – Carmel, IL
- NN. Positudes, Inc. – Westbury, NY

Application for Nevada MDEG – Non Appearance

OO. Numotion – Las Vegas

Mr. Pinson noted that OK Compounding's (Item 3.G) application has been pulled from the Consent Agenda as they will be appearing before the Board.

The Board reviewed the out-of state pharmacy applications. The applications for Items 3 A, B, I J, M, and O were pulled for discussion. "Out-of-state" and "Mail Service" were checked on these applications; however, the pharmacy name indicates "compounding pharmacy" and/or their website notes compounding services are provided. The Board felt that further clarification of the services provided was needed before consideration for approval of the applications. Board Staff will notify the pharmacies via letter and include a form for completion by the pharmacy attesting to the type(s) of services provided by that pharmacy. The pharmacy will be required to complete, sign and return the attestation to the Board Office. Board Staff will review the attestations to determine if the application can be approved, or if an appearance before the Board will be required.

Mr. Pinson noted that the out-of-state pharmacy applications are currently being modified. The checklist on the application for services provided will be more specific to include "sterile compounding", "non-sterile compounding", etc.

The Board requested that on future agendas, out-of-state compounding applications be grouped together within their own category.

Board Action:

Motion: Kirk Wentworth moved to approve the applications for out-of-state pharmacy for Freedom Medical Direct, JDiscount Pharmacy, MiRx Pharmacy, Mizner Pharmacy, Pharmacy Alternatives California, Inc., Prosperity Specialty Pharmacy, Quality Specialty Pharmacy, Sterlington Village Pharmacy, The Medicine Center, The Snyder Center of Pain Pharmacology, and Willow Pharmacy, Inc.

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the applications for out-of-state pharmacy for AmericanRx, LLC, BIORX, LLC, Precise Compounding Pharmacy, Premier Pharmacy Services, Skyemed Pharmacy and Infusion Services, Inc., and The Compounding Shop contingent upon receipt of a letter from the pharmacy attesting that sterile compounded products will not be shipped into Nevada.

Second: Cheryl Blomstrom

Gandhi noted that Skyemed Pharmacy provides infusion services, and the Board had discussed requiring an appearance to clarify the type of infusion services.

Wentworth amended the Motion to exclude the application for Skyemed Pharmacy.

Blomstrom accepted the amendment.

Basch commented that it may not be Skyemed Pharmacy and Infusion's intent to send IV compounded products into Nevada, even though they provide infusion services.

Board Staff will be sending a letter to the applicants requiring affirmation that compounded products will not be shipped into Nevada. Basch suggested that the application for Skyemed Pharmacy and Infusion Services be conditionally approved.

Wentworth amended the Motion to include approval of the application for Skyemed Pharmacy and Infusion Services subject to receipt of a letter from the pharmacy affirming that sterile compounded products will not be shipped into Nevada.

Blomstrom accepted the amendment.

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the applications for out-of-state MDEG's (Items 3 S through 3 AA).

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the applications for out-of-state wholesalers (Items 3 BB through 3 NN).

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Russ Smith moved to approve the Nevada MDEG application for Numotion.

Second: Kirk Wentworth

Action: Passed Unanimously

3. G. OK Compounding – Skiatook, OK

Adam Stewart, staff pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Stacie Miller, Managing Pharmacist, submitted a letter authorizing Adam Stewart to appear on behalf of OK Compounding.

Mr. Stewart explained that OK Compounding is a non-sterile compounding pharmacy that specializes in oral and topical medications, primarily antifungal, antibiotic and pain creams, as well weight loss capsules. Products are shipped directly to the patient.

Mr. Stewart answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve OK Compounding's Application for Out-of-State Pharmacy.

Second: Leo Basch

Action: Passed Unanimously

4. Disciplinary Cases

- | | | |
|----|-------------------------|----------------|
| A. | Eman Helmi Gobran, R.Ph | (13-004-RPH-S) |
| B. | Walgreens #03841 | (13-004-PH-S) |

Russ Smith recused from participation in this matter due to his employment with Walgreen's.

Leo Basch disclosed that he knew Ms. Gobran during his past employment with Walgreens.

Eman Gobran, pharmacist, and Alexis Hernandez, pharmaceutical technician in training, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

William Stilling was present as counsel representing Ms. Gobran and Walgreens. Ms. Hernandez was not named as a respondent in this case, but was subpoenaed to appear. Mr. Stilling represented Ms. Hernandez as an employee of Walgreens.

Mr. Edwards stated that the Respondents have stipulated to the facts alleged in the Notice of Intended Action and Accusation.

Mr. Edwards presented the facts in this matter. Two month old patient PT received care at the University Medical Center (UMC) Quick Care. The physician treating PT prescribed brand name acetaminophen 160 mg./5ml liquid with directions to take "2.5 mls every 4-6 hours as needed for fever greater than 101°." PT's mother administered the medication to him every four hours for three days. On the fourth day, PT's mother took him to UMC Quick Care for a follow-up visit. She informed the physician that PT's fever had not reduced and he was sleeping more than usual. The physician asked to see the medication, and observed that the prescription had been filled with acetaminophen with codeine elixir rather than the plain acetaminophen liquid that was prescribed. The physician contacted Walgreens and the pharmacist on duty confirmed that the prescription had been misfilled.

The Board Investigator learned that pharmaceutical technician in training, Alexis Hernandez, erred by inputting into the computer system acetaminophen with codeine elixir rather than the plain acetaminophen liquid. Ms. Gobran was the verifying pharmacist, and did not detect that the prescription was filled with acetaminophen with codeine elixir, and that the label omitted part of the prescribed instructions. The label on the erred prescription was labeled to give 2.5 mls every 4 to 6 hours "as needed" rather than the prescribed every 4 to 6 hours "as needed for fever higher than 101°". During verification, Ms. Gobran overrode, without appropriately responding to, a Drug Utilization Review (DUR) warning to use caution when dispensing codeine to a child 0-3 years of age.

Mr. Edwards called witness, Mercedes Camacho, PT's mother.

Mr. Edwards informed the Board that Luis Curras, Board Inspector, will provide Spanish-English translation.

Mercedes Camacho and Luis Curras appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Camacho addressed questions posed by both counselors and the Board Members. Through translation provided by Mr. Curras, Ms. Camacho explained that she took her child to UMC earlier this year because his temperature was high. The doctor prescribed acetaminophen and explained to her that it was similar to Tylenol®. Ms. Camacho said

that she followed the instructions that were included on the prescription label, and gave her son 2.5 (mls) every 4-6 hours. Ms. Camacho took her son back to UMC. The doctor asked how the child was responding to the medication, and Ms. Camacho responded that her son was always sleeping and not eating. She showed the medication to the doctor who identified the error and contacted Walgreens. Ms. Camacho did not recall if she or her husband picked up the medication, and could not confirm if patient counseling was provided. Ms. Camacho said that Walgreens did not contact her regarding the error or replacing the prescription with the correct medication, which she considers another error on Walgreens' part. The Board questioned if the medication label was in Spanish. Ms. Camacho presented the misfilled medication bottle showing that the instructions for use were in English.

Ms. Gobran said that she is also a mother and understands how Ms. Camacho must feel. She apologized to Ms. Camacho. Ms. Gobran stated that she has been a pharmacist for fourteen years and has never made a mistake. She believes that when the DUR warning appeared, she calculated the dose, felt that it was appropriate and overrode the warning. She has improved her verification process by focusing on one task at a time, and now "triple" checks DUR warnings. Ms. Gobran has learned how to counsel in Spanish, and ensures that patients understand about their medications particularly medications for children.

Alexis Hernandez stated that she is the mother of a young child and feels badly about the mistake. She apologized to Ms. Camacho.

Mr. Curras translated the testimony provided by Ms. Gobran and Ms. Hernandez to Ms. Camacho.

Mr. Edwards stated that the evidence supports the facts. He presented the four Causes of Action. Mr. Stilling commented that he understood that Mr. Edwards will be recommending a fine versus a license revocation or suspension. Mr. Stilling noted that NRS 639.210(4), cited in the First Cause of Action, gives the Board the authority to take an action (suspension, revocation) against a license. Mr. Stilling felt that the correct citation should be NRS 639.255(f), which gives the Board the authority to impose fines.

Mr. Edwards moved to amend the complaint in the First Cause of Action to strike NRS 639.210(4), and cite NRS 639.255(f). Mr. Stilling offered no objection to the amendment. President Gandhi accepted Mr. Edwards' motion to amend the complaint.

Mr. Stilling commented that he did not agree with the DUR charge in the Second Cause of Action, which cites unprofessional conduct by Ms. Gobran. The DUR warning was about the dosage. If the child had been prescribed the acetaminophen with codeine, the dosage would have been correct for a child that size; overriding the DUR would have been appropriate. Mr. Stilling agreed to the Third Cause of Action. With respect to Walgreens, named in the Fourth Cause of Action, Mr. Stilling disputed NAC 639.945(1)(d) and (i), which relates to failure to follow the instructions of the prescriber and cites negligence. Mr. Stilling argued that Walgreens was not negligent as a system

was in place; the error was human. He agreed to NAC 639.645(2) relating to Walgreens' strict liability as the owner of the pharmacy. Mr. Edwards agreed to eliminate the negligence element.

Mr. Edwards moved to amend the complaint in the Fourth Cause of Action to remove 639.945(1)(i). Mr. Stilling offered no objection to the amendment. President Gandhi accepted Mr. Edwards' motion to amend the complaint.

Board Action:

Motion: Cheryl Blomstrom moved to find Eman Gobran guilty in the First Cause of Action as amended.

Second: Kirk Wentworth

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to find Eman Gobran guilty in the Second Cause of Action.

Second: Cheryl Blomstrom

Ayes: Wentworth, Blomstrom, Lewis, Basch
Nays: Dalton

Action: Motion Carried

Board Action:

Motion: Cheryl Blomstrom moved to find Eman Gobran guilty in the Third Cause of Action.

Second: Jody Lewis

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to find Walgreens Pharmacy #03841 guilty in the Fourth Cause of Action as amended.

Second: Kirk Wentworth

Ayes: Wentworth, Blomstrom, Lewis, Basch

Nayes: Dalton

Action: Motion Carried

Mr. Edwards recommended that Ms. Gobran pay a fine of \$1,000.00, complete a continuing education (CE) class on DUR resolution, and a CE on error prevention. Walgreen's shall pay a fine of \$2,500.00, and pay an administrative fee of \$295.00.

Mr. Edwards noted that Walgreens is currently under a Board Order, which relates to a different case, to provide documentation that all pharmacists and pharmaceutical technicians have read and agreed to comply with the Walgreens' internal policies and procedures regarding the resolution of DUR warnings.

The Board felt that Walgreen's internal DUR training could be accepted in lieu of the hour CE on DUR.

Board Action:

Motion: Kirk Wentworth moved that Eman Gobran pay a fine of \$1,000.00; complete one hour of CE on error prevention; and complete Walgreen's internal training regarding proper DUR resolution.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to accept Mr. Edwards' recommendation that Walgreens' Pharmacy #03841 pay a fine of \$2,500.00 and an administrative fee of \$295.00. Walgreens' shall demonstrate that all Nevada-licensed pharmacists and pharmaceutical technicians have completed Walgreens' internal DUR training.

Second: No second was offered.

Action: Motion Failed.

Mr. Basch commented that he felt it is not appropriate to penalize the pharmacy with a fine higher than the fine imposed on the pharmacist who committed the violation. Walgreens has policies and procedures in place, and resources on dosing are available within their pharmacy system. Walgreens must rely on the professional judgment of their pharmacists and employees. Walgreens cannot control what a pharmacist does outside of their policies and procedures. Mr. Basch supported a \$295.00 administrative fee be imposed relating to Walgreens' liability as the owner of the pharmacy.

Board Action:

Motion: Leo Basch moved that Walgreens Pharmacy #03841 pay a \$295.00 administrative fee. Walgreens shall report to Board Staff within ninety days that all Nevada-licensed pharmacists and pharmaceutical technicians have completed Walgreens' internal DUR training program.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C.	Sherrilyn Defreece, PT	(13-025-PT-S)
D.	Daniel A. Shalala, R.Ph	(13-025-RPH-A-S)
E.	Richie I. Odigie, R.Ph	(13-025-RPH-B-S)
F.	Advanced Care Rx Pharmacy 2	(13-025-PH-S)

Jody Lewis disclosed that she was previously employed by the same company as Daniel Shalala and that her participation in this matter will be unbiased

Sherrilyn Defreece, pharmaceutical technician; pharmacists Daniel Shalala, Richie Odigie; and Jerry Ibginovia, pharmacist and owner of Advanced Care Rx Pharmacy 2, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards presented the facts in this matter. The Board became aware that Respondent Ms. Defreece had not renewed her pharmaceutical technician registration, which expired on October 31, 2012. At the Board's request, the managing pharmacist of Advanced Care Rx Pharmacy 2, where Ms. Defreece was employed, provided Ms. Defreece's work records. Board Staff ascertained that Ms. Defreece had worked approximately ninety-four days between November 1, 2012, and April 12, 2013, without a current pharmaceutical technician registration. During the period Ms. Defreece worked without a current registration, Advanced Care Rx Pharmacy 2 changed managing pharmacists. Respondent Daniel Shalala was the managing pharmacist at Advanced Care Rx Pharmacy 2 from November 1, 2012, through February 26, 2013. Ms. Defreece worked approximately sixty-eight days without a current registration under Mr. Shalala's supervision. Respondent Richie Odigie was the managing pharmacist at Advanced Care Rx Pharmacy 2 from February 26, 2013, through April 12, 2013. Ms. Defreece worked approximately twenty-six days without a current registration under Mr. Odigie's supervision.

Mr. Ibginovia apologized to the Board. Ms. Defreece was informed that her technician registration needed to be renewed, but he did not follow-up to ensure that she had renewed her registration. Ms. Defreece was suspended from her position until she presented a valid technician registration. An internal disciplinary action was imposed upon her as well. Mr. Ibginovia stated the managing pharmacist now has a list of

responsibilities/duties that he is required to routinely check every six months. Reviewing registrations/licenses is included on the checklist.

Ms. Defreece stated that it was an oversight that she did not renew her registration. When she became aware that it had expired, she immediately contacted the Board and renewed her registration.

Mr. Shalala expressed his sincerest apologies to the Board and stated that he will ensure that the same situation does not occur again.

Mr. Odigie apologized to the Board and said that he has taken measures to make certain all licenses are valid.

Mr. Edwards stated that the evidence presented supports a finding of guilt in the First, Second, Third and Fourth Causes of Action.

Board Action:

Motion: Kirk Wentworth moved to find Sherrilyn Defreece guilty in the First Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to find Daniel Shalala guilty in the Second Cause of Action.

Second: Russ Smith

Action: Passed Unanimously

Board Action:

Motion: Russ Smith moved to find Richie Odigie guilty in the Third Cause of Action.

Second: Jody Lewis

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to find Advanced Care Rx Pharmacy 2 guilty in the Fourth Cause of Action.

Second: Jody Lewis

Ayes: Basch, Blomstrom, Dalton, Lewis, Wentworth

Nays: Smith

Action: Motion Carried

Mr. Edwards recommended Ms. Defreese pay a fine of \$250.00 and complete one hour of CE on ethics. Mr. Shalala and Mr. Odigie shall each pay a fine of \$500.00 and complete a one hour CE related to pharmacy management. Advanced Care Rx Pharmacy 2 shall pay a fine of \$1,880.00 (\$20.00 per day for each day Ms. Defreese worked without a valid registration) and a \$295.00 administrative fee.

Board Action:

Motion: Kirk Wentworth moved to accept Mr. Edwards' recommendation.

Second: Cheryl Blomstrom

Smith encouraged consistency when imposing penalties for unlicensed technicians. In the past, technicians have not consistently been fined the \$20.00 per day for working without a valid registration as allowed by statute. Extenuating circumstances have been taken into consideration when imposing penalties on technicians.

Mr. Pinson noted boards in other states may revoke or impose fines of up to \$10,000.00 for working without a license.

Basch said that he does not support Board Staff's recommendation because the fine for the technician, who did not renew, is much lighter compared to the other registrants.

Gandhi noted that the unlicensed registrant was not discovered through a Board inspection, but by the pharmacy management who then took a proactive approach in addressing the issue.

Ayes: Wentworth, Blomstrom, Lewis

Nays: Basch, Dalton, Smith

In the case of a tie, the Board President can offer his vote.
President Gandhi offered a nay vote.

Action: Motion Failed

Board Action:

Motion: Leo Basch moved to fine Sherrilyn Defreece \$750.00 and to complete one hour of CE on ethics.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to fine Daniel Shalala \$250.00 and to complete one hour of CE on pharmacy management.

Second: Jody Lewis

Ayes: Lewis, Basch, Blomstrom, Dalton, Smith

Nays: Wentworth

Action: Motion Carried

Board Action:

Motion: Kirk Wentworth moved to fine Richie Odigie \$750.00 and to complete a one hour CE on pharmacy management.

The general consensus of the Board is that both the incoming and outgoing managing pharmacists were equally responsible for ensuring that the status of all licenses within the pharmacy were valid. The penalty should be consistent for both of the managing pharmacists.

Second: No second was offered.

Action: Motion Failed

Board Action:

Motion: Jody Lewis moved to fine Richie Odigie \$250.00 and to complete a one hour CE on pharmacy management.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Blomstrom requested that the Board revisit the fine imposed on Ms. Defreece in the First Cause of Action. As the Board discussed, the three Respondents are equally responsible. Ms. Blomstrom felt the fines should be comparable.

Motion: Cheryl Blomstrom moved to reconsider the motion taken on the First Cause of Action.

Second: Jody Lewis

Ayes: Blomstrom, Lewis, Wentworth

Nays: Basch, Dalton, Smith

President Gandhi offered an aye vote.

Action: Motion Carried

Blomstrom commented that this is a shared responsibility, and it is not reasonable to penalize the technician at three times the fine of the pharmacists.

Board Action:

Motion: Cheryl Blomstrom moved to fine Sherrilyn Defreece \$250.00 and to complete a one hour CE on ethics.

The Board discussed the personal responsibility of licensees to renew their license. The general consensus of the Board was support to impose a greater fine upon the licensee who fails to renew.

Second: No second was offered.

Action: Motion Failed.

Board Action:

Motion: Leo Basch moved to fine Sherrilyn Defreece \$750.00 and to complete a one hour CE on ethics.

Second: Jody Lewis

Ayes: Basch, Lewis, Wentworth, Smith, Dalton

Nays: Blomstrom

Action: Motion Carried

Board Action:

Motion: Jody Lewis moved to fine Advanced Care Rx Pharmacy 2 \$500.00. Advanced Care Rx Pharmacy 2 shall develop written policies and procedures that a pharmacist in charge (PIC) must follow in carrying out the duties and responsibilities of a PIC. A written copy of the policies and procedures shall be provided to Board Staff within sixty days.

Second: Cheryl Blomstrom

Action: Passed Unanimously

G. Mark Robert Neufeld

(13-013-IN-S)

Mark Neufeld, intern pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Douglas Rands was present as counsel representing Mr. Neufeld.

Mr. Edwards presented the facts in this case. On October 9, 2012, the Board issued a subpoena to Mr. Neufeld commanding him to appear before the Board at its regularly scheduled Board Meeting on Wednesday, December 5, 2012, in Reno, Nevada. Daniel J. Garcia, an agent of the Board, served the subpoena on Mr. Neufeld personally on October 30, 2012. Mr. Neufeld failed to comply with the subpoena by failing to appear at the December 5, 2012 Board Meeting as commanded.

Mr. Rands explained that on the date that the subpoena was served, Mr. Neufeld contacted the head pharmacist at Scolari's Pharmacy who informed him that Scolari's legal team would contact him if further action was required by Mr. Neufeld. On the same date, Mr. Neufeld said that he contacted the Board Office and spoke with a female representative stating that he would be in class on the date of the hearing. According to Mr. Neufeld, the Board Office representative advised him that his testimony could be accomplished via video conference. Mr. Neufeld did not follow-up with Scolari's legal team or the Board Office to confirm that he would not be required to appear.

Mr. Neufeld said that he takes full responsibility for his actions and apologized to the Board.

Mr. Edwards stated that the evidence supports the facts and recommended a finding of guilt.

The Board questioned Mr. Neufeld regarding his phone call to the Board Office. Board Staff has no record of the phone call nor does Staff recall speaking to Mr. Neufeld. Mr. Neufeld said that when he received the Notice of Intended Action and Accusation, he checked his cell phone for a record of his call to the Board Office. He had changed cell

phone carriers and the number was not in his new phone's call history. The Board offered Mr. Neufeld the opportunity to obtain the phone record from his carrier to demonstrate proof of his effort to contact the Board Office.

Mr. Rands stated that he wishes to include the phone record as a supplement to Mr. Neufeld's Answer and Notice of Defense. Mr. Rands requested a continuance of this matter. Mr. Edwards did not oppose the request for continuance.

Board Action:

Motion: Cheryl Blomstrom moved to continue this matter to the next meeting to be held in Las Vegas.

Second: Jody Lewis

Mr. Pinson informed Mr. Neufeld that the next Las Vegas meeting will be in October; a meeting is scheduled in Reno in September. Mr. Neufeld requested continuance to the September meeting.

Mr. Edwards requested a five minute recess to discuss a proposed penalty with Mr. Neufeld and Mr. Rands. If all parties are in agreement, the case can be settled today with an oral stipulation. President Gandhi granted a five minute recess.

Mr. Edwards presented an Oral Stipulation and Order to the factual allegations. Mr. Edwards recommended that Mr. Neufeld pay a \$295.00 administrative fee, complete one hour of CE on ethics, and receive a public letter of reprimand from Board Staff.

Given the Stipulation, Ms. Blomstrom withdrew her original Motion.

Board Action:

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

Second: Leo Basch

Action: Passed Unanimously

H. Anna Frangezka Ignacio, PT

(13-014-PT-S)

Anna Frangezka Ignacio, pharmaceutical technician, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Russ Smith recused from participation in this matter due to his employment with Walgreens.

Mr. Edwards noted that Ms. Ignacio is not disputing the facts in this case. On September 26, 2012, the Board issued a subpoena to Ms. Ignacio commanding her to appear before the Board at its regularly scheduled Board Meeting on Wednesday, January 16, 2013, in Las Vegas, Nevada. Daniel J. Garcia, an agent of the Board, served the subpoena on Ms. Ignacio personally on the 30th day of October, 2012. Ms. Ignacio failed to comply with the subpoena by failing to appear at the January 16, 2013 Board Meeting as commanded.

Ms. Ignacio said that she spoke with her pharmacy manager and the pharmacist who was the Respondent in the case that Ms. Ignacio was subpoenaed to appear. She indicated that "someone" told her that it was not necessary for her to appear at the hearing. In her Answer and Notice of Defense dated April 13, 2013, Ms. Ignacio stated that she failed to appear before the Board on January 16, 2013 because her daughter was ill. Ms. Ignacio did not notify Board Staff that she would not be able to appear at the hearing. Upon questioning, Ms. Ignacio acknowledged that when Mr. Garcia served the subpoena, he explained the importance and requirement of her attendance and gave her his business card if she needed to contact him.

The Board explained to Ms. Ignacio that it is a legal requirement to respond to a subpoena. A subpoena can only be excused by the body who issues the subpoena. Pharmaceutical technicians play an expanding role in the practice of pharmacy. Technicians involved in a violation need to be a part of the hearing process and provide testimony in order to aid the Board in completing the case and making a determination.

Based on the evidence presented, Mr. Edwards recommended a finding of guilt.

Board Action:

Motion: Leo Basch moved to find Anna Ignacio guilty in the First Cause of Action.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Edwards recommended that Ms. Ignacio pay an administrative fee of \$295.00 and complete one hour of CE related to ethics.

Board Action:

Motion: Leo Basch moved to accept Mr. Edwards' recommendation that Anna Ignacio pay an administrative fee of \$295.00 and complete one hour of CE related to ethics. Ms. Ignacio shall receive a public letter of reprimand from the Board Staff.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Pinson noted that an article addressing Board subpoenas will be included in the Board's newsletter.

The Board recommended including a slide in the law CE presentation, and suggested that pharmaceutical technician schools consider addressing subpoenas as part of the technician training program.

I. Melanie C. Shaw, PT

(13-015-PT-S)

Jody Lewis recused from participation in this matter due to her employment with CVS.

Mr. Edwards stated that Ms. Shaw did not answer the Accusation in this matter and is not in attendance at this Hearing. Mr. Edwards presented the facts in this case. On February 26, 2013, Board Staff received written notification from Matthew Ray, CVS/Caremark Pharmacy Supervisor (CVS), that CVS had terminated the employment of pharmaceutical technician Melanie C. Shaw. During an interview conducted by CVS/Caremark's Regional Loss Prevention Manager, and in a written statement provided to the Board, Ms. Shaw admitted to processing fraudulent refunds through a CVS cash register and collecting the money for herself. Ms. Shaw also admitted that she collected cash payments from CVS customers, but did not ring up the transactions through a cash register, instead keeping the money for herself. Ms. Shaw estimated that since June 2012, she has taken approximately \$5,000.00 from CVS. Ms. Shaw also admitted that during the week of February 4, 2013, she diverted seven ciprofloxacin 500 mg. tablets.

Board Action:

Motion: Cheryl Blomstrom moved to find Melanie Shaw guilty in the First Cause of Action.

Second: Russ Smith

Action: Passed Unanimously

Board Action:

Motion: Russ Smith moved to find Melanie Shaw guilty in the Second Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards recommended revocation of Ms. Shaw's pharmaceutical technician registration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Melanie Shaw's pharmaceutical technician registration.

Second: Jack Dalton

Action: Passed Unanimously

5. Applications for Nevada MDEG – Appearance

A. AeroCare, Inc. – Ely

Patricia Romero, Administrator (Ely facility), Randi Lipski, Administrator (Las Vegas facility), and Dave Wuest, Board Inspector, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Lipski explained that the AeroCare facility in Ely was previously licensed as an MDEG providing full DME services. The Las Vegas facility has been licensed for approximately twelve years. In 2007, a decision was made to downsize the Ely location. The Ely location is currently a part-time operation consisting of a room for equipment storage, delivery vans and drivers. Equipment is transported from Ely and serviced at the Las Vegas facility. Ms. Lipski said that AeroCare was not aware that a satellite location required its own license, and assumed that operating the Ely facility under the Las Vegas license was acceptable.

Mr. Wuest stated that during AeroCare's annual inspection, he learned that the Ely facility was operating without a license. Mr. Wuest met with the staff and explained the requirements for operating the Ely facility. AeroCare worked with Board Staff and are now in compliance with the regulations pertaining to their business. Mr. Wuest said he supported approval of AeroCare's application.

Ms. Lipski answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve AeroCare, Inc.'s MDEG application.

Second: Kirk Wentworth

Action: Passed Unanimously

B. A New Day Medical LLC – Las Vegas

Andriana Vasquez, Administrator/owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Vasquez explained that A New Day Medical is a DME provider primarily providing incontinence supplies. Supplies are drop shipped directly from the manufacturer to their patients. A New Day Medical would like to expand their business by servicing Reno, Pahrump and Mesquite. A New Day Medical also provides education on incontinence supplies to families of children with disabilities.

Ms. Vasquez answered questions to the Board's satisfaction.

Board Action:

Motion: Russ Smith moved to approve A New Day Medical's MDEG license.

Second: Jody Lewis

Action: Passed Unanimously

C. Dynamic Medical Systems LLC – Las Vegas

Michael Marlowe, manager, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Marlowe explained that Dynamic Medical Systems previously held a Nevada MDEG license. In 2011, Invacare bought Dynamic Medical Systems, and changed the company to a limited liability corporation (LLC). Dynamic Medical Systems applied for a county business license, and was informed that a new Nevada MDEG license was required due to Dynamic Medical Systems change to an LLC. Dynamic continued to operate under the previous Dynamics Medical Systems' MDEG license.

The Board asked Mr. Marlowe if Dynamic Medical Systems has been billing Medicaid and Medicare under the previous MDEG license or their California license. Mr. Marlowe could not respond to the question since all billing is processed through the corporate office.

President Gandhi tabled the discussion to allow Mr. Marlowe to obtain clarification from his corporate office.

Mr. Marlowe stated that he contacted the billing manager and was informed that Dynamic Medical Systems does not bill Medicare or Medicaid. Dynamic Medical Systems contracts with long term care facilities and bills the facilities directly.

Mr. Marlowe answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Dynamic Medical Systems' MDEG application.

Second: Russ Smith

Action: Passed Unanimously

D. SRC Medical – Las Vegas

Donald Retter, President, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Retter explained that SRC Medical rents respiratory equipment to acute care hospitals and long term care facilities. Equipment is not provided to end-users. SRC Medical provides delivery, pick up, cleans, and inspects all equipment.

Mr. Retter answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve SRC Medical's MDEG application.

Second: Russ Smith

Action: Passed Unanimously

6. Applications for Out-of-State Pharmacy – Appearance

A. Innovation Compounding, Inc. – Kennesaw, GA

Continued to the next meeting.

B. Roxsan Pharmacy, Inc. – Beverly Hills, CA

Shahla Melamed, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards noted that this application came before the Board at the June, 2013 meeting. The representative from Roxsan Pharmacy was not able to answer questions to the Board's satisfaction. Ms. Melamed is appearing to address the Board's questions.

The Board questioned Ms. Melamed regarding Roxsan Pharmacy's website which indicates that they are compounding pharmacy. Ms. Melamed said that the pharmacy does compounding, but will not be shipping compounded products into Nevada. Roxsan specializes primarily in fertility medications, which is the focus of their Nevada business.

The Board questioned Ms. Melamed on question 3 of the application regarding administrative action which was answered "No". Board Staff contacted the California Board of Pharmacy and learned that Roxsan Pharmacy had been issued seven citations totaling forty-six violations between 2004 and 2010, in which the pharmacy was cited and fined. In 2011, Roxsan Pharmacy entered into a \$16,000 settlement agreement for violating compounding requirements. Roxsan Pharmacy's June, 2013 California Board inspection included additional citations. Ms. Melamed explained that she answered question 3 on the application as "No" because she did not understand that a citation is considered a disciplinary action. Roxsan Pharmacy is disputing the 2013 citations, and the case is currently pending.

The Board discussed concerns regarding the multiple citations and the citations that have not been resolved to date.

Board Action:

Motion: Cheryl Blomstrom moved to deny approval of Roxsan Pharmacy's Application for Out-of-State Pharmacy License.

Second: Jody Lewis

Action: Passed Unanimously

7. Application for Nevada Pharmacy – Appearance

Meditech Laboratories, Inc. – Las Vegas

A representative from Meditech Laboratories was not present.

8. Application for Controlled Substance Registration – Appearance

Duff Kaster, DDS

Duff Kaster appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Dr. Kaster answered "Yes" on the application question regarding completed/pending administrative action. Dr. Kaster explained that in 1996, the Dental board placed his license on probation for violations related to unlawful prescribing practices. Dr. Kaster was on disability leave, and his staff continued to prescribe under his license. As a

result of the action, Dr. Kaster surrendered his dental license. His request to reinstate his dental license was granted with conditions in May, 2013. Dr. Kaster stated that in 1996, he developed a substance abuse problem with pain medications that were prescribed to him by his physician. He entered and successfully completed the Dental Wellness Program. Dr. Kaster has a stipulation with the Dental Board to undergo random drug testing and continue to be monitored by the Dental Wellness Program.

Dr. Kaster answered questions to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve Duff Kaster's Controlled Substance Application.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Request for Reinstatement of Pharmacist License – Appearance

Matthew Osayaren

(09-080-RPH-S)

Matthew Osayaren appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Osayaren submitted a request to the Board for consideration of reinstatement of his pharmacist license. In October, 2009, Mr. Osayaren's pharmacist license was revoked due to his conviction of fraudulent billing to Medicare and Medicaid. The judgment against Mr. Osayaren restricted him from engaging in employment, consulting or any association with any medical supply business for a period of five years. It also placed him on the OIG blacklist which disallows him from being employed by any business that bills Medicaid or Medicare.

Mr. Osayaren appeared at the October, 2012 meeting requesting reinstatement of his pharmacist license. At that time, the Board did not approve reinstatement of Mr. Osayaren's pharmacist license until he has been removed from the OIG "Black List". Since Mr. Osayaren has not practiced since 2007, the Board suggested he complete the required CE's and take and pass the PARE examination at his own expense.

The Board posed questions to Mr. Osayaren. Following discussion, the Board determined that it is not in the public's best interest at this time to reinstate Mr. Osayaren's pharmacist license. Mr. Osayaren must resolve for the Board that he has fulfilled the requirements of his court order including full payment of restitution.

Board Action:

Motion: Kirk Wentworth moved to deny the reinstatement of Matthew Osayaren's pharmacist license.

Second: Cheryl Blomstrom

Ayes: Wentworth, Blomstrom, Dalton, Smith

Nays: Basch

Action: Motion Carried

10. Requests for Pharmacist License – Appearance

A. Gary P. Lapanne

Postponed to the next meeting.

B. Cashmir C. Luke

Mr. Luke disclosed on his application that he was convicted of a federal crime in March 2009. Mr. Pinson informed the Board that NABP will not permit Mr. Luke to apply for the pharmacist examination until approval is granted by this Board.

Mr. Luke explained that following graduation in 2006 from the University of Virginia pharmacy school, he practiced retail pharmacy in Maryland for three years. During that time, Mr. Luke provided a letter of support for a personal friend who was applying for a passport. Mr. Luke's friend informed him that he had changed his name when he became a citizen. In the letter, Mr. Luke referenced the new name and social security number provided by his friend. Mr. Luke was not aware that his friend was involved in an illegal scheme to obtain a United States passport, and the name and social security number that his friend provided to reference in the letter were fraudulent. In March 2009, Mr. Luke was convicted by a federal jury for aiding and abetting and conspiracy to commit document fraud. The presiding judge in Mr. Luke's trial informed him that in a criminal conspiracy charge, the government does not have to prove that a defendant was aware of the conspiracy only that he performed an act that would have furthered the criminal enterprise. Mr. Luke served sixteen months in a federal camp. In September 2009, the Maryland State Board of Pharmacy revoked his pharmacist license. Mr. Luke now resides in Nevada. He is applying to take his NAPLEX and Nevada Law examination and is requesting authorization from the Board.

Mr. Luke answered questions to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve Cashmir Luke's Application by Examination as a Pharmacist.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C. Duyen H. Pham

Duyen Pham, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Pham answered "No" on the "Application for Reciprocity as a Pharmacist" regarding completed/pending administrative action. Board Staff learned that Ms. Pham had received a citation and fine from the California State Board of Pharmacy which she did not disclose on the application.

Ms. Pham said that she answered "No" on the application because the status of her pharmacist license on the California State Board of Pharmacy's website indicated "Clear". She explained that she received the citation in 2007 for dispensing ciprofloxacin eye drops for a prescription written for ciprofloxacin ear drops. Ms. Pham said the eye drops are more sterile and less expensive to the patient. Ms. Pham did not receive authorization from the prescriber for the substitution. The counseling log indicated that the patient checked "no" and signed the log. Ms. Pham's district pharmacy manager informed her that the corporate office would address the issue and told her not to pay the fine. She did not follow-up with her manager, and has no knowledge of the final outcome. Ms. Pham has not been issued any citations since that incident.

Board Action:

Motion: Kirk Wentworth moved to approve Duyen Pham's Application by Reciprocity as a Pharmacist.

Second: Leo Basch

Action: Passed Unanimously

11. Application for Pharmaceutical Technician in Training Registration – Appearance

A. Roberto R. Beltran

Roberto Beltran and Larry Espadero, PRN-PRN Director, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Beltran answered "Yes" regarding arrests/convictions on his application. Mr. Beltran explained that in April 2011, he was attending a pharmaceutical technician school. The school conducted a random drug test and he tested positive for marijuana. In July 2011, Mr. Beltran was arrested for possession of drug paraphernalia and possession of a controlled substance (marijuana). He was ordered to pay a fine of \$250 and attend drug counseling.

Mr. Espadero stated that Mr. Beltran enrolled in PRN-PRN in June, 2012 (five year contract). Prior to PRN, Mr. Beltran had entered into, and completed, an intensive outpatient recovery program. Mr. Espadero noted that Mr. Beltran is very conscientious. He has attended all group sessions, lectures, and has had no positive drug screens. Mr. Espadero said that he is comfortable supporting Mr. Beltran's application.

Board Action:

Motion: Cheryl Blomstrom moved to approve Roberto Beltran's Pharmaceutical Technician in Training Application.

Second: Russ Smith

Action: Passed Unanimously

B. Teresa A. Ransom

Teresa Ransom and Julie Hamilton, Walgreens #4579 Pharmacy Manager, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Russ Smith recused from participation in this matter due to his employment with Walgreens.

Ms. Ransom answered "Yes" regarding arrests/convictions on her application. Ms. Ransom said that she was arrested in 2007 for possession of crack cocaine. She entered into a state assistance drug rehabilitation program and has been sober for six years. Ms. Ransom has worked for Walgreens for five years, and her goal is to become a store manager. Walgreens requires every member of their management team to have a pharmaceutical technician registration in order to provide pharmacy support as needed.

Julie Hamilton said that she has worked with Ms. Ransom for one year. Ms. Hamilton stated that Ms. Ransom is professional, has an "incredible" work ethic and is a mentor to other employees. Ms. Hamilton feels that Ms. Ransom will be an asset to the Walgreens' pharmacy team.

Ms. Ransom answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Teresa Ransom's Pharmaceutical Technician in Training Application.

Second: Leo Basch

Action: Passed Unanimously

C. Adriana Rosales Marquez

Adriana Marquez appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Marquez explained that she started the pharmaceutical technician program at Kaplan College in March, 2013. During a random drug screen by the school in May, 2013, she tested positive for marijuana. Ms. Marquez said that she did not routinely use marijuana, and only did so when she was with a particular group of friends. She has not used marijuana for a year, and no longer associates with that group.

In a letter from the program director at Kaplan College, he states that Ms. Marquez was given direction regarding the PRN-PRN program. Ms. Marquez said that she has attempted to contact Larry Espadero via email and telephone within the past month, but has not been contacted by him.

The Board suggested that Ms. Marquez be evaluated by PRN-PRN and obtain a letter of support from the school.

Ms. Marquez requested that her application be tabled until she has met with Mr. Espadero.

Board Action:

Motion: Cheryl Blomstrom moved to table Adriana Marquez's Pharmaceutical Technician in Training Application pending an evaluation by PRN-PRN. Ms. Marquez will be required to appear with Mr. Espadero at a future Board meeting with the results of the PRN evaluation, and a letter of support from Kaplan College.

Second: Kirk Wentworth

Action: Passed Unanimously

12. Application for Pharmaceutical Technician Registration – Appearance

Robert C. Thomas

Robert Thomas appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Thomas explained that in 2003, he was convicted in federal court for conspiracy to distribute methamphetamine and Ecstasy. He served five years and six months in prison. Mr. Thomas said that he was living in a drug dealer's house, and he was also using methamphetamine. Until the trial, he was not aware of the extent of the illegal activities which had taken place in the house where he was living. Mr. Thomas successfully completed a nine month drug rehabilitation program while in prison. He was released from prison in 2007, and completed one year of aftercare at Bridge Counseling. On New Year's Eve 2008, he was charged with a DUI. Mr. Thomas said that he has a strong family support system and is committed to his sobriety.

The Board expressed concern that Mr. Thomas had a commitment to control his addiction then relapsed one year following his release from prison. He currently is not participating in a support program.

Board Action:

Motion: Cheryl Blomstrom moved to table Robert Thomas' Pharmaceutical Technician Application pending an evaluation by PRN-PRN. Mr. Thomas will be required to appear with Mr. Espadero at a future Board meeting with the results of the PRN evaluation

Second: Jack Dalton

Action: Passed Unanimously

13. Budget – Fiscal Year 2013-2014

Mr. Pinson advised the Board that Treasurer, Kirk Wentworth, met with Board staff to establish the budget for the next fiscal year. Mr. Pinson provided a copy to the Board and reviewed it to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve the budget for Fiscal Year 2013-2014.

Second: Jack Dalton

Action: Passed Unanimously

14. Executive Secretary Report

A. Financial Report

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

B. Temporary Licenses

Two temporary licenses were issued since the last meeting.

C. Staff Activities

1. Presentations: June 30-Las Vegas & July 11-Carson City

Mr. Pinson reported that the presentation conducted by him in conjunction with a representative from the DEA in June had approximately 300 attendees. President Gandhi received feedback that Mr. Pinson's presentation was "phenomenal", with good information provided. In July, Dave Wuest conducted a presentation in Carson City and Luis Curras presented in Las Vegas. Mr. Pinson will do a presentation at the annual NVHSP meeting in October.

D. Reports to Board

1. NPlex update

At the next Board meeting, Board Staff will present proposed language to develop regulations for a real-time, stop sale tracking system of certain products that are precursors to methamphetamine.

2. Meeting: Southern Nevada Multi-Jurisdictional Governance Committee

Mr. Pinson was invited to participate in an advisory capacity on this committee to address medical marijuana dispensaries.

3. Veterinarian Article

Leo Basch will be contributing an article for the Board Newsletter addressing veterinary medicine. Liz Macmenamin offered to include the article in the RAN newsletter.

4. Legislative Summary

Mr. Pinson referenced the legislative summary report submitted by the Board's lobbyist. The lobbyist will attend the next Board meeting to address the Board's legislative questions.

Mr. Pinson reviewed a legislative and regulatory "to-do" list outlining the regulations that the Board will be addressing. Mr. Pinson noted that the framework is set to establish a committee to address pending legislation as recommended at the last Board meeting.

5. 2014 Board Meeting Dates

The 2014 meeting dates have been scheduled.

6. Your Success Rx Reports

- a. Sieu Long
- b. Chanice Newcomer
- c. Emma Sicam

Mr. Pinson reported that Ms. Long, Ms. Newcomer and Ms. Sicam have all successfully completed the program.

E. Board Related News

Mr. Pinson provided a copy of the "AMA Response to Drug Store Chain Intrusion into Medical Practice" for the Board's information.

1. Walgreen's Settlement with DEA

Mr. Pinson provided an article for the Board's information.

2. 2012 Gallup Poll

The 2012 Honesty/Ethics in Profession Gallup Poll was provided for the Board's information.

F. Activities Report

15. General Counsel Report

Mr. Edwards reported that he attended the northern Nevada NAMPS conference in early July.

Mr. Edwards was invited by Barbara Longo, DO Board, to contribute an article addressing the responsibilities of the medical director of a medical spa.

16. Next Board Meeting:

September 4-5, 2013 – Reno, Nevada

17. Public Comment

July 25, 2013

No public comment.

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Biomed TEXAS, Inc d/b/a Alliance Pharmacy
Physical Address: 4108 AMON CARTER Blvd, Ste 208, Ft Worth TX 76155
Mailing Address: 950 CALCON HOOK Rd, Ste 15
City: Sharon Hill State: PA Zip Code: 19079
Telephone: 817-923-4495 Fax: 866-923-4492
Toll Free Number: 866-923-4495 (Required per NAC 639.708)
E-mail: info@biomed-rx.com Website: www.biomed-rx.com
Managing Pharmacist: Cheryl Rehberg License Number: 40047

Hours of Operation:

Monday thru Friday 9:00 am 5:30 pm Saturday 9:00 am 1:00 pm
Sunday 9:00 am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

64054

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Atlantic Medical, LLC

Physical Address: 165 W. South St. Ste 208

Mailing Address: same

City: Hernando State: MS Zip Code: 38632

Telephone: 662-449-3200 Fax: 855-239-6226

Toll Free Number: 855-722-8526 (Required per NAC 639.708)

E-mail: info@canyonhealthcare.com Website: n/a

Managing Pharmacist: Andrea P. Wright License Number: E-08883 (ms)

Hours of Operation:

Monday thru Friday 8 am 5 pm

Saturday — am — pm

Sunday — am — pm

24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Reeves-Sain Drug Store, Inc., DBA Entrust Rx

Physical Address: 2001 Campbell Station Pkwy, Suite A5

Mailing Address: Same

City: Spring Hill State: TN Zip Code: 37129

Telephone: 615-856-8990 Fax: 615-302-0101

Toll Free Number: 855-273-3924 (Required per NAC 639.708)

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

Managing Pharmacist: Bradley Woodbridge License Number: 10836-TN

Hours of Operation: on call 24 hours

Monday thru Friday 8³⁰ am 4³⁰ pm

Saturday 8 am 10^{am} pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

✓ Specialty

63744

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

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- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hawkins Pharmacy, LLC

Physical Address: 6888 Goodman Road Suite 104

Mailing Address: Same as physical

City: Olive Branch State: MS Zip Code: 38654

Telephone: 662-336-1025 Fax: 866-378-1606

Toll Free Number: 877-842-5512 (Required per NAC 639.708)

E-mail: pharmacist@hawkinspharmacy.com Website: NA

Managing Pharmacist: Mary L. Glenn License Number: T.0109104

Hours of Operation:

Monday thru Friday 7 am 4 pm
Saturday closed pm
Sunday closed pm on call 24 Hours on call

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

✓ Retail
Community
Pharmacy

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Leedstone, Inc.
Physical Address: 222 County Road 173 SE
Mailing Address: Po Box 219
City: Melrose State: MN Zip Code: 56352
Telephone: 320-256-3303 Fax: 320-256-4014
Toll Free Number: 800-996-3303 (Required per NAC 639.708)
E-mail: brendonvdh@leedstone.com Website: www.leedstone.com
Managing Pharmacist: Jeff Sawyer License Number: 114878

Hours of Operation:

Monday thru Friday 830 am 530 pm Saturday 9 am 12 pm
Sunday Closed am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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☐ New Pharmacy

☒ Ownership Change

(Please provide current license number if making changes: PH 0228291)

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Linden Care, LLC

Physical Address: 123 Eileen Way

Mailing Address: 123 Eileen Way

City: Syosset State: NY Zip Code: 11791

Telephone: (516) 221-7600 Fax: (516) 308-4339

Toll Free Number: 1-877-954-6336 (Required per NAC 639.708)

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

Managing Pharmacist: Jordan Fogel License Number: 035386-1

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday _____ am _____ pm

Sunday 9 am 3 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

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

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- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Novixus Pharmacy Services
Physical Address: 43159 W. Nine Mile Road
Mailing Address: P.O. Box 310
City: Novi State: MI Zip Code: 48375
Telephone: 248-380-2111 Fax: 877-395-4836
Toll Free Number: 877-668-4987 (Required per NAC 639.708)
E-mail: tracy.hawes@novixus.com Website: www.novixus.com
Managing Pharmacist: Richard Grossman License Number: 5302023979

Hours of Operation:

Monday thru Friday 7 am 7 pm Saturday 9 am 1 pm
Sunday Closed am Closed pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ■ Reno, NV 89509 ■ (775) 850-1440
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- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation <input type="checkbox"/> Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner <input type="checkbox"/> Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pillpack, Inc.

Physical Address: 250 Commercial Street, Suite 2012, Manchester, NH 03101

Mailing Address: 250 Commercial Street, Suite 2012

City: Manchester State: NH Zip Code: 03101

Telephone: 855-745-5725 Fax: 603-935-9108

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: tj@pillpack.com Website: www.pillpack.com

Managing Pharmacist: Timothy Parker License Number: 3841

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership – Pages 1,2,5,7 <i>LLC</i>
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pipeline RX

Physical Address: 5600 N. River Rd #854

Mailing Address: 5600 N. River Rd #854

City: Rosemont State: IL Zip Code: 60018

Telephone: 847-696-9101 x1000 Fax: 847-696-1349

Toll Free Number: 888-696-9101 (Required per NAC 639.708)

E-mail: lsteuencs@pipelineRX.com Website: www.pipelineRX.com

Managing Pharmacist: Hong T Lam License Number: OSI-286718

Hours of Operation: Depending on client requirements we can provide 24/7 coverage

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx To You Pharmacy, Inc.

Physical Address: 3202 SE Federal Highway Stuart FL 34997

Mailing Address: 3202 SE Federal Highway Stuart FL 34997

City: Stuart State: FL Zip Code: 34997

Telephone: 855-879-7928 Fax: 772-214-1991

Toll Free Number: 885-879-7928 (Required per NAC 639.708)

E-mail: mburak@rxtoyoupharmacy.com Website: www.rxtoyoupharmacy.com

Managing Pharmacist: Timothy Ka-ming Cheung License Number: PS40052

Hours of Operation:

Monday thru Friday 8:30 am 6:30 pm Saturday 9 am 3 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH_____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Shared Solutions Pharmacy

Physical Address: 17775 West 106th Street, Suite 101, Olathe, KS 66061

Mailing Address: 17775 West 106th Street, Suite 101

City: Olathe State: Kansas Zip Code: 66061

Telephone: (866) 930-4146 Fax: (866) 930-4147

Toll Free Number: (866) 930-4146 (Required per NAC 639.708)

E-mail: susan.smith@tevapharm.com Website: N/A

Managing Pharmacist: Susan Smith License Number: KS [1-10873]

Hours of Operation:

Monday thru Friday 8:00 am 4:30 pm Saturday 8:00 am 12:00 pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sunflower Discount Pharmacy

Physical Address: 840 N. Oak Ave.

Mailing Address: P.O. Box 369

City: Reno State: NV Zip Code: 89501

Telephone: 775-756-4381 Fax: 775-756-2045

Toll Free Number: 855-537-4276 (Required per NAC 639.708)

E-mail: angela.lange@telepak.net Website: NA

Managing Pharmacist: Angela Lange License Number: E-08252

Hours of Operation:

Monday thru Friday <u>8</u> am <u>8</u> pm	Saturday <u>8</u> am <u>6</u> pm
Sunday <u>10</u> am <u>6</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SUNARVEST Pharmaceuticals Inc.

Physical Address: 150-Eileen Way Suite-1

Mailing Address: _____

City: SPRINGS State: NV Zip Code: 11791

Telephone: 855-478-6779 Fax: 855-609-6979

Toll Free Number: 855-478-6779 (Required per NAC 639.708)

E-mail: Atul@Sungrx.com Website: WWW.SUNARX.COM

Managing Pharmacist: Michael Yuen License Number: 030367

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

NEVADA STATE BOARD OF PHARMACY
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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreen Co.

Physical Address: 521 W. Avalon Avenue, Muscle Shoals, AL 35661-2814

Mailing Address: Po Box 901, Attn: Eric Lyles

City: Deerfield State: IL Zip Code: 60015

Telephone: 256-389-3631 Fax: 256-389-3601

Toll Free Number: 877-250-5823 (Required per NAC 639.708)

E-mail: eric.lyles@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Jared Otte License Number: 15258

Hours of Operation:

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

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

10-K

64024

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

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 license number if making changes: WH 01500)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: DUSA Pharmaceuticals, Inc.

Physical Address: 25 Upton Drive

Mailing Address: Same

City: Wilmington State: MA Zip Code: 01887

Telephone: 978-657-7500 Fax: 978-988-7713

Toll Free Number: _____

E-mail: lundahl.s@dasapharma.com Website: www.Dusapharma.com

Facility Manager: Scott Lundahl

Professional qualifications and experience of facility manager: 20+ years in pharmaceutical/device industry. Currently Vice President Regulatory Affairs + IP.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Health Coalition, Inc.

Physical Address: 8324 NW 30th Terrace, Miami, FL 33122

Mailing Address: 8320 NW 30th Terrace

City: Miami State: FL Zip Code: 33122

Telephone: 305-662-2988 Fax: 305-667-5389

Toll Free Number: 800-456-7283

E-mail: gflores@healthcoalition.com Website: www.healthcoalition.com

Facility Manager: Giovana Heinen Flores

Professional qualifications and experience of facility manager: Certified Designated Representative and Operations Manager

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

64104

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Healthpoint, Ltd.

Physical Address: 3909 Hulen Street

Mailing Address: Same

City: Fort Worth State: TX Zip Code: 76107

Telephone: 817-900-4000 Fax: 817-302-3983

Toll Free Number: 1-800-441-8227

E-mail: brenda.horn@healthpointbio.com Website: www.healthpointbio.com

Facility Manager: Michael Michaels

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

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☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☒ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership – Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Ameripharma, Inc., DBA: MedVantx, Inc.

Physical Address: 2503 E 54th St. N Sioux Falls, SD 57104

Mailing Address: 5626 Oberlin Dr.

City: San Diego State: CA Zip Code: 92121

Telephone: 605-978-3990 Fax: 605-978-

Toll Free Number: N/A

E-mail: danielle.green@medvantx.com Website: www.medvantx.com

Facility Manager: Ron Bertsch, RPH

Professional qualifications and experience of facility manager: Pharmacist,
president, experience running facility for MedVantx 7yrs

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☐ Hospitals

☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

NEVADA STATE BOARD OF PHARMACY

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Recordati Rare Diseases Inc.

Physical Address: 100 Corporate Drive

Mailing Address: 100 Corporate Drive

City: Lebanon State: NJ Zip Code: 08833

Telephone: 908-236-0888

Fax: _____

Toll Free Number: 888-575-8344

E-mail: state.licenses@recordati.com

Website: www.recordatirarediseases.com

Facility Manager: Michael Waters

Professional qualifications and experience of facility manager: over 25 years of operations executive management experience in pharmaceutical and biotech industry, M.E., Biomedical Engineering, BS. Pharmacy

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

*Recordati Rare Diseases is a virtual pharmaceutical company. No drugs are manufactured, warehoused or distributed at its Lebanon, NJ facility. Therefore, there is no need for DEA registrations.

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☒ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Smith & Nephew, Inc.

Physical Address: 3909 Hulen Street

Mailing Address: Same

City: Fort Worth State: TX Zip Code: 76107

Telephone: 817-900-4000 Fax: 817-302-3983

Toll Free Number: 1-800-441-8227

E-mail: brenda.horn@healthpointbio.com Website: www.healthpointbio.com

Facility Manager: Michael Michaels

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

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☒ New Wholesaler ☐ Ownership Change

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

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: SmartHealth Distribution Company

Physical Address: 3145 E. McDowell Rd

Mailing Address: 3400 E. McDowell Rd.

City: Phoenix State: AZ Zip Code: 85008

Telephone: (602) 225-9090 Fax: (602) 225-0599

Toll Free Number: 800-522-0800

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

Facility Manager: Jim Barker

Professional qualifications and experience of facility manager: See attachment 1

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers

☒ Other: veterinarians, physician extenders, dental hygienists

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☒ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☒ Other: Over-the-counter drugs, Over-the-counter devices, Cosmetics

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Teva Pharmaceuticals USA, Inc.
Physical Address: 9747 Commerce Circle
Mailing Address: c/o Kelly O'Donoghue - Legal Affairs, 425 Privet Rd, Horsham, PA 19044
City: Kutztown State: PA Zip Code: 19530
Telephone: (610) 285-5900 Fax: (215) 293-6499
Toll Free Number: 800-TEVA USA
E-mail: Kelly.Odonoghue@tevapharm.com Website: www.tevausa.com
Facility Manager: Steven Williams
Professional qualifications and experience of facility manager: see attached.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY
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☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Tris Pharma Inc

Physical Address: 2033 Route 130 South

Mailing Address: same

City: Monmouth Junction State: New Jersey Zip Code: 08852

Telephone: 732-940-0358 Fax: 732-940-0374

Toll Free Number: n/a

E-mail: crisra@trispharma.com Website: www.trispharma.com

Facility Manager: Scott Groner

Professional qualifications and experience of facility manager: Director of Regulatory Affairs,
23 years of experience, (MS Chemistry and BS Chemistry) (QA & Compliance, Research Chemist, Analytical)

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: Over-the-Counter & Supplements

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: UPS Supply Chain Solutions, Inc.
Physical Address: 2515 S. Tricenter Blvd, Durham, NC 27713
Mailing Address: 211 Lake Drive
City: Newark State: DE Zip Code: 19702
Telephone: 919-293-0544 Fax: 919-248-9059
Toll Free Number: N/A
E-mail: ccriswell@ups.com Website: N/A
Facility Manager: Casey Criswell
Professional qualifications and experience of facility manager: See Attachment

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

10-K

NEVADA STATE BOARD OF PHARMACY

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

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Hobday Enterprise Inc. dba A+B Supply

Physical Address: 1081 N. Lake Havasu Ave
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: Lake Havasu City State: Az Zip Code: 86403

Telephone: 928-453-3185 Fax: 928-854-3701

E-mail: jeremygilevski@absupplyaz.com Website: _____

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 _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeremy Gilevski

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

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: All Med Healthcare, Inc. dba PME Home Health

Physical Address: 3233 W Peoria Ave, Ste 112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Phoenix State: AZ Zip Code: 85029-4614

Telephone: 602-606-7759 Fax: 480-471-5323

E-mail: joyce@allmedresources.com Website: WWW.pmehh.com

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

Fri: 8 to 3 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joyce Cox

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

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

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

Other: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY
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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: C * K PHARMACY, LLC.

Physical Address: 6870 S RAINBOW BLVD STE 106

Mailing Address: 6870 S RAINBOW BLVD STE 106

City: LAS VEGAS State: NV Zip Code: 89118

Telephone: (702) 417-0583 (TEMP) Fax: PENDING

Toll Free Number: PENDING

E-mail: andytran69@hotmail.com Website: PENDING

Managing Pharmacist: ANDY TRAN License Number: 15802

Hours of Operation:

Monday thru Friday <u>8</u> am <u>8</u> pm	Saturday <u>8</u> am <u>6</u> pm
Sunday <u>9</u> am <u>5</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH 02898-C)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Patient Care Infusion of Nevada

Physical Address: 61 Spectrum Blvd.

Mailing Address: same

City: Las Vegas State: NV Zip Code: 89101

Telephone: 702.944.4844 Fax: n/a

Toll Free Number: 855-418-2675

E-mail: n/a Website: n/a

Managing Pharmacist: William Joseph Kottmer License Number: 17899

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>9:00</u> am <u>1:00</u> pm
Sunday <u>on-call</u> am _____ pm	24 Hours <u>on-call</u> service

TYPE OF PHARMACY

SERVICES PROVIDED

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>1802433</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: St. Mary's Outpatient Surgery Center at Galena

Physical Address: 18653 Wedge Parkway Suite 170

Mailing Address: 18653 Wedge Parkway Suite 170

City: Reno State: NV Zip Code: 89511

Telephone: 775-674-5200 Fax: 775-674-5228

Toll Free Number: _____

E-mail: SCGalena.com Website: www.SCGalena.com

Managing Pharmacist: Mary Greer, RPH License Number: 10687

Hours of Operation:

Monday thru Friday <u>6</u> am <u>5</u> pm	Saturday <u>NA</u> am <u>NA</u> pm
Sunday <u>NA</u> am <u>NA</u> pm	24 Hours <u>NA</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TRUE CARE PHARMACY #3

Physical Address: 2208 S. NELLIS BLVD SUITE 5A LAS VEGAS NV 89104

Mailing Address: 3525 SOUTH FORT APACHE ROAD UNIT 165

City: LAS VEGAS State: NV Zip Code: 89147

Telephone: 702-233-2010 Fax: 702-233-2009

Toll Free Number: N/A

E-mail: true care pharmacy 2011@gmail.com Website: N/A

Managing Pharmacist: CHETANKUMAR PATEL License Number: 16319

Hours of Operation:

Monday thru Friday 7 am 8 pm

Saturday 8 am 6 pm

Sunday 9 am 5 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Willow Springs, LLC d/b/a Willow Springs Center

Physical Address: 690 Edison Way

Mailing Address: 690 Edison Way

City: Reno State: Nevada Zip Code: 89502

Telephone: 775-858-3303 Fax: 775-858-4581

Toll Free Number: 1-800-448-9454

E-mail: sadie.tate@uhsinc.com Website: www.willowspringscenter.com

Managing Pharmacist: Tanya Shim License Number: 16139

Hours of Operation:

Monday thru Friday 8 am 4³⁰ pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☒ Hospital (# beds 116)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-058-RPH-A-N
Petitioner,	)	CASE NO. 12-058-RPH-B-N
v.	)	CASE NO. 12-058-PH-N
)	
MICHAEL MARKUS HAUTEKEET, RPH)	
Certificate of Registration No. 10777,	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
HOWARD MORTON FOND, RPH)	
Certificate of Registration No. 03510,)	
)	
MIKE'S PHARMACY)	
Certificate of Registration No. PH01108-C)	
)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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. **ALLEGATIONS REGARDING MARCH 2011 INCIDENT.**

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the alleged conduct Respondent Michael Markus Hautekeet, RPH (Mr. Hautekeet), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

II.

On or about March 24, 2011, two-year-old MS was examined by pediatric neurologist Dr. Gerardo Rodriguez. MS has a significant medical history, which includes sleep disorder. To treat the disorder, Dr. Rodriguez prescribed Clonidine 0.1mg/5ml oral liquid (suspension) with directions to take 1ml by mouth at bedtime as a sleep aid.

III.

On or about April 12, 2011, MS ingested a dose of the Clonidine medication from Mike's Pharmacy and became extremely sedated. MS's parents initially transported him to the Emergency Room at Carson Tahoe Regional Medical Center. MS was later transferred to Renown Regional Medical Center for further treatment. MS spent three days at Renown before being released.

IV.

Renown Regional Medical Center sent a sample of the Clonidine medication from Mike's Pharmacy to an independent laboratory for analysis. The analysis report indicated that the Clonidine concentration in the compounded medication was 15mg/ml, not the 0.1mg/5ml concentration that Dr. Rodriguez prescribed.

V.

The Clonidine prescription was presented to Mike's Pharmacy and scanned into the pharmacy's computer system on or about April 6, 2011. Mike's Pharmacy initiated production the next day. The pharmacy entered and assigned a unique prescription number (Rx 413053) to the prescription data for Medicaid billing purposes. It generated a label and affixed it to the back of the original prescription with the prescription number 413053. The label included the patient's name, drug name (Clonidine 0.1mg), strength, quantity, date, filling pharmacist (Respondent Hautekeet), prescriber information, and the National Drug Code (NDC) for Clonidine 0.1mg *tablets* (NDC 00378-0152-01).

VI.

Mike's Pharmacy assigned the same Clonidine prescription a second prescription number (Rx 515175), which relates to the compounding of the medication. The second prescription number (Rx 515175) was printed on a label and attached to a copy of the original prescription. The label included the patient name, drug name, strength, quantity, date, and prescriber information. The drug name printed on the second label was Clonidine 0.1mg/5ml *suspension*

#30. The NDC on the label was for Clonidine *powder* (NDC 51927-2379-00). Respondent Hautekeet compounded the Clonidine oral suspension. His handwritten initials were on the upper right hand corner of the label.

VII.

During the investigation, Mr. Hautekeet explained to the Board Investigator that Medicaid does not reimburse for Clonidine powder (NDC 51927-2379-00), which is what he used to compound the oral *suspension*. He created a fictitious label for an equivalent amount of Clonidine *tablets* (NDC 00378-0152-01) to bill to Medicaid.

VIII.

Respondents were not able to produce the original formula worksheet for the compounded Clonidine suspension.

IX.

Respondents can produce no record of patient counseling, pick up or delivery of the prescription. The prescription was picked up or delivered sometime between April 6, 2011, and April 12, 2011.

FIRST CAUSE OF ACTION

X.

In failing to strictly follow the instructions of MS's physician by verifying and dispensing a compounded concentration of Clonidine 15mg/ml, rather than the 0.1mg/5ml concentration that was prescribed, Respondents Mr. Hautekeet and Mike's Pharmacy violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (12) and/or NRS 639.255.

SECOND CAUSE OF ACTION

XI.

In failing to provide documents to Board Staff for its investigation, and to maintain a recordkeeping system that would allow for a readily retrievable record of patient MS's

compounded Clonidine prescription, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.482, NAC 639.945(1)(i) and/or (m), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15), (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION

XII.

In failing to counsel, and to maintain documentation of patient counseling, Respondents Mr. Hautekeet and Mike's Pharmacy violated NAC 639.707, NRS 639.266(1), and or NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FOURTH CAUSE OF ACTION

XIII.

In creating a false and fraudulent record to generate Medicaid claims for reimbursement, Respondents Mr. Hautekeet and Mike's Pharmacy violated NRS 639.210(1), (4), (15) and/or NRS 639.2815 and/or NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12), (15) and/or NRS 639.255.

FIFTH CAUSE OF ACTION

XIV.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible and therefore subject to discipline pursuant to NRS 639.210(4), (12) and/or (16) and/or NRS 639.255.

2. ALLEGATIONS REGARDING SEPTEMBER 2012 INCIDENT.

XV.

The Board has jurisdiction over this matter because at the time of the alleged conduct Respondent Mr. Hautekeet, was, and is, a registered pharmacist with the Board; Respondent Howard Morton Fond, RPH (Mr. Fond), was, and is, a registered pharmacist with the Board; and Respondent Mike's Pharmacy was, and is, a pharmacy registered with the Board.

XVI.

On or about March 8, 2012, Dr. Delia Wessels prescribed to patient MS a quantity of thirty (30) Clonidine 0.1mg. *tablets* with instructions to take one tablet at bedtime for thirty days. Three refills were indicated on the prescription. Dr. Wessels' office faxed the prescription to Mike's Pharmacy.

XVII.

Mike's Pharmacy personnel input the data from the faxed prescription into its Medicaid billing computer system and assigned the prescription number 0621103 on or about March 10, 2012. The pharmacy affixed two printed labels to the faxed hard copy. Both labels included the prescription number 0621103, patient identifiers and the NDC number for 0.1mg Clonidine tablets. Both labels erroneously indicated a quantity of six (6) tablets, versus the prescribed thirty (30) tablets. Both labels indicated the prescriber as Dr. Rodriguez, not the actual prescriber, Dr. Wessels. The faxed copy was filed as the original hard copy prescription

XVIII.

On October 24, 2012, Mike's Pharmacy compounded a Clonidine *suspension* as a refill for prescription 0621103. Mike's Pharmacy employee Judy Wooley delivered the medication to MS's residence on October 25 or 26, 2012.

XIX.

On October 28, 2012, MS's mother administered the first dose from the newly compounded Clonidine *suspension* (Rx516466) to MS. After MS's mother administered a second dose—consistent with Dr. Wessels' instructions—MS became extremely sedated with irregular respirations. He was transported to the Emergency Room at Carson Tahoe Regional Medical Center, where he was stabilized. He was then transported to Renown Regional Medical Center.

XX.

Edwin Peters, M.D, examined and admitted MS to the Renown Regional Medical Center PICU. Dr. Peters' History and Summary Notes indicate "Probable Clonidine overdose with decreased respiratory effort, decreased level of consciousness, and occasional bradycardia." Renown Medical Center put MS on a mechanical ventilator in its PICU, where he remained for three days.

XXI.

Available records indicate that the prescription for the Clonidine *tablets* was filled on October 24, 2012, by Respondent Howard Fond. Fond's handwritten initials are on the label affixed to the compound log and on the label on the prescription bottle for Rx 516466, which contained the suspect Clonidine *suspension*. The original prescription for 516466 could not be produced.

XXII.

In his written statement, Respondent Fond indicates that he compounded prescription 516466 on October 24, 2012. He notes that he had filled the prescription before, and had retrieved and printed the formula from the pharmacy computer. Respondent Fond believes that he made an error when weighing the Clonidine powder by adding 0.6 gm., instead of 0.6 mg.

XXIII.

MS's patient profile indicates prescription 0621103 was initially filled on September 21, 2012, with the second and last fill dated October 24, 2012. The patient profile entries note that on both dates, six (6) Clonidine 0.1mg *tablets* were dispensed. However, Clonidine *suspension* (#30) 0.1mg/5ml was actually dispensed using prescription number 516466, a number that was arbitrarily assigned for the compounding portion of prescription 0621103.

XXIV.

Prescription number 516466 was also assigned to Clonidine suspension prescriptions filled on November 9, 2011, December 16, 2011, and January 16, 2012. All three prescriptions were filled and dispensed prior to Dr. Wessels' faxed prescription received by Mike's Pharmacy on March 8, 2012.

XXV.

Respondent Mr. Hautekeet admitted to the Board Investigator that he used the arbitrary prescription number (516466) to represent the Clonidine compound prescription initially written by Dr. Rodriguez on March 24, 2011. He disregarded Dr. Wessels' instructions regarding the dosage form (tablets), and the dosage strength (0.1mg tablet daily), because they were not consistent with the formula used for the initial prescription as prescribed by Dr. Rodriguez. Respondent Mr. Hautekeet used the original fill and three refills from Dr. Wessels' prescription to augment the three refills previously authorized by Dr. Rodriguez.

SIXTH CAUSE OF ACTION

XXVI.

In failing to strictly follow the instructions of MS's physician by changing the dosage form of the prescribed Clonidine 0.1 mg *tablets* to Clonidine *suspension* without the prescriber's authorization, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (15) and/or NRS 639.255.

SEVENTH CAUSE OF ACTION

XXVII.

In falsifying Dr. Wessel's Clonidine prescription for *tablets* (0.1 mg.) to conform to the prescription written by Dr. Rodriguez for Clonidine *suspension* (0.1mg/5ml), and falsely adding the initial fill and refills, Respondents Mr. Fond and Mike's Pharmacy violated NAC

639.945(1)(d), (h), and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

EIGHTH CAUSE OF ACTION

XXVIII.

In failing to follow the prescriber's instructions and creating the compounded formulation at a one thousand times overdose by adding 0.6 **gm.** of Clonidine powder, instead of the 0.6 **mg.** prescribed, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

NINTH CAUSE OF ACTION

XXIX.

In creating a false record in the patient profile by entering that the prescription was filled with Clonidine 0.1 mg. ***tablets***, rather than the Clonidine ***powder*** that was used to compound the Clonidine suspension, Respondents Mr. Fond and Mike's Pharmacy violated NAC 639.945(1)(h), which violations are grounds for action pursuant to NRS 639.210(4), (12) and/or NRS 639.255.

TENTH CAUSE OF ACTION

XXX.

As a managing pharmacist who knew of and allowed the foregoing violations, or any one of them, to occur in his pharmacy, Respondent Mr. Hautekeet is subject to discipline pursuant to NRS 639.210(4), (12), (15) and/or (16).


ELEVENTH CAUSE OF ACTION

XXXI.

As the owner of a pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mr. Hautekeet is responsible, and therefore subject to discipline, pursuant to NRS 639.210(4), (12) and/or (16).

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 1st day of August, 2013.


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


NOTICE TO RESPONDENTS

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.

IV.

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

DATED this 1st day of August, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-058-RPH-A-N
Petitioner,)	
v.)	
	)	ANSWER AND
MICHAEL MARKUS HAUTEKEET, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 10777)	
)	
Respondent.	/	

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

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

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

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

DATED this ____ day of August, 2013.


Michael Markus Hautekeet, RPH

Blank

IV.

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

DATED this 1ST day of August, 2013.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-058-RPH-B-N
v.)	
	)	ANSWER AND
HOWARD MORTON FOND, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 03510)	
)	
Respondent.	/	

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

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

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

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

DATED this ____ day of August, 2013.

Howard Morton Fond, R.Ph.

IV.

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

DATED this 1st day of August, 2013.


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

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

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

DATED this ____ day of August, 2013.

Print or Type name

Authorized Representative For Mike's Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANGELIQUE CHEYENNE STINSON, PT
Certificate of Registration No. PT06175

LUDWIG JOSEPH, PTT
Certificate of Registration No. PT14490

AMBER SHORE, RPH
Certificate of Registration No. 17498

WALGREENS #12488
Certificate of Registration No. PH02741

Respondents

CASE NOS. 13-016-PT-N
13-016-PTT-N
13-016-RPH-N
13-016-PH-N

NOTICE OF INTENDED ACTION
AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because Respondent Angelique Stinson is pharmaceutical technician registered with the Board; Respondent Ludwig Joseph is a pharmaceutical technician in training registered with the Board; Respondent Amber Shore is a pharmacist registered with the Board; and Respondent Walgreen's #12488 is a pharmacy registered with the Board located at 1280 US Highway 95A North, Fernley, Nevada.

II.

On or about February 1, 2013, during an inspection of Walgreen's #12488, the Board Inspector learned that pharmaceutical technician, Angelique Stinson, and pharmaceutical technician in training, Ludwig Joseph, had not renewed their registration with the Board both of which expired on October 31, 2012.

III.

Board Staff requested Ms. Stinson's and Mr. Joseph's work hours from November 1, 2012 through February 1, 2013, from the Pharmacy Manager for Walgreen's #12488, the pharmacy at which Ms. Stinson and Mr. Joseph were employed. It was determined that Ms. Stinson had worked as a pharmaceutical technician for approximately twenty-four days between November 1, 2012, and February 1, 2013, without a valid registration. Mr. Joseph worked as a pharmaceutical technician in training for approximately five days between November 1, 2012, and February 1, 2013, without a valid registration.

FIRST CAUSE OF ACTION

IV.

By working at Walgreen's #12488 for approximately twenty-four days between November 1, 2012 and February 1, 2013, when she did not have a current pharmaceutical technician registration, Ms. Stinson violated NRS 639.210(4) and/or (12) and/or (13) and/or (NAC) 639.945 (1)(i) and/or (k).

SECOND CAUSE OF ACTION

V.

By working at Walgreen's #12488 for approximately five days between November 1, 2012 and February 1, 2013, when he did not have a current pharmaceutical technician in training registration, Mr. Joseph violated NRS 639.210(4) and/or (12) and/or (13) and/or (NAC) 639.945 (1)(i) and/or (k).

THIRD CAUSE OF ACTION

VI.

As managing pharmacist for the pharmacy in which Ms. Stinson and Mr. Joseph worked without a license, and in failing to verify that Ms. Stinson and Mr. Joseph had timely and validly renewed their registration, Amber Shore violated NRS 639.210(4) and/or (15) and/or NAC 639.945(1)(i) and/or (k).


FOURTH CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Stinson and Mr. Joseph worked without a license, and in failing to verify that Ms. Stinson and Mr. Joseph had timely and validly renewed their registration, Walgreen's #12488 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

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

Signed this 14th day of May, 2013.


Larry L. Pinson, Pharm.D., 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.

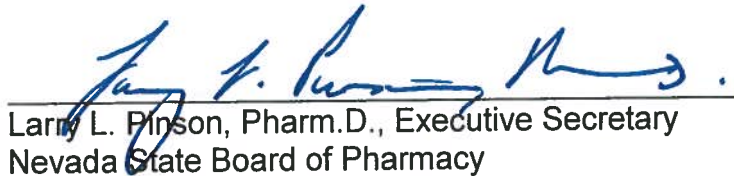
III.

The Board has reserved Wednesday, September 4, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 14th day of May, 2013.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANGELIQUE CHEYENNE STINSON, PT
Certificate of Registration No. PT06175

LUDWIG JOSEPH, PTT
Certificate of Registration No. PT14490

AMBER SHORE, RPH
Certificate of Registration No. 17498

WALGREENS #12488
Certificate of Registration No. PH02741

Respondents.

Case Nos. 13-016-PT-N
13-016-PTT-N
13-016-RPH-N
13-016-PH-N

ANSWER AND NOTICE OF DEFENSE

Respondents, Angelique Cheyenne Stinson, Ludwig Joseph, Amber Shore, and Walgreens #12488, by and through William J. Stilling and Scott S. Bell of and for Parsons Behle & Latimer, answer the Notice of Intended Action and Accusation in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

1. Respondents request a hearing on the Notice of Intended Action and Accusation and will be available on September 4, 2013 in Reno, Nevada.



RESPONSES TO FACTUAL ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents jointly admit, deny, and allege as follows:

I.

Respondents admit the allegations in Paragraph I.

II.

Respondents lack personal knowledge or information sufficient to form a belief about the truth of allegations about what the Board inspector learned.

III.

Respondents admit that Board Staff requested Ms. Stinson's and Mr. Joseph's work hours as described in the first sentence of Paragraph III. Respondents admit Ms. Stinson and Mr. Joseph worked approximately twenty-four and five days respectively during the period referenced in Paragraph III, but deny they were at all those times providing services as "pharmaceutical technicians."

FIRST CAUSE OF ACTION

IV.

Paragraph IV does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

SECOND CAUSE OF ACTION

V.

Paragraph V does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

THIRD CAUSE OF ACTION

VI.

Paragraph VI does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

FOURTH CAUSE OF ACTION

VII.

Paragraph VII does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

STATEMENT OF COMPLIANCE

All Respondents, including Ms. Stinson and Mr. Joseph, possess all certificates, registrations, and licenses required by the Nevada State Board of Pharmacy.

RESERVATION OF RIGHTS AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. During the hearing, Respondents will provide the Board with the remedial steps they have taken since the Board Inspector's visit on February 1, 2013.

3. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

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 5th day of June, 2013.



William J. Stilling
Scott S. Bell
Of and for PARSONS BEHLE &
LATIMER
Attorneys for Respondents
Angelique Cheyenne Stinson
Ludwig Joseph
Amber Shore
Walgreens #12488

CERTIFICATE OF SERVICE

I hereby certify that on June 5, 2013, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

S. Paul Edwards
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
pedwards@pharmacy.nv.gov

- ☒ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☒ Electronic Mail



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANGELIQUE CHEYENNE STINSON, PT
Certificate of Registration No. PT06175

LUDWIG JOSEPH, PTT

Certificate of Registration No. PT14490

AMBER SHORE, RPH

Certificate of Registration No. 17498

WALGREENS #12488

Certificate of Registration No. PH02741

Respondents.

Case Nos. 13-016-PT-N

13-016-PTT-N

13-016-RPH-N

13-016-PH-N

ANSWER AND NOTICE OF DEFENSE

Respondents, Angelique Cheyenne Stinson, Ludwig Joseph, Amber Shore, and Walgreens #12488, by and through William J. Stilling and Scott S. Bell of and for Parsons Behle & Latimer, answer the Notice of Intended Action and Accusation in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

1. Respondents request a hearing on the Notice of Intended Action and Accusation and will be available on September 4, 2013 in Reno, Nevada.



RESPONSES TO FACTUAL ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice of Intended Action and Accusation, Respondents jointly admit, deny, and allege as follows:

I.

Respondents admit the allegations in Paragraph I.

II.

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III.

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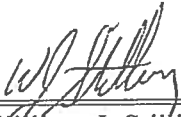
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3. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

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 5th day of June, 2013.



William J. Stilling
Scott S. Bell
Of and for PARSONS BEHLE &
LATIMER
Attorneys for Respondents
Angelique Cheyenne Stinson
Ludwig Joseph
Amber Shore
Walgreens #12488

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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Respondents.

Case Nos. 13-016-PT-N
13-016-PTT-N
13-016-RPH-N
13-016-PH-N

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RESERVATION OF RIGHTS AND GENERAL DENIAL

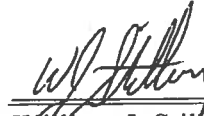
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I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 5th day of June, 2013.



William J. Stilling
Scott S. Bell
Of and for PARSONS BEHLE &
LATIMER
Attorneys for Respondents
Angelique Cheyenne Stinson
Ludwig Joseph
Amber Shore
Walgreens #12488

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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Respondents.

Case Nos. 13-016-PT-N
13-016-PTT-N
13-016-RPH-N
13-016-PH-N

ANSWER AND NOTICE OF DEFENSE

Respondents, Angelique Cheyenne Stinson, Ludwig Joseph, Amber Shore, and Walgreens #12488, by and through William J. Stilling and Scott S. Bell of and for Parsons Behle & Latimer, answer the Notice of Intended Action and Accusation in the above-entitled matter and declare 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 5th day of June, 2013.



William J. Stirling
Scott S. Bell
Of and for PARSONS BEHLE &
LATIMER
Attorneys for Respondents
Angelique Cheyenne Stinson
Ludwig Joseph
Amber Shore
Walgreens #12488

ORIGINAL

Brett K. South, Esq.
Nevada Bar No. 3608
RANDS, SOUTH & GARDNER
9498 Double R Blvd., Ste. A
Reno, NV 89521
(775) 827-6464

Attorneys for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD
OF PHARMACY,

Petitioner,
vs.

Case No.: 13-013-IN-S

MARK ROBERT NEUFELD,
Certificate of Registration
No. IN03286,

APPLICATION FOR REHEARING

Respondent.

COMES NOW, Respondent, MARK ROBERT NEUFELD, by and through his counsel,
RANDS, SOUTH & GARDNER, and pursuant to NRS 639.252, hereby applies to the Nevada State
Board of Pharmacy (hereinafter referred to as the "Board") for a rehearing of the above-entitled
action and Order entered August 2, 2013.

RESPECTFULLY SUBMITTED this 15th day of August 2013.

RANDS, SOUTH & GARDNER

By: Brett K. South
Brett K. South
9498 Double R Blvd., Ste. A
Reno, NV 89521
Attorneys for Respondent

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RANDS, SOUTH & GARDNER
9498 Double R Blvd., Ste. A
Reno, Nevada 89521
Telephone (775) 827-6464 • Facsimile (775) 827-6496

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1 mistaken belief that his former employer was handling and coordinating any potential appearance
2 on his behalf.

3 In addition, Respondent seeks rehearing because the subpoena was not properly served in
4 accordance with the requirements of NRS 639.246, and therefore, was invalid.

5 **II.**

6 **Analysis**

7 **A. Adequate Excuse Exists for Respondent's Failure to Appear**

8 Respondent is currently a third year pharmacy student at Roseman University of Health
9 Sciences (hereinafter referred to as "Roseman") located in Henderson, Nevada. Respondent, through
10 Roseman, obtained a pharmacy internship at Scolari's Food & Drug Company, Store #26, located
11 in Sparks, Nevada, from May 17, 2012 through June 29, 2012. Respondent returned to Roseman
12 University on August 27, 2017 to continue his pharmacy studies.

13 Respondent has obtained his cell phone records which provide a clearer picture of the timing
14 of the efforts taken by Respondent in connection with the subpoena. The records are attached hereto
15 as Exhibit "1," and the relevant calls have been highlighted.

16 In response to a voice mail message left on Respondent's cell phone on or about October 25,
17 2012, by Daniel Garcia, an agent of the Board, Respondent contacted Mr. Garcia on October 25,
18 2012 and spoke with him for nine (9) minutes regarding the nature and scope of the subpoena. On
19 that same date, approximately one hour after speaking with Mr. Garcia, Respondent then contacted
20 his mother, who advised him to make arrangements with Mr. Garcia to accept the subpoena and to
21 contact Scolari's for guidance regarding further handling.

22 As reflected in the cell phone records, on October 25, 2012, at 12:22, Respondent contacted
23 Scolari's and spoke with Head Pharmacist, Wendy Grady, for five (5) minutes, regarding the
24 subpoena and further handling. Ms. Grady advised Respondent that he should contact the Board.

25 Soon after speaking with Ms. Grady, Respondent again contacted Mr. Garcia and had a five
26 (5) minute conversation wherein arrangements were made to meet with Mr. Garcia on October 30,
27 2012, at the Walgreen's located at 3717 S. Las Vegas Blvd., to accept the subpoena.

28 ///

1 After speaking with Mr. Garcia, Respondent contacted the Board and spoke with a female
2 employee for four (4) minutes and explained that he would be in class at Roseman in Henderson on
3 December 5, 2012, the date of the hearing in Case No. 12-050-R.PH.-N, and that personally
4 appearing in Reno would be very difficult. The Board personnel advised Respondent that his
5 testimony might be accomplished via video conference through the Board. As reflected in
6 Respondent's cell phone records, this conversation with the Board personnel lasted four (4) minutes.

7 Based on the telephone conversations set forth above, it was Respondent's understanding that
8 if any further action was required by him, Respondent would be contacted at a future date either by
9 a representative of Scolari's and/or the Board. Respondent did not receive any further contact from
10 Scolari's and/or the Board regarding Case No. 12-050-R.PH.-N and assumed, incorrectly, that the
11 matter had been handled and his appearance was not required. Accordingly, Respondent did not
12 appear at the hearing.

13 Respondent respectfully submits that the efforts outlined above clearly demonstrate he did
14 not deliberately ignore and/or disregard the Board's subpoena, took the legal request seriously and
15 attempted to determine the appropriate course of action. Indeed, Respondent, undertook multiple
16 steps to determine the appropriate course of action to address the subpoena. Rather, Respondent's
17 failure to appear arose out of a genuine misunderstanding and mistaken belief that he would receive
18 further contact from Scolari's and/or the Board if his appearance was required.

19 At the time Respondent was subpoenaed to appear, he was 23 years old. Respondent is a
20 pharmacy student. He is not familiar with legal proceedings. As stated above, it was Respondent's
21 understanding and belief that he would receive further contact from Scolari's and/or the Board if any
22 additional action was required by Respondent regarding the subpoena. Regrettably, Respondent did
23 not recognize that it was incumbent upon him to follow up with Scolari's and/or the Board to
24 confirm that his appearance would not be required at the hearing on December 5, 2012.

25 **B. The Board's Subpoena Was Not Properly Served**

26 NRS 639.246(1) authorizes the Executive Secretary of the Board to "issue subpoenas for the
27 production of witnesses, documents or papers, in accordance with statutory provisions, at the request
28 of any party to a hearing or for purposes of an investigation or other matter under inquiry by the

1 Board.” However, any subpoenas “must be served in the same manner as prescribed by law for the
2 service of subpoenas in civil actions.” NRS.639.246(3). Furthermore, witnesses subpoenaed to
3 testify before the Board “must receive expenses and witness fees in the amounts and under the same
4 circumstances as prescribed by law for witnesses in civil actions.” NRS 639.246(2).

5 In essence, NRS 639.246 specifies any subpoenas issued by the Board must comply with the
6 same requirements for the issuance of subpoenas in civil actions. In Nevada, NRCP 45 governs the
7 requirements for the issuance and service of subpoenas in civil actions. Proper service of a subpoena
8 requires personally delivering a copy of the subpoena to the person being commanded to appear and
9 “tendering to that person the fees for one day’s attendance and the mileage allowed by law.” NRCP
10 45(b)(1). Additionally, the subpoena may not require a person “who is not a party or an officer of
11 a party to travel to a place more than 100 miles from the place where that person resides, is employed
12 or regularly transacts business in person . . .” NRCP 45(c)(3)(A)(ii).

13 In the case of *In re Dennis*, 330 F.3d 696 (5th Cir. 2003), the federal appeals court examined
14 language from FRCP 45 which is very similar to language in NRCP 45 and held that a party who
15 failed, at the time of service of a subpoena, to pay a witness’ appearance fee and mileage allowance
16 had failed to properly serve the subpoena, stating:

17 “Service of a subpoena upon a person named therein shall be made by
18 delivering a copy . . . and, if the person’s attendance is commanded,
19 by tendering to that person the fees for one day’s attendance and the
20 mileage allowed by law.” FED.R.CIV.P. 45(b)(1). “Although the
correct reading of this portion of Rule 45[(b)(1)] is an issue of first
impression for this court, it requires little comment.” *CF&I Steel
Corp. v. Mitsui & Co. (U.S.A.)*, 713 F.2d 494, 496 (9th Cir. 1983).

21 The conjunctive form of the rule indicates that proper service
22 requires not only personal delivery of the subpoena, but also
23 tendering of the witness fee and a reasonable mileage allowance.
24 “[T]he plain meaning of Rule 45[(b)(1)] requires simultaneous
25 tendering of witness fees and the reasonably estimated mileage
allowed by law with service of a subpoena.” *Id.* The courts uniformly
agree with this interpretation of rule 45(b)(1), as do the leading
treatises on civil procedure. Accordingly, the subpoena was not
properly served. (Footnotes omitted)

26 330 F.3d at 704.

27 The Ninth Circuit held the failure to tender fees at the time of service of a subpoena
28 invalidates the subpoena. *CF & I Steel Corp. v. Mitsui & Co.*, 713 F.2d 494, 495 (9th Cir. 1983)

1 (finding tender 34 days after service and one week after notice of deficiency did not cure defect); *see*
2 *also, Mirana v. Battery TaiShing Corp.*, 2009 WL 290459, *1 (N.D. Cal. Feb. 5, 2009).

3 In the case of *In re Stratosphere Corp. Sec. Litig.*, 183 F.R.D. 684, 687 (D. Nev. 1999), the
4 Nevada federal district court denied a motion to compel deposition testimony, in part, because
5 “failure to pay witness and mileage fees required by Fed. R. Civ. P. 45(b)(1) renders service
6 incomplete.” At least one other federal district court has stated “[f]ailure to tender fees and mileage
7 renders the subpoena invalid and frees the witness of any obligation to attend.” *Hazelwood v. Webb*,
8 United States District Court for the District of Kentucky Case No. 4:06CV-P107-M, 2007 U.S. Dist.
9 LEXIS 71778 (D. Ky. 2007).

10 Similarly, a respected treatise on civil procedure has stated: “Failure to tender the appropriate
11 sums at the time the subpoena is served invalidates the subpoena.” 9A Charles Alan Wright &
12 Arthur R. Miller, *Federal Practice and Procedure* § 2454 at 402-03 (3d ed. 2008).

13 At the time Respondent accepted service of the subpoena from Mr. Garcia, he was not paid
14 an appearance fee and was not given a mileage allowance. *See*, Declaration of Mark R. Neufeld
15 attached hereto as Exhibit “2.” Based upon the foregoing, service of the subpoena was invalid and
16 Respondent was under no legal obligation to attend the hearing.

17 Pursuant to FRCP 45(e), a nonparty's failure to obey must be excused if the subpoena
18 purports to require the nonparty to appear at a location greater than 100 miles from where he resides
19 or is employed or transacts business. At the time Respondent was served with the subpoena and the
20 date he was commanded to appear for the hearing in Reno, he was residing and attending school in
21 Henderson, Nevada. Pursuant to NRCP 45(c)(3)(A)(ii), Respondent could not be required to travel
22 more than 100 miles to appear for the hearing. The distance between Henderson and Reno is
23 approximately 450 miles. Accordingly, Respondent was not and could not properly be subpoenaed
24 to appear in Reno while he was residing and attending school in Henderson, Nevada.

25 If, as Respondent asserts, the subpoena was invalid, Respondent respectfully requests the
26 Board to dismiss this matter against him or, alternatively, to suspend any judgment for a period of
27 one year conditioned upon Respondent not having any other adverse matter involving him brought
28 before the Board following which time the matter would be dismissed.

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III.

Conclusion

It is apparent the subpoena served upon Respondent was invalid for the failure to contemporaneously compensate Respondent for his appearance and mileage. Since it was invalid, Respondent's failure to appear was not a violation of the subpoena. Likewise, the subpoena was improper since it required Respondent to travel more than 100 miles to attend the hearing.

Respondent believes adequate excuse exists regarding his failure to appear at the hearing. He contacted his employer and the Board following receipt of the subpoena and, after these discussions believed, albeit incorrectly, that he would have further contact and direction if his appearance at the hearing was necessary. His actions reflect a diligent, but naive, effort to fulfill his obligations in connection with the subpoena.

Respondent sincerely regrets the inconvenience caused by his failure to appear at the hearing. In the future, Respondent assures the Board he will take all action(s) necessary to ensure that he timely and appropriately responds to future legal requests issued by the Board or any other licensing agency in connection with his responsibilities as a licensed member of the pharmacology profession.

Based upon the foregoing analysis, Respondent respectfully requests the Board to grant Respondent's application for rehearing and to further consider the issues Respondent has raised herein by vacating its earlier order and dismissing this matter against him or, alternatively, suspending any judgment for a period of one year conditioned upon Respondent not having any other adverse matter involving him brought before the Board following which time the matter would be dismissed.

DATED this 15th day of August 2013.

RANDS, SOUTH & GARDNER

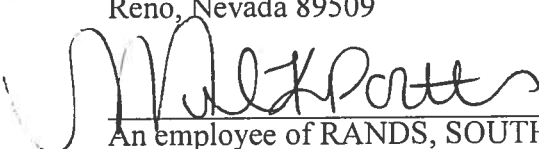
By: 

Brett K. South
9498 Double R Blvd., Ste. A
Reno, NV 89521
Attorneys for Respondent

CERTIFICATE OF SERVICE

I hereby certify that I am employee of RANDS, SOUTH & GARDNER, and that on the 15th day of April 2013, I caused to be hand-delivered, a true and correct original/copy of the foregoing **APPLICATION FOR REHEARING**, addressed to the following counsel of record at his/her last known mailing address:

S. Paul Edwards, Esq.
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509


An employee of RANDS, SOUTH & GARDNER

Case No.: 13-013-IN-S

INDEX OF EXHIBITS

1. Cell phone bill records for (775) 225-2733 (2 pgs.); and
2. Declaration of Mark R. Neufeld (2 pgs.)

EXHIBIT 1

EXHIBIT 1

PO BOX 4005
ACWORTH, GA 30101-9006

Manage Your Account & View Your Usage Details	Account Number	Date Due
My Verizon at www.verizonwireless.com	671538195-00001	12/03/12
Address Changed? – go to vzw.com/changeaddress	Invoice Number	1135349923

KEYLINE
/8943670986/

STEVEN NEUFELD
2820 OXLEY DR
SPARKS, NV 89436-7098

Quick Bill Summary

Oct 09 - Nov 08

Previous Balance (see back for details)	\$212.12
Payment – Thank You	–\$212.12
Balance Forward	\$0.00
Monthly Access Charges	\$198.95
Usage Charges	\$3.98
Verizon Wireless' Surcharges and Other Charges & Credits	\$5.97
Taxes, Governmental Surcharges & Fees	\$3.22
Total Current Charges	\$212.12

Total Charges Due by December 03, 2012 \$212.12

Pay from Wireless	Pay on the Web	Questions:
#PMT (#768)	My Verizon at www.verizonwireless.com	1-866-922-0004 or 1-811 from your wireless

VW

Bill Date November 08, 2012
Account Number 671538195-00001
Invoice Number 1135349923

STEVEN NEUFELD
2820 OXLEY DR
SPARKS, NV 89436-7098

Total Amount Due by December 03, 2012

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

\$212.12

\$.

PO BOX 660108
DALLAS, TX 75266-0108

/7526601085/



Check here and fill out the back of this slip if your billing address
has changed or you are adding or changing your email address.

1135349923010671538195000010000212120000212120

NOTICE: Bank account and routing numbers will be retained to enable future payments by phone or online. To opt out, call 1-866-544-0401.

Detail for Joan Nuefeld: 775-225-2733

Voice, continued

Date	Time	Number	Rate	Usage Type	Origination	Destination	Min.	Airtime Charges	Long Dist/ Other Chgs	Total
10/17	4:34P	775-338-9590	Peak	M2MAIlow	Las Vegas NV	Incoming CL	14	---	---	---
10/18	5:18P	775-287-8395	Peak	PlanAllow	Las Vegas NV	Reno NV	2	---	---	---
10/18	11:46P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Reno NV	9	---	---	---
10/19	11:41P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Incoming CL	13	---	---	---
10/20	5:57P	775-338-9590	Off-Peak	N&W	Las Vegas NV	Reno NV	1	---	---	---
10/20	5:58P	775-338-9590	Off-Peak	N&W	Las Vegas NV	Incoming CL	5	---	---	---
10/20	7:40P	808-381-4851	Off-Peak	N&W	Las Vegas NV	Honolulu HI	3	---	---	---
10/20	11:21P	775-287-8395	Off-Peak	N&W	Las Vegas NV	Reno NV	2	---	---	---
10/20	11:27P	702-419-4776	Off-Peak	N&W	Henderson NV	Las Vegas NV	1	---	---	---
10/20	11:54P	775-233-1745	Off-Peak	N&W	Henderson NV	Incoming CL	2	---	---	---
10/21	2:02A	775-233-1745	Off-Peak	N&W	Las Vegas NV	Reno NV	7	---	---	---
10/21	2:10A	808-381-4851	Off-Peak	N&W	Las Vegas NV	Honolulu HI	1	---	---	---
10/21	8:51P	775-225-3307	Off-Peak	N&W	Las Vegas NV	Reno NV	1	---	---	---
10/21	8:51P	775-771-4990	Off-Peak	N&W	Las Vegas NV	Reno NV	2	---	---	---
10/21	9:03P	775-771-4990	Off-Peak	N&W	Las Vegas NV	Incoming CL	14	---	---	---
10/21	9:16P	775-225-3307	Off-Peak	N&W	Las Vegas NV	Reno NV	12	---	---	---
10/22	6:37A	775-233-1745	Peak	PlanAllow	Las Vegas NV	Reno NV	3	---	---	---
10/22	11:57A	775-830-8144	Peak	PlanAllow	Henderson NV	Incoming CL	1	---	---	---
10/23	5:40P	775-225-3307	Peak	M2MAIlow	Las Vegas NV	Reno NV	4	---	---	---
10/23	11:08P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Reno NV	30	---	---	---
10/24	11:04P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Reno NV	9	---	---	---
10/25	9:45A	702-494-8672	Peak	PlanAllow	<i>Garcia</i>	Henderson NV	Las Vegas NV	5	---	---
10/25	10:45A	775-827-6464	Peak	PlanAllow	<i>Mother (Joan)</i>	Henderson NV	Reno NV	9	---	---
10/25	12:22P	775-626-5005	Peak	PlanAllow	<i>Scolari's Pharm.</i>	Las Vegas NV	Reno NV	5	---	---
10/25	12:28P	702-494-8672	Peak	PlanAllow	<i>Garcia</i>	Las Vegas NV	Las Vegas NV	5	---	---
10/25	12:36P	775-850-1440	Peak	PlanAllow	<i>Beard</i>	Las Vegas NV	Reno NV	4	---	---
10/25	10:20P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Reno NV	2	---	---	---
10/25	10:23P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Incoming CL	16	---	---	---
10/26	11:37P	775-233-1745	Off-Peak	N&W	Henderson NV	Reno NV	3	---	---	---
10/26	11:53P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Incoming CL	10	---	---	---
10/27	3:06A	775-233-1745	Off-Peak	N&W	Henderson NV	Reno NV	1	---	---	---
10/27	3:08A	503-930-8897	Off-Peak	N&W	Henderson NV	Salem OR	4	---	---	---
10/27	3:11A	775-233-1745	Off-Peak	N&W,CallWait	Las Vegas NV	Incoming CL	5	---	---	---
10/27	3:16A	503-930-8897	Off-Peak	N&W	Las Vegas NV	Salem OR	3	---	---	---
10/28	1:03A	775-233-1745	Off-Peak	N&W	Las Vegas NV	Incoming CL	1	---	---	---
10/28	1:05A	775-233-1745	Off-Peak	N&W	Las Vegas NV	Reno NV	7	---	---	---
10/28	2:54A	775-233-1745	Off-Peak	N&W	Henderson NV	Reno NV	1	---	---	---
10/28	11:45A	775-287-8395	Off-Peak	N&W	Las Vegas NV	Reno NV	2	---	---	---
10/28	12:34P	775-233-1745	Off-Peak	N&W	Las Vegas NV	Incoming CL	4	---	---	---
10/28	2:08P	775-771-4990	Off-Peak	N&W	Las Vegas NV	Reno NV	1	---	---	---
10/28	2:09P	775-225-3307	Off-Peak	N&W	Las Vegas NV	Reno NV	7	---	---	---
10/28	2:16P	775-240-4848	Off-Peak	N&W	Las Vegas NV	Incoming CL	15	---	---	---
10/28	2:31P	775-771-4990	Off-Peak	N&W	Las Vegas NV	Reno NV	8	---	---	---
10/28	2:38P	775-287-8395	Off-Peak	N&W,CallWait	Las Vegas NV	Incoming CL	2	---	---	---
10/28	8:19P	702-565-8900	Off-Peak	N&W	Las Vegas NV	Las Vegas NV	2	---	---	---

EXHIBIT 2

EXHIBIT 2

1 Case No.: 13-013-IN-S

2
3 DECLARATION OF MARK R. NEUFELD

4 MARK R. ROBERT, hereby declares:

5 1. I am currently a third year pharmacy student at Roseman University of Health
6 Sciences (hereinafter referred to as "Roseman") located in Henderson, Nevada. Respondent, through
7 Roseman, obtained a pharmacy internship at Scolari's Food & Drug Company, Store #26, located
8 in Sparks, Nevada, from May 17, 2012 through June 29, 2012.

9 2. I returned to Roseman University on August 27, 2012 to continue my pharmacy
10 studies.

11 3. In response to a voice mail message left on my cell phone on or about October 25,
12 2012, by Daniel Garcia, an agent of the Board, I called Mr. Garcia on October 25, 2012 and spoke
13 with him regarding the nature and scope of the subpoena.

14 4. On that same date, approximately one hour after speaking with Mr. Garcia, I
15 contacted my mother, who advised me to make arrangements with Mr. Garcia to accept the subpoena
16 and to contact Scolari's for guidance regarding further handling.

17 5. On October 25, 2012, I contacted Scolari's and spoke with Head Pharmacist, Wendy
18 Grady, for five (5) minutes, regarding the subpoena and further handling. Ms. Grady advised me that
19 I should contact the Board.

20 6. Soon after speaking with Ms. Grady, I again contacted Mr. Garcia and made
21 arrangements to meet with him on October 30, 2012, at the Walgreen's located at 3717 S. Las Vegas
22 Blvd., to accept the subpoena.

23 7. After speaking with Mr. Garcia, I contacted the Board and spoke with a female
24 employee of the Board and explained that I would be in class at Roseman in Henderson on December
25 5, 2012, the date of the hearing in Case No. 12-050-R.PH.-N, and that personally appearing in Reno
26 would be very difficult. The Board personnel advised me that my testimony might be accomplished
27 via video conference through the Board.

28

1 8. On October 30, 2012, I accepted the subpoena from Mr. Garcia. No witness fee
2 and/or mileage was given to me by Mr. Garcia at the time he served the subpoena.

3 9. To date, no witness fee and mileage expense has ever been proffered to me in
4 connection with the subpoena served on me on October 30, 2012.

5 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is
6 true and correct.

7 Executed:

8 8/15/13
(date)

9 *Mark Huff*
(signature)

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-013-IN-S
v.)	
MARK ROBERT NEUFELD, IN	)	STIPULATED FACTS, LEGAL
Certificate of Registration No. IN03286	)	CONCLUSIONS AND ORDER
)	
Respondent)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on Wednesday, July 24, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney Douglas R. Rands of the law firm Rands, South & Gardner appeared on behalf of Respondent Mark Robert Neufeld, Certificate of Registration No. IN03286, who was also present. Mr. Neufeld took the witness stand and gave sworn testimony before the Board. Based on the evidence, the testimony presented and the public records in the Board's possession and control, the Board issues the following:

STIPULATED FACTS

Respondent stipulated on the record to the following factual allegations, as set forth in the Accusation on file in this matter:

1. On October 9, 2012, the Board issued a subpoena to Respondent Mr. Neufeld commanding him to appear before the Board at its regularly scheduled Board Meeting on Wednesday, December 5, 2012, in Reno, Nevada.
2. Daniel J. Garcia, an agent of the Board, served the subpoena on Mr. Neufeld personally on October 30, 2012.
3. Mr. Neufeld failed to comply with the subpoena by failing to appear at the December 5, 2012 Board Meeting as commanded.

\\

\\

STIPULATED LEGAL CONCLUSIONS

4. The Board has jurisdiction over this matter and this respondent because at the time of the actions alleged herein, Respondent Mr. Neufeld was, and is, an intern pharmacist licensed by the Board.

5. By failing to comply with the terms of a subpoena issued by the Board, Mr. Neufeld violated Nevada Administrative Code (NAC) 639.945(1)(l), and is subject to disciplinary action pursuant to NRS 639.255.

Based upon the foregoing, **THE BOARD HEREBY ORDERS:**

6. Respondent Mr. Neufeld shall:

a. Pay an administrative fee of \$295.00 as a result of his failure to comply with a Board subpoena, resulting in this action;

b. Complete one (1) hour of continuing education (CE) related to ethics, in addition to the standard CE courses he is required to attend;

c. Receive a public letter of reprimand from Board Staff.

7. Respondent shall pay the administrative fee set forth herein by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order. If circumstances so merit, Board Staff has the discretion and authority to establish a payment plan under which Respondent may pay the fee set forth herein through installments without further action or vote by the Board.

8. Any failure by Respondent to comply with any term in this Order may result in additional discipline, up to and including suspension or revocation of Respondent's registrations/licenses until all terms have been satisfied. Furthermore, any failure to pay any fine, fee, or cost ordered herein may result in such legal action as Board Staff determines to be

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\\

\\

necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 2 day of August 2013.

A handwritten signature in black ink, appearing to read 'K. Gandhi', is written over a horizontal line.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

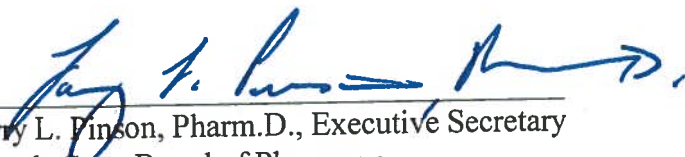
FIRST CAUSE OF ACTION

V.

By failing to comply with the terms of a subpoena issued by the Board, Mr. Neufeld violated Nevada Revised Statute (NRS) 639.210(4), and/or Nevada Administrative Code (NAC) 639.945(1)(l), and may be subject to disciplinary action pursuant to NRS 639.255(1).

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 4th day of April, 2013.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.
SIEU LONG, R.PH.
Certificate of Registration No. 16340

Case No. 12-050-R.PH.-N

SCOLARI'S PHARMACY #26
Certificate of Registration No. PH01081
Respondents.

Case No. 12-050-PH-N

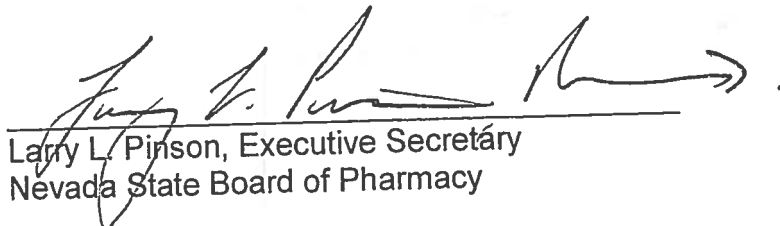
THE NEVADA STATE BOARD OF PHARMACY
SENDS GREETINGS TO:

Mark Neufeld, Intern
1418 Summer Glow Avenue
Henderson, Nevada

WE COMMAND YOU, that all and singular business and excuses being set aside, to appear at a hearing of the Nevada State Board of Pharmacy at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada, on Wednesday, December 5, 2012. The time of the hearing will be set by letter to follow.

Your failure to comply with the terms of this subpoena will result in those penalties as are prescribed by law.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Board this 9th day of October, 2012.


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

RETURN OF SERVICE

STATE OF NEVADA

)
ss.

COUNTY OF WASHOE

)

I HEREBY certify and return that I received the within Subpoena on the 30 day
of OCTOBER, 2012 and that I personally served the same upon
MARK NEWFELD, a person at least eighteen years of age,
at 3717 S. LAS VEGAS BLVD on the 30
day of OCTOBER, 2012.


SignatureDaniel J. Garcia
Name (print)

SUBSCRIBED AND SIGNED before me

this 30 day of October, 2012by Kimberly Friedman.
NOTARY PUBLIC

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

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

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

First: Thomas Middle: Joe Last: Sanders Degree: MD

Practice Name (if any): Northern Nevada Emergency Physicians

Nevada Address: 832 Willow St Suite #: _____

(This must be a practicing Nevada address, we will not issue a license

PO Box: _____

SS# _____

City: Reno

State: NV

Zip Code: 89502

E-mail address: _____

Nevada Work Telephone: 775-324-4040

Date of Birth: _____

Nevada Fax: _____

Sex: ☒ M or ☐ F

Practitioner License Number: 5393

Specialty: Emergency Medicine

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

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:					
Board Administrative Action:		State	Case #:		
		<u>NV</u>	<u>suspended/probation</u> <u>13-9584-1</u>		
Criminal Action:					

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

Original Signature, no copies or stamps accepted.

Date

Board Use Only

Received: _____

7/8/13

Amount: _____

\$80.00

Entity# _____

63736

- Questions - NEA registration suspended November 2012
followed by suspension of Nevada medical license
2^o to self ordering of controlled substance
treated at Hazelden Springbrook in Portland, Oregon
for narcotic addiction. Monitored by Nevada
Professional Assistance Program since discharge Feb 2013
2. License suspended Nov 2012. Reinstated June 7, ²⁰¹~~20~~
3. as above case # 13-9584-1 (on probation)

HAL TAYLOR
ATTORNEY AT LAW
Professional Licensing Law – Social Security Disability
NevadaLicenseLawyer.com
223 Marsh Avenue
Reno, Nevada 89509

Licensed to Practice in:
NEVADA
CALIFORNIA
ILLINOIS

PHONE: (775) 825-2223
FAX: (775) 329-1113

June 24, 2013

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

Attn: Paul S. Edwards, Esq.
General Counsel

Re: Thomas Joe Sanders
Reg.# CS04008

Dear Paul:

This is the case that I would like to arrange a meeting with you and Larry to discuss. Dr. Sanders is an emergency doctor. That is all that he does; he has no office practice.

Dr. Sanders developed an addiction to pain medication (He has had two total knee replacements in the last year.). He was ordering pain medication directly for his own use. A DEA investigation discovered what he was doing, and summarily suspended his DEA certification. When notice of this suspension was sent to your Board, Carolyn took action to suspend his CS certification.¹

Dr. Sanders did not contest the DEA suspension, and surrendered his DEA certification.

Dr. Sanders, through my office, self-reported the DEA action to the Nevada State Board of Medical Examiners ("Medical Board").² The Medical Board summarily

¹ I may be a bit wrong on the procedural background, but I believe that this is what Carolyn did. He's shown as "suspended by other agency" on your website.

² I assume that they also received a notice from DEA and, I assume from my conversation with her, from Carolyn of the Board of Pharmacy position. However, I did

suspended Dr. Sander's medical license in Nevada.

Dr. Sanders checked himself into the Hazelden, Springbrook, Oregon Addiction Treatment Center in Newberg, Oregon. As you probably already know, this is one of the best addiction treatment centers in the Country, and Dr. Sanders spent a few weeks there.

As soon as he was released, he did the necessary paperwork to enroll in the Medical Board's impaired physicians program, which is monitoring him at present, and will continue to monitor him for approximately the next five years.

Once Dr. Sanders was able to successfully complete the Hazelden program and come under the supervision of the Medical Board program, we were able to enter into a Memorandum of Agreement with DEA under which they agreed that he will be able to register again with the DEA to prescribe controlled substances upon his being relicensed by the Medical Board and the Nevada Board of Pharmacy. He had to pay a \$30,000 civil penalty to DEA.

I have included a copy of the DEA Memorandum of Agreement for your review, and included another copy for Larry to look over. DEA has also confirmed that it currently has no intention of filing criminal charges against Dr. Sanders. I have also included a copy of that confirming letter signed off by Russell E. Marsh, Chief, Criminal Division.

On June 7, 2013, the Nevada State Board of Medical Examiners approved a Settlement Agreement with Dr. Sanders under which he received a public reprimand; he agreed to comply fully with the Medical Board's Nevada Professional Assistance Program, with monthly reporting; he was suspended for sixty months, with the suspension stayed subject to compliance with the Settlement Agreement; additional monitoring of his prescribing; additional continuing medical education courses; forty hours of community service; and a fine and investigative costs.³

Both DEA and the Medical Board have agreed that Dr. Sanders may practice as an emergency room physician only; no private practice at all (Which he had no intention of doing.). The Medical Board agreed that upon agreement with the DEA for re-registration to prescribe controlled substances, and subject to terms and conditions imposed by the DEA and the Board of Pharmacy, the Respondent will be allowed to prescribe controlled substances only to emergency room patients with whom he is in a bona fide doctor-patient relationship, and based upon medical necessity, until further order of the Medical Board (Page 4 of Settlement Agreement).

write a letter to the Medical Board counsel to alert the Medical Board of the suspension.

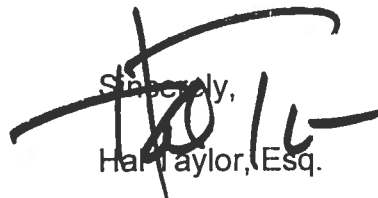
³ Full disciplinary terms are found at pages 3-5 of the Settlement Agreement.

The Medical Board lifted his summary suspension, and he will be filing to renew his medical license within the next week or so.

I have included a copy of the Medical Board Settlement Agreement, the Order Lifting Summary Suspension, and a copy of the Public Reprimand for you and Larry to review.

So now it comes down to how the Board of Pharmacy wishes to address this CS license. That is why I would like to arrange a meeting with you and Larry to discuss how we may best handle this matter in a way that I hope will permit Dr. Sanders to get back to his emergency room practice as soon as his recuperation from his knee surgery allows him to do so.

If we have not spoken before you receive this, please give me a call so that we can set up that meeting; I hope this week. Thank you in advance for your assistance in this matter.

Sincerely,

Harri Taylor, Esq.

HRT/ew

Enclosures

cc: Larry L. Pinson, Executive Director
Client

ORIGINAL

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and)

Case No. 13-9584-1

Complaint Against)

FILED

THOMAS JOE SANDERS, M.D.,)

JUN 11 2013

Respondent.)

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

ORDER LIFTING SUMMARY SUSPENSION

The Investigative Committee (IC), composed of Benjamin J. Rodriguez, M.D., Chairman, Beverly A. Neyland, M.D., Member, and Donna A. Ruthe, Member, by and through Bradley O. Van Ry, Esq., General Counsel for the Board and counsel for the IC, hereby lifts the summary suspension of Thomas Joe Sanders, M.D.'s license to practice medicine in the state of Nevada, as the parties entered into a Settlement Agreement that was accepted and approved by the Nevada State Board of Medical Examiners on June 7, 2013.

IT IS SO ORDERED.

Dated this 7th day of June, 2013.



Benjamin J. Rodriguez, M.D.
Chairman

ORIGINAL

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and)

Case No. 13-9584-1

Complaint Against)

FILED

THOMAS JOE SANDERS, M.D.,)

JUN - 7 2013

Respondent.)

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

SETTLEMENT AGREEMENT

THIS AGREEMENT is entered into by and between the Investigative Committee (IC) of the Nevada State Board of Medical Examiners (the Board) composed of Benjamin J. Rodriguez, M.D., Chairman, Beverly A. Neyland, M.D., Member, and Donna A. Ruthe, Member, by and through, Bradley O. Van Ry, Esq., Board General Counsel and attorney for the IC, and Thomas Joe Sanders, M.D. (Respondent), by and through his counsel Hal Taylor, Esq., as follows:

WHEREAS, on May 15, 2013, the Board's IC filed a formal Complaint in the above referenced matter charging Respondent with engaging in conduct that is grounds for discipline pursuant to the Medical Practice Act (MPA), Nevada Revised Statutes (NRS) Chapter 630, and Nevada Administrative Code (NAC), Chapter 630 to wit: Count I, one count of administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself, except as authorized by law, a violation of NRS 630.306(3);

WHEREAS, Respondent has received a copy of the formal Complaint, reviewed it, understands it, and has had ample opportunity to consult with his counsel concerning the nature and significance of the formal Complaint. Respondent is fully aware concerning his rights and defenses to the formal Complaint, as well as the possible sanctions that may be imposed if the

1 Board finds and concludes that he has engaged in conduct that is grounds for discipline pursuant to
2 the MPA;

3 **WHEREAS**, Respondent understands and agrees that this Agreement is entered
4 into by and between himself and the Board's IC, and not with the Board, but that the IC will
5 present this Agreement to the Board for consideration in open session at a meeting duly noticed
6 and scheduled. Respondent understands that the IC shall advocate approval of this Agreement by
7 the Board, but that the Board has the right to decide in its own discretion whether or not to
8 approve this Agreement; and,

9 **WHEREAS**, Respondent understands and agrees that if the Board approves the terms,
10 covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated
11 below shall be binding and enforceable upon him.

12 **NOW THEREFORE**, in order to resolve this matter and all charges alleged by the
13 Board's IC in the above-captioned matter, Respondent and the IC hereby agree to the following
14 terms, covenants and conditions:

15 **1. Jurisdiction.** Respondent is, and at all times mentioned in the formal Complaint
16 filed in the above-captioned matter was, a physician licensed to practice medicine in the
17 State of Nevada subject to the jurisdiction of the Board to hear and adjudicate charges of
18 violations of the MPA, and to impose sanctions as provided by the Act.

19 **2. Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
20 Respondent is represented by legal counsel in this matter and has had ample opportunity to
21 review this Agreement, the formal Complaint filed in this matter and the related factual basis with
22 said legal counsel, Hal Taylor, Esq. Respondent covenants and agrees that he enters into this
23 Agreement knowingly, willingly and intelligently.

24 **3. Waiver of Rights.** Respondent knowingly, willingly and intelligently waives all
25 rights arising under or pursuant to the United States Constitution, the Constitution of the State of
26 Nevada, the MPA, NRS Chapter 233B, and any other statutory rights that may be available to him
27 or that may apply to him in connection with the proceedings on the formal Complaint filed herein,
28 defense to the formal Complaint and the adjudication of the charges in the formal Complaint.

1 Respondent agrees that the matter of the formal Complaint herein may be settled and
2 resolved in accordance with this Agreement without a hearing or any further proceedings, and
3 without the right to judicial review. In the event this Agreement is not approved by the Board, this
4 Agreement shall have no force and effect and shall be *void ab initio*, and Respondent shall have all
5 rights arising under or pursuant to the United States Constitution, the Constitution of the
6 State of Nevada, the MPA, NRS Chapter 233B, and any other statutory rights that may be
7 available to him or that may apply to him in connection with the proceeding on the formal
8 Complaint filed herein.

9 4. Consent to Entry of Order. In order to resolve the matter of these disciplinary
10 proceedings pending against him without any further costs and expense of providing a defense to the
11 formal Complaint, Respondent hereby agrees that the Board may issue an Order finding that
12 Respondent has engaged in conduct that is grounds for discipline pursuant to the
13 Nevada Medical Practice Act (MPA), and agrees that:

14 a. The Board may find that Respondent engaged in conduct that is grounds for
15 discipline pursuant to the MPA, to wit: one count of administering, dispensing or prescribing any
16 controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself,
17 except as authorized by law, a violation of NRS 630.306(3), as set forth in Count I of the formal
18 Complaint;

19 b. The Board shall order that Respondent's license to practice medicine be
20 suspended for a period of sixty (60) months, said suspension being stayed and Respondent being
21 placed on probation for a period of sixty (60) months subject to all of the Settlement Agreement
22 terms and conditions beginning on February 18, 2013 (the start date of Respondent's monitoring in
23 the Nevada Professionals Assistance Program (NPAP)). Thus, the end date of probation and
24 Respondent's participation in NPAP is February 18, 2018;

25 c. Respondent shall fully and completely comply with any and all terms,
26 conditions and requirements of NPAP. Any breach of any term, condition or requirement may
27 result in further disciplinary action by the Board. Further, Respondent shall ensure that a monthly
28 progress report of his status and participation in the NPAP program is provided to the Board;

1 d. The parties acknowledge that Respondent's DEA registration as to controlled
2 substances is currently suspended. Upon agreement with the DEA for re-registration to prescribe
3 controlled substances, and subject to any terms and conditions imposed by the DEA and the Nevada
4 State Board of Pharmacy on Respondent's prescribing of schedule II and V controlled substances,
5 Respondent will be allowed to prescribe schedule II and V controlled substances only to emergency
6 room patients with whom he is in a bona fide doctor-patient relationship and based upon medical
7 necessity, until further order of this Board;

8 e. Respondent shall monthly run the Nevada State Board of Pharmacy
9 Prescription Monitoring Program profile of his prescribing practices. Respondent shall run and
10 maintain those profile reports for the entire duration of the term of probation contained herein.
11 Those profile reports shall be available upon request by the Board;

12 f. Respondent shall receive a public reprimand;

13 g. Respondent shall complete forty (40) hours or five (5) full eight hour days
14 of Continuing Medical Education (CME) related to signs and symptoms of addiction and/or pain
15 management. All CMEs shall be in-person. The forty (40) hours or five (5) full eight hour days of
16 CME shall be in addition to the CME requirements that are regularly imposed upon Respondent as
17 a condition of licensure in the State of Nevada and shall be completed within one (1) year of the
18 Board's acceptance and approval of this Agreement;

19 h. Respondent shall perform forty (40) hours of community service in a
20 medically related field within one (1) year of the Board's acceptance and approval of this Agreement;

21 i. Pursuant to NRS 622.400, Respondent shall reimburse the Board the sum of
22 \$1,230.06, the current amount of the costs incurred by the Board to investigate and prosecute this
23 matter and all underlying matters, along with the costs to conclude the matter, if any. The costs
24 shall be paid to the Board within thirty (30) days of the Board's acceptance and approval of this
25 Agreement;

26 j. Respondent shall pay a fine of \$1,000.00 to the Board within thirty (30)
27 days of the Board's acceptance and approval of this Agreement;

28 ///

1 k. Respondent shall remain in compliance with all state and federal laws
2 pertaining to the practice of medicine and the prescribing, administering or dispensing of any
3 dangerous drug or controlled substance; and,

4 l. The terms of this Agreement shall be reported as required by law.

5 5. **Release From Liability.** In execution of this Agreement, the Respondent, for
6 himself, his executors, successors and assigns, hereby releases and forever discharges
7 the State of Nevada, the Board, the Nevada Attorney General, and each of their members, agents
8 and employees in their representative capacities, and in their individual capacities, from any and
9 all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands
10 whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have
11 or claim to have, against any or all of the persons or entities named in this paragraph arising out of
12 or by reason of this investigation, this Agreement or its administration.

13 6. **Procedure of Adoption of Agreement.** The IC and counsel for the IC shall
14 recommend approval and adoption of the terms, covenants and conditions contained herein by the
15 Board in resolution of the formal Complaint pending herein against Respondent. In the course of
16 seeking Board approval, adoption and/or acceptance of this Agreement, counsel for the IC may
17 communicate directly with the Board staff and members of the panel of the Board who would
18 adjudicate this case if it were to go to hearing.

19 Respondent acknowledges that such contacts and communication may be made or
20 conducted ex parte, without notice or opportunity to be heard on his part, or on the part of his
21 counsel, if any, until the public Board meeting where this Agreement is discussed, and that such
22 contacts and communications may include, but not be limited to, matters concerning this
23 Agreement, the formal Complaint, and any and all information of every nature whatsoever related
24 to the formal Complaint or the proceedings herein against Respondent. The IC and its counsel
25 agree that Respondent and/or his counsel, if any, may appear at the Board meeting where this
26 Agreement is discussed, and if requested, respond to any questions that may be addressed to the IC
27 or its counsel.
28

1 7. Effect of Acceptance of Agreement by Board. In the event the Board approves,
2 accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the
3 IC will cause to be entered herein the Board's order accepting, adopting and approving this
4 Settlement Agreement, ordering full compliance with the terms herein and ordering that this case
5 be closed, subject to the provisions in Paragraph 4.

6 8. Effect of Rejection of Agreement by Board. In the event the Board does not
7 approve, accept and adopt the terms, covenants and conditions set out in this Agreement, this
8 Agreement shall be null, void, and of no further force and effect except as to the following
9 covenant and agreement regarding disqualification of adjudicating Board panel members.
10 Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing
11 contained herein and nothing that occurs pursuant to the efforts of the IC or its counsel to seek
12 acceptance and adoption of this Agreement by the Board shall disqualify any member of the
13 adjudicating panel of the Board from considering the charges against Respondent and participating
14 in the disciplinary proceeding in any role, including adjudication of the case. Respondent further
15 agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

16 9. Binding Effect. If this Agreement is approved by the Board, Respondent
17 covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent
18 and the IC which contract may be enforced in a court or tribunal having jurisdiction. Further, this
19 Settlement Agreement and Order shall inure to the benefit of and be binding upon each of the
20 parties hereto and their respective heirs, personal representatives, assigns and successors in interest
21 of each party.

22 10. Forum Selection Clause. Respondent covenants and agrees that in the event either
23 party is required to seek enforcement of this Agreement in the district court, he consents to such
24 jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the
25 Second Judicial District Court of the State of Nevada in and for the county of Washoe.

26 ///

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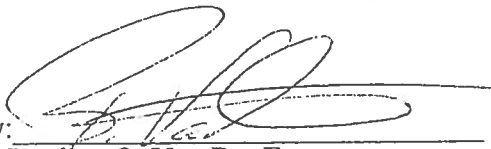
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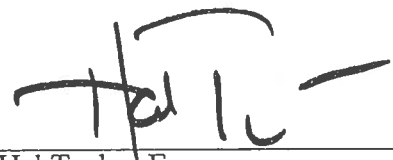
1 **11. Attorneys' Fees and Costs.** Respondent covenants and agrees that in the event an
2 action is commenced in the district court to enforce any provision of this Agreement, the
3 prevailing party shall be entitled to recover costs and reasonable attorneys' fees.

4 **12. Failure to Comply With Terms.** In the event the Board enters its order approving
5 this Agreement, should Respondent fail to comply with the terms recited herein, the Board would
6 then have grounds, after notice and a hearing, to take disciplinary action against Respondent,
7 including but not limited to, potential revocation of Respondent's license to practice medicine in
8 the State of Nevada and/or any other discipline authorized by the MPA. In addition, Respondent
9 shall be subject to the discipline outlined herein for a violation of an order of the Board in
10 accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to reimburse the
11 Board for monies agreed to be paid as a condition of settlement may subject Respondent to civil
12 collection efforts.

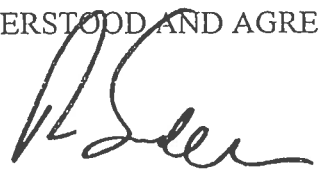
13 Dated this 17th day of May, 2013.

Dated this 14th day of May, 2013.

14
15
16 By: 
17 Bradley O. Van Ry, Esq.
Attorney for the Investigative Committee

18
19 By: 
20 Hal Taylor, Esq.
21 Attorney for Respondent

22 UNDERSTOOD AND AGREED:

23
24
25 
26 Thomas Joe Sanders, M.D., Respondent
27
28

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted by the
2 Nevada State Board of Medical Examiners on the 7th day of June 2013, with the final total amount of
3 costs due of \$1,230.06.

4 

5 Benjamin J. Rodriguez, M.D., President
6 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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Nevada State Board of Medical Examiners

June 18, 2013

Thomas Joe Sanders, M.D.
c/o Hal Taylor, Esq.
223 Marsh Ave.
Reno, NV 89509

Dr. Sanders:

On June 7, 2013, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal Complaint filed against you regarding Case Number 13-9584-1.

In accordance with its acceptance, the Board entered an Order which indicates that you were found guilty of violating Nevada Revised Statutes 630.306(3), your license is suspended with said suspension stayed; that you shall be on probation for sixty (60) months, that you shall be publicly reprimanded, that you shall complete forty (40) hours of community service, that you shall complete forty (40) hours of CME, that you shall pay a fine of \$1,000, that you shall comply with all other terms and conditions of the Settlement Agreement and that you shall reimburse the Board the fees and costs incurred in the investigation and prosecution of this case, that amount being \$1,230.06.

It is now my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which also reflects unfavorably upon the medical profession as a whole.

Sincerely,

A handwritten signature in dark ink, appearing to read "B. Rodriguez", with a long horizontal flourish extending to the right.

Benjamin J. Rodriguez, M.D.
President
Nevada State Board of Medical Examiners

☐ LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

☒ RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2321

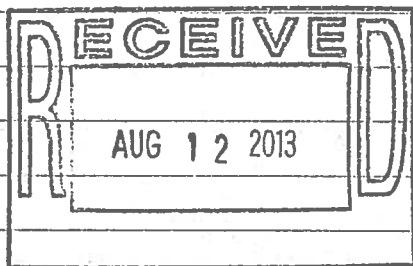
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Aug 10th 2013

Dear Dr. Pinson -

My name is Scott Kearney. I'm writing to request my name be added to the State boards schedule for the September 4th & 5th meetings. I'm seeking registration as a Pharmaceutical technician in training. I sat before the board in June. The result was that I was to be evaluated & to report to R.P.N. Since June I've been attending A.A. meetings, R.P.N. meetings & presenting myself for random drug screenings.

Thanks for all you do & for your
Consideration!



Sincerely

Scott Kearney

1200 Grandview Ave.
Reno NV 89503

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: Scott Middle: Banister Last: Kearney

Home Address: 1200 Grandview Ave. Apt #: _____

City: Reno State: NV Zip Code: 89503

Telephone: _____ Social Security Number: _____

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

E-mail Address: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 11226

Address: 305 Lemon Dr.

City: Reno State: NV Zip Code: 89506

Signature of Managing Pharmacist: [Signature] Lic #: 7931 Date: 4/5/13

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

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Board Administrative Action:	State	Case #:

Criminal Action:	State	Court
	<u>1 1</u>	

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

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

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

Original Signature, no copies or stamps accepted: [Signature] Date: 4.5.2013

Board Use Only Received: _____	Amount: <u>\$40.00</u>	Entity # <u>63195</u>
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CASE STATUS REPORTDefendant: **KEARNEY, SCOTT BANISTER**DOB: **07/29/1970**Court Case#: **11 CR 14626 2I**Agency/Cite#: RPD **11-10316**Case Status: **CLOSED**Status Date: **07/06/2011****Case Docket Information****01/11/2012 WARRANT CLEARED 11/22/11****WARRANT CLEARANCE SENT TO DMV 1/11/12****Charge and Sentence**

Offense Dt	Arrest Dt				
5/29/2011	5/29/2011	484.545 - LIGHTS/DEVICES REQUIRED IN DARKNESS/RESTRICTED VISIBILITY			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	06.06.550A - VALID DRIVER'S LICENSE REQUIRED			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	06.06.555A - SECURED VEHICLE (INSURANCE) REQUIRED OWNER			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	06.06.560A - VEHICLE REGISTRATION REQUIRED			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	08.17.050 - POSSESSION OF MARIJUANA			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	08.17.030 - POSSESSION/USE OF DRUG PARAPHERNALIA			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
8/22/2011	11/22/2011	22.010FTP - CONTEMPT OF COURT-FAILURE TO PAY WARRANT			
		Plea: ADMIT 11/25/11	Disp: FOUND IN CONTEMPT 11/25/11	Jail: 10	Suspended: 0

Fines and Fees

	Owed	Paid	Dismissed	Balance Due	
\$0.00 FINE	\$1,093.00	\$0.00	\$1,093.00		
\$0.00 FEE	\$712.00	\$100.00	\$612.00		
Total:	\$1,805.00	\$100.00	\$1,705.00	\$0.00	(Note: Unapplied bail posted is not reflected in the balance.)
PAID OFF	AR Next Due Date & Amt:			Past Due:	

Bail Information5/29/2011 **ARREST BAIL AMOUNT: \$2575.00****Receipts**

Receipt Dt	Receipt #	Received From	Ref #:	Payment	Amount
07/06/2011	160255	KEARNEY, SCOTT BANISTER		CASH	\$100.00
By: V G 7/6/2011 1:47:26PM				Total Applied:	\$100.00
				Change:	\$0.00

You are ordered by the Court to arrive drug/alcohol free and on time for all Court hearings and Court related programs/appointments. Failure to appear or comply with any court ordered appearance, program or monetary penalty will result in the issuance of a warrant for your arrest. Any violation of this instant order may result in contempt proceedings and the filing of additional criminal charges. In accordance with NRS 22.010, it is a misdemeanor for any person to fail, refuse or neglect to comply with the terms of any order issued by the Municipal Court Judge. This order will remain in effect until the Court issues another order superseding it.

I UNDERSTAND THE INFORMATION GIVEN ON THIS FORM AND PROMISE TO RETURN FOR REVIEW/PAYMENT ON THE DATE AND TIME GIVEN ABOVE. DEFENDANT: _____

ISSUED BY MARSHAL/COURT STAFF: _____

DATE: _____ TIME: _____

DEFENDANT: KEARNEY, SCOTT BANISTER

Page 1 of 1

Judge: DEPT 2 CASE #: 11 CR 14626 2I

**In the Justice Court of Reno Township, County of Washoe,
STATE OF NEVADA**

STATE OF NEVADA SCOTT BANISTER KEARNEY 83878738		VS. DEFENDANT	COMPLAINT OF Susan St. John DA'S NO. 337661 ATTORNEY FOR PLAINTIFF DISTRICT ATTORNEY: Susan St. John ATTORNEY FOR DEFENDENT: AGENCY NO: UNRPD UN04-001291
CHARGING: CT. I. DRIVING UNDER THE INFLUENCE, a violation of WCC 70.3865, NRS 484.379 and NRS 484.3792, a misdemeanor; CT. II. EXCESSIVE SPEED WITH A MOTOR VEHICLE, a violation of NRS 484.361, a misdemeanor.			
DATE 2004	PROCEEDINGS		
J = Judge; P = Prosecutor; D = Defendant; CR = Court Reporter; I = Interpreter; DC = Defense Counsel; DDA = Deputy District Attorney; DAG = Deputy Attorney General; DPD = Deputy Public Defender; CA = Conflict Attorney; PT = Pro Term Judge			
Dec. 6	Probable Cause Affidavit reviewed by Judge. Probable Cause found.		
Dec. 6	Defendant released on OWN RECOGNIZANCE by the Washoe County Sheriff.		
Dec. 16	Complaint filed.		
Dec. 20	Defendant appeared without counsel before the Honorable Edward Dannan and the State was represented by Deputy District Attorney W. Darrell Nedd. Defendant indicated a desire to plead Guilty to Count I. Defendant informed and indicated understanding of elements of offense. The Court canvassed Defendant on Constitutional rights: the right to a speedy trial, the right to make the State prove guilt beyond a reasonable doubt, the right to confront and cross-examine the State's witnesses, the right to use the subpoena power of the Court to compel the attendance of defense witnesses, the right to remain silent, not testify at trial and not have silence held against Defendant, the right to an attorney and the right to a court appointed attorney if indigent. Defendant understood Defendant would be waiving these Constitutional rights by pleading Guilty or No Contest. Defendant informed of possible penalties. Defendant pled GUILTY. The Court found the Defendant entered the plea knowingly, intelligently, voluntarily, with an understanding of the consequences of the plea and accepted Defendant's plea. Defendant declared GUILTY. The State moved to dismiss Count II. Motion GRANTED. Defendant sentenced: To perform		
(OVER)			

FIFTY-TWO (52) hours of community service, alcohol and drug free by April 1, 2005; To pay \$403.00 fine, \$100.00 Administrative Assessment, \$10.00 Court Facility Assessment, \$7.00 Specialty Court Assessment and \$60.00 Chemical Analysis Fee by December 20, 2004; To attend, complete and pay for a Level I alcohol and drug abuse program by February 1, 2005; To attend the Victim Impact Panel by April 1, 2005.

SO ORDERED.

Edward Dammann

JUSTICE OF THE PEACE
DEPARTMENT NO. 2

Dec. 20 Fine paid in the amount of \$403.00, plus \$100.00
Administrative Assessment, \$10.00 Court Facility Assessment
fee, \$7.00 and \$60.00 Chemical Analysis fee.

Dec. 20 DEFENDANT SIGNED UP FOR COMMUNITY SERVICE THIS DATE.

Dec. 20 Order to Attend filed.

Dec. 20 Waiver of Constitutional Rights filed.

Dec. 20 Misdemeanor Judgment filed.

2005

Feb. 10 DEFENDANT COMPLETED DUI SCHOOL THIS DATE.

Feb. 17 DEFENDANT COMPLETED VICTIM IMPACT PANEL THIS DATE.

Apr. 1 DEFENDANT COMPLETED COMMUNITY SERVICE THIS DATE.

In the Justice Court of Reno Township, County of Washoe,
STATE OF NEVADA

STATE OF NEVADA SCOTT BANISTER KEARNEY WASO0023336C		PLAINTIFF VS. DEFENDANT	COMPLAINT OF Sean Neahusan DA'S NO. 410918 ATTORNEY FOR PLAINTIFF DISTRICT ATTORNEY: Sean Neahusan ATTORNEY FOR DEFENDENT: PUBLIC DEFENDER AGENCY NO: WCSO WC09-012120
CHARGING: CT. I. DRIVING UNDER THE INFLUENCE, a violation of NRS 484.379 and NRS 484.3792, a misdemeanor; CT. II. FAILURE TO MAINTAIN EVIDENCE OF CURRENT MOTOR VEHICLE INSURANCE IN THE VEHICLE AS REQUIRED BY THE NEVADA MOTOR VEHICLE INSURANCE ACT, a violation of WCC 70.3851 (1) (b) and 70.3851 (2), a misdemeanor; CT. III. POSSESSION OF ONE OUNCE OR LESS OF MARIJUANA, a violation of NRS 453.336, a misdemeanor; CT. IV. POSSESSION OF DRUG PARAPHERNALIA, a violation of NRS 453.554 and NRS 453.566, a misdemeanor.			
DATE 2009	PROCEEDINGS		
Nov. 29	Defendant released on OWN RECOGNIZANCE by the Washoe County Sheriff.		
Dec. 4	Complaint filed.		
Dec. 28	Defendant appeared before Senior Judge Edward Dannan was duly arraigned, advised of rights, informed of Complaint and WAIVED formal reading. Defendant pled "Not Guilty". Pre-Trial set for January 25, 2010, at 11:00 A.M. Defendant continued released on OWN RECOGNIZANCE. Defendant requested appointment of the Washoe County Public Defender.		
Dec. 29	The Washoe County Public Defender appointed, however, the Court believes some reimbursement should be required at a later time.		
<u>2010</u> Jan. 25	Upon stipulation of counsel, the time for the Defendant to be present in Court for entry of plea is continued to February 25, 2010, at 11:00 A.M. Defendant continued released on OWN RECOGNIZANCE.		
Feb. 25	Upon stipulation of Counsel, the time for the Defendant to be present in Court for entry of plea, is continued to March 1, 2010, at 10:00 A.M. Defendant continued released on OWN RECOGNIZANCE.		

Mar. 1

Defendant appeared together with attorney Teresa Ristenpart, Esq. before the Honorable Patricia Lynch and the State was represented by Deputy District Attorney Sean Neahusan. Count III AMENDED BY INTERLINEATION to charge POSSESSION OF ONE OUNCE OR LESS OF MARIJUANA, a violation of WCC 53.185, a misdemeanor. Defendant indicated desire to plead Guilty as charged in Count I and AMENDED Count III. Defendant informed and indicated understanding of elements of said Count. The Court canvassed Defendant on Constitutional rights: the right to a speedy trial, the right to make the State prove guilt beyond a reasonable doubt, the right to confront and cross-examine the State's witnesses, the right to use the subpoena power of the Court to compel the attendance of defense witnesses, the right to remain silent, not testify at trial and not have silence held against Defendant, the right to an attorney and the right to a court appointed attorney if indigent. Defendant understood Defendant would be waiving these Constitutional rights by pleading Guilty or No Contest. Defendant informed of possible penalties. Defendant pled GUILTY to Count I and Count III. The Court found Defendant entered the plea knowingly, intelligently, voluntarily, with an understanding of the elements of the offense and the consequences of the plea and accepted Defendant's plea. Defendant declared GUILTY. The State moved to dismiss all other Counts. Motion GRANTED. Defendant is sentenced on Count I: To serve ONE HUNDRED EIGHTY (180) days in the County Detention Facility; To pay \$753.00 fine, \$115.00 Administrative Assessment, \$10.00 Court Facility Assessment, \$7.00 Specialty Court Assessment and \$60.00 Chemical Analysis Fee; To attend, complete and pay for a Level III Alcohol and Drug Abuse Program; To attend the Victim Impact Panel; To participate in the Court's Counseling Compliance Program; To be released on Probation to the Department of Alternative Sentencing for remainder of sentence; Defendant ordered to comply with all DAS requirements; all SUSPENDED on the following conditions: 1) To serve TEN (10) days in the County Detention Facility with credit for ONE (1) day previously served; Defendant may serve EIGHTEEN (18) days House Arrest in lieu of jail time. Defendant is to surrender to the Department of Alternative Sentencing for House Arrest on March 15, 2010 at 5:00 P.M. and complete by April 5, 2010; 2) To pay \$753.00 fine, \$115.00 Administrative Assessment, \$10.00 Court Facility Assessment, \$7.00 Specialty Court Assessment, \$60.00 Chemical Analysis Assessment and \$50.00 Partial Payment Fee by January 7, 2011; 3) To attend, alcohol and drug free, complete and pay for a Level III Alcohol and Drug Abuse Program by March 26, 2011; 4) To attend the Victim Impact Panel by April 23, 2010; 5) To attend A.A. Meetings as required by the Counselor; 6) To pay \$150.00 Public Defender Fee to the Washoe County Collections Division. Count III TO PAY \$203.00 fine, \$80.00 Administrative Assessment, \$10.00 Court Facility Fee and \$7.00 Specialty Court Fee, which is to run concurrently to Count I. Defendant ordered to attend Review Hearing set for April 5, 2010, at 8:30 A.M.

SO ORDERED.

Patricia G. Lynch

JUSTICE OF THE PEACE
DEPARTMENT NO. 1

Mar. 1

DEFENDANT SIGNED UP FOR PARTIAL PAYMENTS THIS DATE.

Mar. 1

Order to Attend filed.

Mar. 1

Waiver of Constitutional Rights filed. (ALCOHOL AND DRUGS)

Mar. 1

Misdemeanor Judgment filed.

2010

P R O C E E D I N G S

Mar 17 Upon request of the Defendant and upon Order of the Honorable Patricia A. Lynch, Defendant is to sign up for TWENTY (20) days of House Arrest, with credit given for TWO (2) days time served by March 29, 2010 by 2:00P.M.

Apr. 5 Defendant appeared before Pro Tem Judge Nancy Ghush. Review Hearing proceeded. Defendant has TWELVE (12) days remaining until completion of House Arrest. Defendant provided proof of enrollment in Level III alcohol and drug abuse counseling and is to provide the Court with monthly progress reports. Review Hearing set for May 5, 2010, at 8:30 A.M.

Apr. 19 DEFENDANT COMPLETED HOUSE ARREST THIS DATE.

Apr. 26 DEFENDANT COMPLETED VICTIM IMPACT PANEL THIS DATE.

May 10 Defendant appeared before the Honorable Barbara Finley. Review Hearing proceeded. Defendant is complying with the conditions of his sentence. Defendant informed the Court he has changed counselors. Defendant provided proof of attendance to A.A. meetings. Defendant is given until August 31, 2010 to pay \$150.00 Public Defender fees. Defendant to continue to provide counseling reports and A.A. sign in sheets to the Court. Review Hearing set for August 10, 2010 at 8:30 A.M.

Aug. 10 Defendant failed to appear for Review Hearing before the Honorable Patricia Ann Lynch. The State was not represented. FIRST Bench Warrant with bail set at \$1,500.00 to issue.

Sept. 7 FIRST BENCH WARRANT in the amount of \$1,500.00 issued and later delivered to Washoe County Sheriff for Defendant's failure to appear for Review Hearing on August 10, 2010 at 8:30 A.M.

2011

May 29 Defendant released on OWN RECOGNIZANCE by the Washoe County Sheriff.

May 31 Defendant appeared before the Honorable Patricia Lynch. Pursuant to Defendant's Failure to Comply, Defendant's unpaid fines and/or assessments in the sum of \$580.00 are to be satisfied by the Defendant performing FIFTY-EIGHT (58) hours of Community Service, alcohol and drug free, by July 29, 2011; a \$25.00 Community Service fee is assessed and due July 29, 2011. Further, Defendant is given until June 9, 2012 to complete the previously ordered Level III alcohol and drug abuse program. A Review Hearing is set for August 1, 2011 at 8:30 A.M.

May 31 Order to Attend filed.

May 31 DEFENDANT SIGNED UP FOR COMMUNITY SERVICE THIS DATE.

June 1 FIRST BENCH WARRANT returned. (EXECUTED) (Issued September 7, 2010).

June 8 DEFENDANT COMPLETED COMMUNITY SERVICE THIS DATE.

Aug. 1 Defendant failed to appear for Review Hearing before the Honorable Patricia Ann Lynch. The State was not represented. SECOND Bench Warrant with bail set at \$1,500.00 BOND OR CASH BAIL to issue.

Aug 10

SECOND BENCH WARRANT with bail set at \$1500.00 Bond or Cash Bail issued and later delivered to the Washoe County Sheriff's for Defendant's failure to appear for a Review Hearing on August 1, 2011 at 8:30 A.M.

Nov. 23

Defendant appeared before the Honorable Patricia Lynch. Pursuant to Defendant's Failure to Appear, Defendant's is released on OWN RECOGNIZANCE and ordered to report to Reno Justice Court by November 29, 2011, to re-sign an Order to Attend giving a new completion date for the previously imposed Level III alcohol and drug abuse program. Defendant's outstanding \$25.00 Community Service fee is satisfied by time served.

Nov. 30

Order to Attend filed.

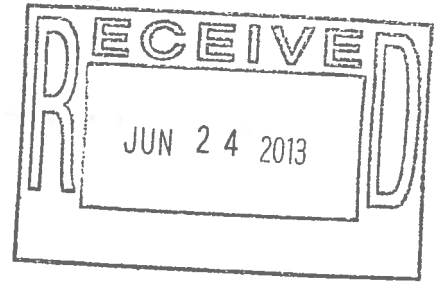
**Nov 23

SECOND BENCH WARRANT returned. (EXECUTED) (Issued August 10, 2011).

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June 20, 2013

William J. Mumbert
590 Lake St #916
Reno, NV 89501



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

Re: Reinstatement of Pharmacist License

To Whom It May Concern:

I would like to be added to the agenda for the Board of Pharmacy meeting scheduled for September 4-5, 2013.

My Pharmacist license was revoked at the January 2011 Board meeting. I am seeking reinstatement of my Pharmacist license at this time.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "William J. Mumbert". The signature is fluid and extends to the right.

William J. Mumbert

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**FINDINGS OF FACT,
CONCLUSIONS OF LAW, AND
ORDER**

v.

**WILLIAM J. MUMBERT, RPH
Certificate of Registration No. 13225
Respondent.**

Case No. 10-079-RPH-N

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on December 1, 2010, in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. The Respondent was present representing himself and did not contest the allegations alleged in the Accusation. Larry Espadero, PRN-PRN monitor, appeared and made a statement that the Respondent had entered PRN-PRN and should not be practicing pharmacy at this time. Present on behalf of Staff was John Luther, Pharmacy Manager for Raley's Incline Village Pharmacy and James Tomer, Raley's Loss Prevention Officer. Based upon the presentations of the parties, the Board finds the following to be the facts of the matter.

FINDINGS OF FACT

1. During a regularly scheduled pharmacy audit, John Luther, pharmacy manager, discovered significant discrepancies in the hydrocodone count. Mr. Luther reported the shortage to asset protection on September 1, 2010. On September 21, 2010 surveillance cameras were set up and Mr. Mumbert was observed on multiple occasions removing stock bottles from the pharmacy shelf and taking them into the restroom. On October 12, 2010, Mr. Mumbert was confronted and admitted to the theft

of over 800 hydrocodone/APAP 10/325 tablets and 30 diazepam 10 mg. tablets over a period of several months.

CONCLUSIONS OF LAW

The Nevada State Board of Pharmacy has jurisdiction over this matter because Mr. Mumbert is a pharmacist licensed by the Board.


1. In removing controlled substances from his employing pharmacy, namely hydrocodone/APAP 10/325 tablets and diazepam 10 mg. tablets, without authorization from his physician, Mr. Mumbert violated Nevada Revised Statute (NRS) 453.331(1) (d), 453.336(1) and/or 639.210(1), (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1) (h) and/or (i).

ORDER

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

1. Mr. Mumbert's pharmacist's license (#13225) is revoked. Mr. Mumbert 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. Mumbert shall return to the Board's Reno office his wallet card(s) and wall certificate within 10 days of his receipt of this Order.
3. The failure to comply with any term in this order may result in further legal action as the Board staff determines to be necessary.

Signed and effective this 21st day of December, 2010.


Beth Foster, President
Nevada State Board of Pharmacy

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July 9, 2013

Larry Pinson, Pharm D
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Dear Dr. Pinson:

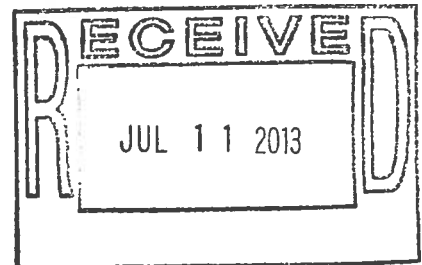
As per our phone conversation on June 11, 2013, I am writing a formal request to be included on the agenda of the upcoming NV Pharmacy Board meeting scheduled for September 4-5, 2013. I would like to petition the Board to reinstate my Nevada license, which has been suspended since 2009. Also, and as a result of this suspension, my New Jersey and Florida licenses continue to be suspended, and their reactivation is completely contingent upon Nevada's decision regarding restoration of my license here.

Thank you for your consideration in this important matter. I can be reached anytime at (

Sincerely,

Constance Willman

Constance Willman
NV License Registration # 12694



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,
v.

CONSTANCE WILLMAN, R.Ph.,
Certificate of Registration #12694


ORDER OF SUMMARY
SUSPENSION OF
PHARMACIST
REGISTRATION
Case No. 09-010-RPH-N

Respondent.

On January 30, 2009 Board Staff was informed by the Reno Police Department that Constance Willman had been admitted to the hospital for mental illness pursuant to Reno Police Case No. 09-3220. Board Staff is taking an immediate action against Constance Willman's certificate of registration.

Thus, pursuant to NRS 639.211 and 233B.127(3), Constance Willman's registration #12694 is hereby suspended until the appropriate documents are prepared and a hearing is held before the Nevada State Board of Pharmacy pursuant to NRS 639.212. Until the hearing before the Board of Pharmacy, Constance Willman may not practice pharmacy in the state of Nevada.

Signed and effective this 30th day of January, 2009.


Larry Pinson, Pharm. D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

**NEVADA STATE BOARD OF PHARMACY,
Petitioner**

**ORDER TO CONTINUE
REQUEST FOR REINSTATEMENT**

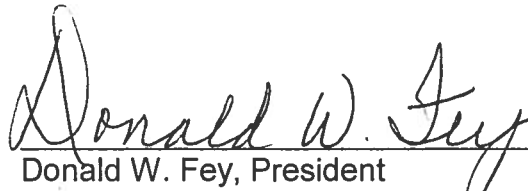
**CONSTANCE WILLMAN, R.Ph.,
Certificate of Registration #12694,
Respondent.**

Case No. 09-010-RPH-N

_____ /

This matter was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regularly scheduled meeting on September 3, 2009, in Reno Nevada. The Board Staff was represented by Carolyn J. Cramer, General Counsel. Respondent, Ms. Willman, represented herself and Mr. Larry Espadero of PRN-PRN appeared with her. Because of the stipulation of the parties, Board Staff presented no testimony or evidence but requested that this matter be continued until after Ms. Willman has an independent medical evaluation. Presently Ms. Willman is on several medications and is not eligible for PRN-PRN and must be detoxed from her medication before she has the evaluation. Mr. Espadero will work with Ms. Willman's psychiatrist to help her regain her health so she may have the evaluation. Ms. Willman's license is under suspension pursuant to NRS 639.211 and Ms. Willman had requested a hearing pursuant to NRS 639.212. The hearing for reinstatement is being continued until a treatment plan can be implemented.

Signed and effective this 3rd day of October, 2009.



Donald W. Fey, President
Nevada State Board of Pharmacy

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

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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Desert Parkway Behavioral Healthcare Hospital, LLC

Physical Address: 3247 S. Maryland Parkway Las Vegas, NV 89109

Mailing Address: 29433 Southfield Road, Suite 201

City: Southfield State: MI Zip Code: 48074

Telephone: 702-774-3500 Fax: 248-905-5096

Toll Free Number: TBD

E-mail: Steve.Shell@aurorabehavioral.com Website: TBD

Managing Pharmacist: Lane Cheramie License Number: 100613

Hours of Operation:

Monday thru Friday 7 am 5 pm

Saturday N/A am N/A pm

Sunday N/A am N/A pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☒ Hospital (# beds 83)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

64090

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Steve Shell
Original Signature of Person Authorized to Submit Application, no copies or stamps

Steve Shell
Print Name of Authorized Person

7/31/13
Date

Board Use Only

Received: 8/14/13 Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON-PUBLICLY-TRADED CORPORATION - Limited Liability Company

State of Incorporation: Nevada

Parent Company if any: Signature Healthcare Services, LLC

Corporation Name: Desert Parkway Behavioral Healthcare Hospital, LLC

Mailing Address: 29433 Southfield Rd, Suite 201

City: Southfield State: MI Zip: 48076

Telephone: 248-905-5091 Fax: 248-905-5094

Contact Person: Katrina Hardy

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Steve Shell

Responsible Person of Desert Parkway Behavioral Healthcare Hospital, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) 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's, any owner(s), shareholder(s)
or partner(s) 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 owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Steve Shell
Original Signature, no stamps or copies

7/31/13
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: LANE Cheramie License #: 16613

Pharmacy Name: DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

Blank

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

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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01794</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Meditech Laboratories, Inc.

Physical Address: 3200 Polaris Ave, #27

Mailing Address: P.O. Box 14790, Irvine, CA 92623

City: Las Vegas State: NV Zip Code: 89102

Telephone: (702) 220-6073 Fax: (702) 220-3822

Toll Free Number: _____

E-mail: compounding@meditechlaboratoriesinc.com Website: Meditechlaboratoriesinc.com

Managing Pharmacist: Michael Bitar License Number: 15400

Hours of Operation:

Monday thru Friday <u>8</u> am <u>3:30</u> pm	Saturday <u>0</u> am <u>0</u> pm
Sunday <u>0</u> am <u>0</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

This page must be submitted for all types of ownership.

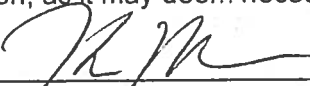
Within the last five (5) years:

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

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

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

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

Kim Tran
Print Name of Authorized Person

Date

3/29/13

Board Use Only

Received:

6/12/13

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Kim Tran Ha
Business Name: Meditech Laboratories Inc.
Current Business Address: 3200 Polaris Ave, #27
City: Las Vegas State: NY Zip Code: 89102
Telephone: (702) 220-6073 Fax: (702) 220-3822

List any physician shareholders and percentage of ownership.

N/A

Name: _____ %: _____

Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes ☐ No ☒ License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

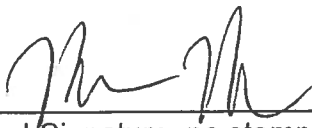
I, Kim Tran Ha
Responsible Person of Meditech Laboratories Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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 owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature, no stamps or copies

3/29/13
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Michael Bitar

License #: 15400

Pharmacy Name: Meditech Laboratories Inc

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8/31/2013

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 CHANGE OF OWNERSHIP
 Nature of License
MEDITECH LABORATORIES, INC. 3200 POLARIS AVE # 27, LAS VEGAS NV
 Name and Address of Establishment for Which License Is Requested 89102
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name TRAN HA First Name KIM Middle Name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
TRAN KIM (BEFORE REMARRIAGE)
 Present Residence Address-Street or RFD 19 FRESCO City IRVINE State/Zip CALIFORNIA 92603
 Present Business Address 3200 POLARIS AVE # 27 City LAS VEGAS State/Zip NV 89102
 Occupation BUSINESS OWNER - OFFICE MANAGER Phone: Residence Business
 Place of Birth (City, County, State) VIETNAM
 Age 39 Social Security Number Sex FEMALE
 Color of Eyes BROWN Color of Hair BLACK Complexion FAIR Weight 126 lbs Build SLIM Height 5'5"

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial KT

MARITAL INFORMATION-Continued

A. Current Marriage.....

SANTA ANA - ORANGE COUNTY
CA

Spouse's full name (Maiden) ^{Date} QUOC HUAN HA

Date of Birth 5/14/64 Place of Birth VIETNAM

Resident address 19 PRESLO IRVINE CA 92603
Street City State Zip

Telephone: Residence Business

Spouse's employer OPTIMUM PHYSICIAN Occupation MANAGER/CEO & DIRECTOR
MANAGEMENT SERVICES

Address of employer 2327.5 S. PRINTE DR LAGUNA HILLS CA, 92653
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
SON THANH LE			DIVORCE	ORANGE - CA
			OF MARRIAGE	

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

Name	Street	City	State	Zip	Telephone
SON THANH LE	DON'T KNOW				

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Residence Address

B. Child Support Information:

Please mark the appropriate response:

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

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

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

Applicant's initial KAT

FAMILY INFORMATION-Continued

N/A

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father	THUONG VINH TRAN	- DECEASED	
--------	------------------	------------	--

Mother	CUC THI TRAN VO	13446 MAGNOLIA BLD, SHERMAN OAKS CA 91423	RETIRED
--------	-----------------	--	---------

Father-in-Law	PHI HAI HA	- DECEASED	
---------------	------------	------------	--

Mother-in-Law	HANG TON	1706 ICEMAH OAKS DRIVE ICEMAH TEXAS 77125	RETIRED
---------------	----------	--	---------

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

LINH VINH TRAN		10008 FULBRIGHT AVE CHATS WORTH CA 91311	ENGINEER
Spouse	AMBER LE	"	REALTOR

THANA THANH TRAN		13446 MAGNOLIA BLD SHERMAN OAKS CA 91423	REALTOR
Spouse	TOM LONG LE	"	DOCTOR

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	MADISON	VAN NUYS CA	1988-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	GRANT HIGH SCHOOL	VAN NUYS CA	1991-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	CA STATE NORTHIDGE	NORTHIDGE CA	1995-1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....BA IN HEALTH ADMINISTRATION

College or university where obtained.....CA - STATE NORTHIDGE

Applicant's initial.....KJ

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

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

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

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

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

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

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial 10/1

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
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EMANUEL HERRERA V. MEDITECH LABORATORIES, INC., KIM TRAN etc....

Superior Court for the County of San Diego, 330 W. BROADWAY, SAN DIEGO CA
 Case No: 37-2011-00052682-CV-PL-CTL 92101

Date Filed 6/9/2011

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

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

7. RESIDENCES:

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

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

10/2012 - PRESENT 15 FRESCO, IRVINE CALIFORNIA

6/2011 - 10/2012 16685 MT DUNHAVEN ST, FOUNTAIN VALLEY - CALIFORNIA 92701

6/2009 - 6/2011 2212 PACIFIC COAST HIGHWAY, HUNTINGTON BEACH - CA 92648

12/2002 - 3/2006 5822 RARITAN AVE, FOUNTAIN VALLEY - CA 92708

3/2004 - 6/2009 3649 SHEPHERD AVE - SANTA ANA CA 92704

1/1990 - 4/1997 6300 BLUE BELN N. HOLLYWOOD CA 91606

1980 - 1/1990 VARIOUS PLACES AS A CHILD - NO RECORDS

4/1997 - 1999 581 BELGRAVE LANE, TUCKER, GA 30084

1999 - 2002 6300 BLUE BELN N. HOLLYWOOD CA 91606

Applicant's initial RET Page 5

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 2003 - PRESENT	MEDITECH LABORATORIES, INC	3200 POLARIS AVE #27, LAS VEGAS, NV 89102
Title	Description of Duties	Name of Supervisor
OFFICE MANAGER	BUSINESS DEVELOPMENT WORKING WITH DAVID SHIM	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1993 - 1/07	BANK OF AMERICA WESTMINSTER	MARRIAGE - TIME OFF FOR BABIES
Title	Description of Duties	Name of Supervisor
BRANCH MANAGER	MANAGE & OVERSEE BRANCH OPERATION.	BRIAN HEBURN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/1997 - 1999	BANK OF AMERICA - ATLANTA GA	MOVING
Title	Description of Duties	Name of Supervisor
PERSONAL BANKER - CUSTOMER SERVICE		CAROL ?
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial RT Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	LILY NAMUSIAH	12642 HINION WAY	N. TUSTIN	92705		6 yf
Employer	SELF-EMPLOYED	DENTIST - 13943 HARBOR	WESTMINSTER	92683		
Name	SAM QUACH	33 FRESIA	IRVINE	CA 92603	714 225 8388	8 yd
Employer	SELF-EMPLOYED	1815 E. WILSHIRE AVE # 906	SANTA ANA	92705		
Name	THUY LE	6842 SCENIC BAY DR	HUNTINGTON BEACH	CA 92648		
Employer	LOTUS DENTISTRY	21700 E. COLEY DR, # 100	DIAMOND BAR	CA 91765		(12 yf
Name	GEORGEY NGUYEN	1544 E. SANTA ANA CANYON RD,	DANA POINT	CA 92665		
Employer	LOTUS DENTISTRY	21700 E. COLEY DR # 100	DIAMOND BAR	91765		10 yf
Name	LAN PHAM	1 SHOREVIEW NEWPORT	COSTA	92657		9 yf
Employer	MAGNOLIA DENTISTRY	14046 MAGNOLIA ST # 125	WESTMINSTER	CA 92683		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
SAFE DEPOSIT AT BANK OF AMERICA	WESTMINSTER	CA	SELF & HUSBAND

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

Applicant's initial LT Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



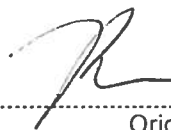
Applicant's initial R.T. Page 8

STATE OF california ss.

COUNTY OF Orange

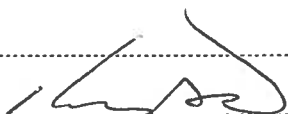
I, Kim Tran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of April 2013



Notary Public

(seal)



Applicant's initial



NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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
(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: United Respiratory Care
Physical Address: 5745 S. Fort Apache Rd #8 Las Vegas 89148
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12582 Dupont Dr.
City: Rancho Cucamonga State: CA Zip Code: 91739
Telephone: 702.489.8600 Fax: 702.489.8601
E-mail: theoganyans@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4
Fri: 10 to 4 Sat: 10 to 12 Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: CLAUDIA K. O'NEILL

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 Prosthesis
☐ 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: Indee Evangelista Telephone: (702)581-5129

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

United Sleep Centers ES631A _____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

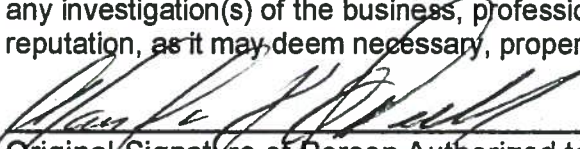
Within the last five (5) years:

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

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

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

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

CLAUDIA K. O'NEILL
Print Name of Authorized Person

4/13/13
Date

Board Use Only

Received: 8/8/13

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NV
Parent Company if any: N/A
Corporation Name: United Respiratory Care
Mailing Address: 12582 Dupont Dr.
City: Rancho Cucamonga State: CA Zip: 91739
Telephone: (702) 489-8600 Fax: (702) 489-8601
Contact Person: CLAUDIA O'NEILL

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) CLAUDIA K. O'NEILL 12582 Dupont Dr. RC CA 91739
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 10
3) What was the price paid per share? 0
4) What date did the corporation actually receive the cash assets? N/A
5) Provide a copy of the corporation's stock register evidencing the above information

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 4/11/13

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 MDEG
UNITED RESPIRATORY CARE
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name O'NEILL First Name CLAUDIA Middle Name K
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A
 Present Residence Address-Street or RFD 12582 DUPONT Dr. Rancho Cucamonga, CA 91739
 City Dr. Rancho Cucamonga State/Zip CA 91739
 Present Business Address 5745 S. FORT APACHE #B City 04/2013 State/Zip LAS VEGAS, NV 89148
 Dates 9/2009
 Occupation BUSINESS OWNER
 Phone: Residence _____ Business _____
 Place of Birth (City, County, State) NEW YORK, NY
 Age 62 Sex F
 Color of Eyes BLUE Color of Hair BROWN Complexion LIGHT Weight 180 Build MED Height 5'6

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

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

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial C.O

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>NONE</u>			

B. **Child Support Information:**

Please mark the appropriate response:

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

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

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

Applicant's initial C.O

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Robert Ernest Kuhnla (Deceased)Apple Valley, CA Retired

Mother

Margarette G Kuhnla (Deceased)Redondo Beach Housewife

Father-in-Law

Joseph O'Neill (Deceased)Kingston NY Retired

Mother-in-Law

Mary O'Neill (Deceased)Kingston NY Retired**D. Brothers and Sisters:**

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Ronald B Kuhnla150 Rockaway Ave Babylon NY Retired

Spouse

Karin K. KuhnlaSameRetired Cop Legal clerk

Spouse

N/A

Spouse

N/A

Spouse

N/A**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>PS152</u>	<u>Brooklyn NY</u>	<u>1959</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Smytown High</u>	<u>St. James NY</u>	<u>1965-1968</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Syracuse</u>	<u>NY</u>	<u>1970</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>SMC</u>	<u>Santa Monica, CA</u>	<u>1984</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BSCollege or university where obtained SyracuseApplicant's initial C.O.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County.....State.....Date registered.....

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

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

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

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

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

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

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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Applicant's initial C.O

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2/1012 - Present	12582 Dupont Dr.	Rancho	CA 91739 San Bern Co
3/11 - 2/12	4960 Saddlewood Pl.	Rancho	CA 91739 San Bern Co
1/99 3/11	1706 Blossom Lane ^{#8}	Redondo Bch	CA 90278 LA County
4/93 1/99	8428 Guilana ^{#1} Ave	Playa del Rey	CA LA County
6/75 4/93	1528 Berkeley ^{#2}	Sta Monica	CA 90404 LA County

Applicant's initial C.O

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
9/2009	United Sleep - Present	Still owned
Owner	HR P 5745 S. Fort Apache Las Vegas NV	Self
Title	Description of Duties	Name of Supervisor
		89148

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1986-2006	S.W. Auto transport (out of house)	Abled business
Owner	HR	Self
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2006-2009	Home Medic 3811 Atlantic Ave Long Beach 90708	Moved Due to husband passing away
Off. Admin	HR	Parviz
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1975-2006 1975-1994	Bay Area Medical	Owner embleszelu IRS Seized Company
HR	hiring. 2300 Sta Monica Blvd Sta Monica 90402	Ray Alvarez
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial C.O

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Carolina Pereira</u>	Home	<u>18582</u>	<u>Dupont Dr.</u>	<u>RC</u>	<u>CA 91739</u>	<u>7 yrs</u>
Employer <u>SDC</u>	Business	<u>8598</u>	<u>Utica Ave #100</u>	<u>Rancho</u>	<u>91730</u>	
Name <u>Vaag Oganyan</u>	Home	<u>Same</u>				<u>7 yrs</u>
Employer <u>Empire CAP</u>	Business	<u>8598</u>	<u>Utica Ave #100</u>	<u>Rancho</u>	<u>91730</u>	
Name <u>Nayere Veals</u>	Home	<u>930</u>	<u>Concord</u>	<u>Glendora</u>	<u>CA 90138</u>	<u>5 yrs</u>
Employer <u>Superior Comm</u>	Business	<u>UNKNOWN</u>				
Name <u>Katrina Hiramoto</u>	Home	<u>1706</u>	<u>Blossom Lane</u>	<u>Redondo</u>	<u>90248</u>	<u>12 yrs</u>
Employer <u>Boein</u>	Business	<u>Boeing</u>	<u>LA</u>			
Name <u>Anne Brak</u>	Home	<u>3301</u>	<u>Gull Rd #111</u>	<u>Calamian</u>	<u>MI</u>	<u>40+ yrs</u>
Employer <u>Retired</u>	Business	<u>(269) 345-3912</u>				<u>Since 1973</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes ☐ No ☒
 If yes, state type, where and years held

12. 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.

SW Auto transport (From Home) Husband and I
Auto transport / Re location
Alamo Rental Car Agency @ LAX
NATIONAL Rental Agency @ LAX

Applicant's initial C.O

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐ HMDR in California

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph April 26, 2013

Applicant's initial C.O.

STATE OF CALIFORNIA

SS.

COUNTY OF SAN BERNARDINO

I, CLAUDIA K O'NEILL

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

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

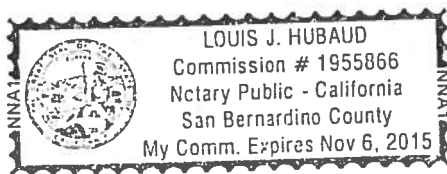

Original Signature of Applicant

Subscribed and Sworn to before me this 4 TH day of

May 2013


Notary Public

(seal)



Applicant's initial C.O.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 06/17/13

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 INDEE EVANGELISTA

Nature of MDEG

UNITED RESPIRATORY CARE

Name and Address of Business for Which MDEG Administrator Is Requested

5745 S. FORT APACHE RD. #B LAS VEGAS, NV

If applicable, Name Under Which It Is Now Operated

89/48

1. PERSONAL INFORMATION:

EVANGELISTA
Last Name

JECSAN INDEE
First Name

VALLE
Middle Name

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

2706 BRYANT AVE. LAS VEGAS N.V. 89102

Dates		City	State/Zip
Present Business Address			

Dates

Present Position with the MDEG

Phone: _____ Fax: _____

Email address: _____

Date of Birth _____ Place of Birth (City, County, State) DIGOS CITY, PHILIPPINES

Date of Birth
39

Age

M
Sex

BLACK
Color of Eyes

BLACK
Color of Hair

140
Weight

5'5"

Height

Scars, tattoos or distinguishing marks and/or characteristics _____

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

If alien, registration No 711

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

SLEEP DISORDERS CENTER
8598 UTICA AVE RCH CUCAMONGA
CA. 91730

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
POLYSOM TECH	SLEEP STUDIES	VAAG OGANYAN

Title	Description of Duties	Name of Supervisor
JULY 2010	FAIRVIEW RED WING HOSPITAL 701 FAIRVIEW BLVD. RED WING MN 55066	1600

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
POLYSOM TECH	SLEEP STUDIES / CPAP SET-UP	

Title	Description of Duties	Name of Supervisor
JULY 2012	UNITED SLEEP CENTERS INC 5745 S. FORT APACHE RD L.V. N.V.	1280

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
PATIENT CARE COORDINATOR	PATIENT CARE / MARKETING	CLAUDIA O'NEIL

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

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

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

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

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

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

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

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written

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



Date of photograph _____

5-15-13

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

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



Original Signature of Applicant

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

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 _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Southern Anesthesia & Surgical, Inc.

Physical Address: 1155 S. Rock Blvd. , Suite 460, Reno, NV 89502

Mailing Address: One Southern Court

City: West Columbia _____ State: S C _____ Zip Code: 29169 _____

Telephone: 803-461-5279 _____ Fax: 803-739-2605 _____

Toll Free Number: 800-624-5926 _____

E-mail: vbostic@sasrx.com Website: www.southernanesthesia.com

Facility Manager: Gregg Erickson _____

Professional qualifications and experience of facility manager: -See attached Resume-

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Oral and Maxiofacial Surgeons, Periodontists, Dentists, etc. _____

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

*SC DEA Registration attached, will apply for NV

☒ Other: OTC, Medical Devices, Vaccines, Solid Dose, Injectables, Topical, etc. _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate.)- for SC facility, will apply for NV facility

Licensed as a Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- 1) Hospira Worldwide, Inc., 275 North Field Drive, Dept 361, Bldg. H1, Lake Forest, IL
Name Address
00045
Business
- 2) Pfizer Pharmaceuticals, 235 East 42nd Street, New York, NY 10017
Name Address
Business
- 3) APP-Fresenius Kabi, USA, Three Corporate Drive, Lake Zurich, IL 60047
Name Address
Business
- 4) Westward Pharmaceuticals, 401 Industrial Way, West Eatontown, NJ 07724
Name Address
Business

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Vicki R. Bostic

Original Signature of Person Authorized to Submit Application, no copies or stamps

Vicki R. Bostic

Print Name of Authorized Person

8-1-13

Date

Board Use Only

Received:

8/14/13

Amount:

\$500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware _____

Parent Company if any: SAS Holdco, Inc. (100 % Ownership)

Corporation Name: Southern Anesthesia & Surgical, Inc. _____

Mailing Address: One Southern Court _____

City: West Columbia _____ State: S C _____ Zip: 29169 _____

Telephone: 803-461-5279 _____ Fax: 803-739-2605 _____

Contact Person: Vicki Bostic _____

For any corporation non publicly traded, disclose the following:

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

a) SAS Holdco, Inc. is Parent Company & 100 % Owner

Name

Address

b) N/A

Name

Address

c) N/A

Name

Address

d) N/A

Name

Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? \$0.01 _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

Date 08/01/2013

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 Wholesaler
Nature of Pharmacy or Wholesaler
Southern Anesthesia & Surgical Inc. 1155 S Rock Blvd, suite 460, Reno NV 89502
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
<u>Erickson</u>		<u>Gregg</u>		<u>Alan</u>	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>N/A</u>					
Present Residence Address-Street or RFD		City		State/Zip	
<u>306 Starling View Ct</u>		<u>Dates</u>		<u>Lexington SC 29073</u>	
Present Business Address		City		State/Zip	
<u>1 Southern Ct</u>		<u>Dates</u>		<u>West Columbia SC 29169</u>	
Present Position with the Pharmacy or Wholesaler				Phone:	
				Residence	
				Business	
Vice President of Operations					
Date of Birth		Place of Birth (City, County, State)			
<u>Minneapolis, Hennepin, MN</u>					
Age		Social Security Number		Sex	
<u>51</u>				<u>M</u>	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>Blue</u>	<u>Brown</u>	<u>Light</u>	<u>250</u>	<u>medium</u>	<u>6'0"</u>
Scars, tattoos or distinguishing marks and/or characteristics <u>scar on abdomen, scar on right hip</u>					

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

If naturalized, certificate No Date

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial SE

A. **Current Marriage** San Ramon, contra costa, CA
Date City, County and State
 Spouse's full name (Maiden) Brenda Ann Weaver S.S. Nc
 Date of Birth 10/31/1956 Place of Birth Evergreen AL
 Resident address 306 Starling View Ct Lexington SC 29073
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Southern Anesthesia & Surgical Inc. Occupation Admin
 Address of employer 1 Southern Ct Lexington SC 29073
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

B. Child Support Information:

Please mark the appropriate response:

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

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

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

Applicant's initial

BE

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Ralph E Erickson	---	17975 SE 86 th Oakleaf Terrace, The Villages FL 32162	Business Professional
Mother			
Dorothy A Plant		17975 SE 86 th Oakleaf Terrace The Villages, FL 32162	Hospitality
Father-in-Law			
William J Weaver	03/17/1934	130 County Rd 93, Evergreen A 36401	Cattle Farmer
Mother-in-Law			
Janis Hartley	07/25/1936	n/a Deceased	House Wife

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
David R Erickson		1663 Isabella Pkwy Chaska MN	Business Owner
Spouse			
Paulette Weesen	1663 Isabella Pkwy Chaska MN	Financial Planner
Lori A Erickson	...	505 Garcia St Santa Fe NM	House Wife
Spouse			
David Delgado		505 Garcia St Santa Fe NM	Business Professional

N/A

Spouse

N/A

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar			
School Souix Trail Elementary	Burnsville MN	1968 - 1974	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High			
School Palatine High School	Palatine IL	1976 - 1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			
Lakeland College	Sheboygon WI	2001 - 2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University			
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelors of Arts Marketing and Business AdministrationCollege or university where obtained Lakeland College

Applicant's initial



5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? N/A Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

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

County Cook State IL Date registered 1980

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
2/1999	36	DUI	Sun Prairie Wi	4/1999?	Sun Prairie Police

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

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

Applicant's initial SE

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
06/2010 – Present	306 Starling View Ct	Lexington	SC
07/2009 – 06/2010	1801 Cedar Brook Dr	Columbia	SC
08/2003 – 07/2009	2410 Aloha Ln	Middleburg	FL
04/2002 – 07/2003	3076 Selkirk Dr	Sun Prairie	WI
06/1999 – 04/2002	4547 Windsor Rd	Windsor	WI
06/1997 - 06/1999	10910 Sherman Way	Adalanto	CA
06/1993 - 06/1997	6777 Mannerly Way	Citrus Hieghts	CA
06/1992 – 06/1993	Lake Chabot Rd	Castro Valley	CA
03/1990 – 06/1992	878 Arguello Dr	San Leandro	CA

Applicant's initial

BE

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/05/2012	Southern Anesthesia & Surgical Inc 1 Southern Ct West Columbia SC 29169	1440
Title	Description of Duties	Name of Supervisor
Vice President of Operation oversight of IT, Warehouse, Purchasing, regulatory of RX and CRX		Bill Alexander

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/21/2009	PSS BDA Southern Anesthesia & Surgical 1 Southern Ct West Columbia SC 29169	6240
Title	Description of Duties	Name of Supervisor
Operation Leader oversight of Warehouse, Purchasing, and Regulatory of RX and CRX		Bill Alexander

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial SE

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Chris Harris	3657 Morning Meadow Ln	Orange Park	FL	32073		8
Name	Home					
Orange Park Elementary	1401 Plainfield Ave	Orange Park	FL	32073		
Employer	Business					
Martha Cubage	2843 Sandy Beach Ln	Jacksonville	FL	32277		7
Name	Home					
PSS World Medical	4601 Bulls Bay Hwy	Jacksonville	FL	32219		
Employer	Business					
Elaine LaRosa	303 Burhams Ave	Haledon	NJ	07508		5
Name	Home					
MeKesson Medical	208 Passaic Ave	Fairfield	NJ	07004		
Employer	Business					
Dr Arthur Browning	7622 Hunters Grove Rd	Jacksonville	FL	32256		10
Name	Home					
Baptist Health	10898 Baymeadows Rd #100	Jacksonville	FL	32256		
Employer	Business					
George Richardson	4583 Sandal Wood Dr	Las Cruces	NM	88011		25
Name	Home					
Retired						
Employer	Business					

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

Applicant's initial

SE

14. Have you ever been refused a business or industry license or related finding or suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 7/28/13

Applicant's initial JE

COUNTY OF Lexington

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



Original Signature of Applicant

Subscribed and Sworn to before me this 2 day ofAugust, 2013Carissa C. Ellison

Notary Public

Commission expires March 26, 2020

(seal)

Applicant's initial GE

Blank

NEVADA STATE BOARD OF PHARMACY
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

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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Empower Pharmacy

Physical Address: 12123 Jones Rd

Mailing Address: 12123 Jones Rd

City: Houston State: TX Zip Code: 77070

Telephone: (832) 678-4417 Fax: (832) 678-4419

Toll Free Number: (877) 562-8577 (Required per NAC 639.708)

E-mail: Snorian@empowerrxpharmacy.com Website: empowerrxpharmacy.com

Managing Pharmacist: Souchinda Nanthavongdowangsy License Number: 42524

Hours of Operation:

Monday thru Friday <u>8:30</u> am <u>5:30</u> pm	Saturday <u>8:30</u> am <u>1:30</u> pm
Sunday <u>NA</u> am <u>NA</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

Shaun Noorian
Print Name of Authorized Person

7/5/13
Date

Board Use Only

Received: 7/9/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: TX
Parent Company if any: _____
Corporation Name: Empower Clinic Services, LLC
Mailing Address: 12123 Jones Rd
City: Houston State: TX Zip: 77070
Telephone: (281) 804-4499 Fax: (832) 678-4419
Contact Person: Shaun Noorian

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Shaun Noorian 12123 Jones Rd Houston, TX 77070
Name Address
b) _____
Name Address
c) _____
Name Address
d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? \$25,000

4) What date did the corporation actually receive the cash assets? 2009

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Shaun Noorian

Responsible Person of Empower Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Shaun Noorian

Print Name of Authorized Person

7/5/13

Date



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

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

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

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

Re: Empower Pharmacy

Address: 12123 Jones Rd.
Houston, Texas 77070

License No.: 26444

Date Issued: April 29, 2009

Licensure Status: Active

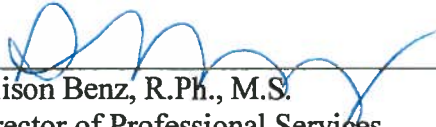
Expiration Date: April 30, 2015

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (May 15, 2013), Empower Pharmacy, (Texas Pharmacy License #26444) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:


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

May 29, 2013
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OMNIPLUS HEALTHCARE, L.P. D/B/A OMNIPLUS PHARMACY
Physical Address: 2626 SOUTH LOOP WEST, SUITE 555, HOUSTON, TX 77054
Mailing Address: 2626 SOUTH LOOP WEST SUITE 555
City: HOUSTON State: TX Zip Code: 77054
Telephone: (713) 796-1010 Fax: (713) 637-4576
Toll Free Number: (855) 325-1931 (Required per NAC 639.708)
E-mail: INFO@OMNIPLUSHEALTHCARE.COM Website: WWW.OMNIPLUSHEALTHCARE.COM
Managing Pharmacist: AMY ADAMS MCNEELY License Number: 28304 (TX)

Hours of Operation:

Monday thru Friday 8:00 am 6:00 pm Saturday 8:00 am 1:00 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

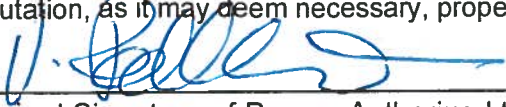
Within the last five (5) years:

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

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

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

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

VLADIMIR REDKO, MANAGING MEMBER OF OMNIPLUS GP L.L.C. 5/23/2013
Print Name of Authorized Person GENERAL PARTNER Date

Board Use Only

Received: 7/8/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited ✓

Partnership Name: OMNIPUS HEALTH CARE, L.P.

Mailing Address: 2626 SOUTH LOOP WEST, SUITE 555

City, State Zip Code: HOUSTON, TX 77054

Telephone Number: (713) 796-1010 Fax Number: (713) 637-4576

Contact Person: BRANKO MILOSEVIC

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>OMNIPUS GP, L.L.C.</u>	<u>G</u>	<u>1%</u>
<u>SEE ATTACHED FOR LIMITED PARTNERS.</u>		

List names of 4 largest partners and percentage of ownership:

Name: <u>VLADIMIR REDKO, LIMITED PARTNER</u>	%: <u>39.67</u>
Name: <u>BRIAN SWIENCINSKI, LIMITED PARTNER</u>	%: <u>39.67</u>
Name: <u>DEJAN MILOSEVIC, LIMITED PARTNER</u>	%: <u>19.66</u>
Name: <u>OMNIPUS GP, L.L.C., GENERAL PARTNER</u>	%: <u>1.00</u>

List any physician shareholders and percentage of ownership.

Name: <u>VLADIMIR REDKO</u>	%: <u>39.67</u>
Name: _____	%: _____
Name: _____	%: _____
Name: _____	%: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, VLADIMIR REDKO

Responsible Person of OMNIPUS HEALTH CARE, L.P.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

VLADIMIR REDKO, MANAGING MEMBER OF 5/23/2013
Print Name of Authorized Person OMNIPUS GP, LLC. Date
GENERAL PARTNER



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

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

W. Benjamin Fry, R.Ph.
San Benito

L. Suzan Kedron
Dallas

Alice G. Mendoza, R.Ph.
Kingsville

Phyllis A. Stine
Abilene

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

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

Re: OmniPlus Health Care

Address: 2626 South Loop West Ste. 555
Houston, Texas 77054

License No.: 16956

Date Issued: January 26, 1996

Licensure Status: Active

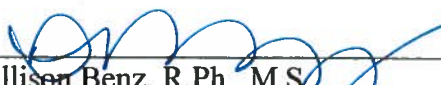
Expiration Date: January 31, 2015

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: Yes

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (May 29, 2013), OmniPlus Health Care (Texas Pharmacy License #16956) has been subject to disciplinary action by the Texas State Board of Pharmacy (see attached).

Form Completed by:


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

June 14, 2013

Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: OMNIPUS HEALTH CARE, L.P.
Address: 2626 SOUTH LOOP WEST, SUITE 555
City: HOUSTON State: TX Zip: 77054
I hereby authorize the TEXAS BOARD OF PHARMACY to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
16956	Active	01/26/1996	01/31/2015

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No Please See Attached	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) See Attached ☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	Director of Professional Services	TX	06/14, 2013	



AGREED BOARD ORDER #K-99-003-B

RE: IN THE MATTER OF BEFORE THE TEXAS STATE
 OMNIPLUS HEALTH CARE BOARD OF PHARMACY
 PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 16956 issued to OmniPlus Health Care Pharmacy, 6560 Fannin, Suite 2020, Houston, Texas 77030.

By letter dated June 23, 1999, the Texas State Board of Pharmacy gave preliminary notice to OmniPlus Health Care Pharmacy of its intent to take disciplinary action with respect to pharmacy license number 16956 held by OmniPlus Health Care Pharmacy as a result of an investigation which produced evidence indicating that OmniPlus Health Care Pharmacy may have violated Section 26(a)(1), (2), (8), (9), and (12), and Section 26(b)(3) of Texas Pharmacy Act, TEX. REV. CIV. STAT. ANN. art. 4542a-1 (Vernon Supp. 1998); Section 281.24(a)(6) and (23)(A), Section 291.32(a)(2)(N), Section 291.35(g)(4), and Section 295.3(a) of the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE ANN. (1997); Section 481.075(f) of the Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN. (Vernon 1992); and Section 13.108(f) of the Texas Controlled Substances Rules, TEX. ADMIN. CODE ANN. Title 37, Part 1 (1996), in that, allegedly:

COUNT

On or about June 4, 1998, through on or about November 30, 1998, Willis Delton Jackson, while acting as an employee (pharmacist-in-charge) of OmniPlus Health Care Pharmacy, 6560 Fannin, Suite 2020, Houston, Texas 77030, failed to submit Copy 1 of approximately 160 triplicate prescriptions to the Texas Department of Public Safety within 30 days of dispensing the prescriptions, as required by state law. Willis Delton Jackson was maintaining the triplicate prescriptions (Copy 1) in OmniPlus Health Care Pharmacy when the triplicate prescriptions were discovered by a Texas State Board of Pharmacy compliance officer who was conducting a compliance inspection on or about January 4, 1999.

By letter dated June 23, 1999, OmniPlus Health Care Pharmacy was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or administrative hearing. By his signature on this Order, Willis Delton Jackson, on behalf of OmniPlus Health Care Pharmacy, neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives the pharmacy's right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Willis Delton Jackson understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Willis Delton Jackson, on behalf of OmniPlus Health Care Pharmacy, agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and further agrees that pharmacy license number 16956 held by OmniPlus Health Care Pharmacy pay an administrative penalty of \$500.00 for the Count previously set out in this Order. This administrative penalty is to be paid in one installment of \$500.00,

which is due 60 days after the entry of this Order. Failure to pay the administrative penalty within the specified period of time constitutes a violation of this Order and shall be grounds for disciplinary action.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacy license number 16956 held by OmniPlus Health Care Pharmacy be, and such license is hereby required to pay an administrative penalty of \$500.00 for the Count previously set out in this Order. This administrative penalty is to be paid in one installment of \$500.00, which is due 60 days after the entry of this Order. Failure to pay the administrative penalty within the specified period of time constitutes a violation of this Order and shall be grounds for disciplinary action.

Agreed Board Order #K-99-003-B
OmniPlus Health Care Pharmacy
Page 4

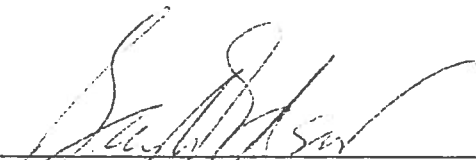
And it is so ORDERED.

SIGNED AND DATED THIS 11th day of August, 1999.



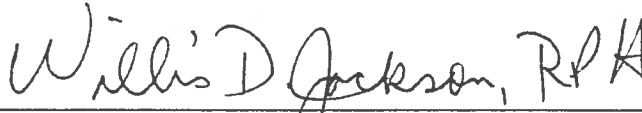
TEXAS STATE BOARD OF PHARMACY

ATTEST:

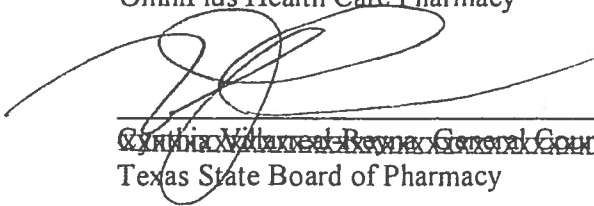


Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Willis Delton Jackson, R.Ph., for and on behalf of
OmniPlus Health Care Pharmacy



~~Cynthia Williams, General Counsel~~
Texas State Board of Pharmacy

Mark John Connolly
Assistant General Counsel

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Prescription Dynamics

Physical Address: 85 Chestnut Ridge Road, Suite 110

Mailing Address: same as above

City: Montvale State: NJ Zip Code: 07645

Telephone: 201-799-2261 Fax: 201-746-6260

Toll Free Number: 855-755-0500 (Required per NAC 639.708)

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

Managing Pharmacist: Joseph Tumino License Number: 28RI03469000

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph Tumino

Print Name of Authorized Person

07/02/2013
Date

Board Use Only

Received: 7/23/13

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: New Jersey
Parent Company if any: _____
Corporation Name: Prescription Dynamics, Inc.
Mailing Address: 85 Chestnut Ridge Road, Suite 110
City: Montvale State: NJ Zip: 07645
Telephone: 855-755-0500 Fax: 201-746-6260
Contact Person: Joseph Tumino

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Michael De Giglio 265 Pleasantville Road, Pleasantville, NY 10570
Name Address
 - b) Peter Perfito 120 N. Hampton Drive, White Plains, NY 10603
Name Address
 - c) Joseph Tumino 6 Sprague Road, Scarsdale, NY 10583
Name Address
 - d) Ronnie Moore 861 Robinwood Road, Washington Twp, NJ 07676
Name Address
- 2) Provide the number of shares issued by the corporation. 100 of 200
- 3) What was the price paid per share? \$4,000
- 4) What date did the corporation actually receive the cash assets? 05/2011
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, Joseph Tumino

Responsible Person of Prescription Dynamics

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph Tumino

Print Name of Authorized Person

07/02/2013

Date

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership – Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SCA Pharmaceuticals, LLC

Physical Address: 8821 Knoodl Court

Mailing Address: (Same)

City: Little Rock State: AR Zip Code: 72205

Telephone: (501) 312-2800 Fax: (501) 312-2805

Toll Free Number: (877) 550-5059 (Required per NAC 639.708)

E-mail: ggraves@scausa.net Website: www.scausa.net

Managing Pharmacist: Gene Graves, PharmD MBA License Number: PD05528

Hours of Operation:

Monday thru Friday 7 am 7 pm Saturday — am — pm

Sunday — am — pm 24 Hours on call

TYPE OF PHARMACY

SERVICES PROVIDED

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

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

Gene Graves
Print Name of Authorized Person

6/25/2013
Date

Board Use Only

Received:

7/9/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited X

Partnership Name: SCA Pharmaceuticals, LLC

Mailing Address: 8821 Knoedl Court

City, State Zip Code: Little Rock, AR 72205

Telephone Number: (877) 860-5059 Fax Number: (501) 312-2805

Contact Person: Gene Graves, Pharm D MBA

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Gene Graves</u>	<u>L</u>	<u>70%</u>
<u>Matt Graves</u>	<u>L</u>	<u>30%</u>

List names of 4 largest partners and percentage of ownership:

Name: Gene Graves %: 70

Name: Matt Graves %: 30

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: No Physician ownership %: 0

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Roy Eugene (Gene) GRAVES
Responsible Person of SC A Pharmaceuticals, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Gene GRAVES
Print Name of Authorized Person

6/25/2013
Date

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alvarado Discount Pharmacy
Physical Address: 1107 S. Alvarado Street #103 LA CA 90006
Mailing Address: 4335 Van Nuys Blvd #401 S.O CA 91403
City: S.O State: CA Zip Code: 91403
Telephone: 800-410-7050 Fax: 800-632-1514
Toll Free Number: 800-410-7050 (Required per NAC 639.708)
E-mail: adv.1x@yahoo.com Website: N/A
Managing Pharmacist: Hoa Ma License Number: 59260

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday — am — pm
Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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64610

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph Kohan

Print Name of Authorized Person

Date

7-12-13

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CA
Parent Company if any: Advanced Rx Inc.
Corporation Name: Advanced Rx Inc.
Mailing Address: 4335 Van Nuy Blvd #401
City: S.O State: CA Zip: 91403
Telephone: 800-410-7050 Fax: 800-632-1514
Contact Person: Joseph Kohan 310-922-0272

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) Mehran David Kohanbakhsh 225 S. palm Dr. B.H CA 90212
Name Address
- b) Joseph Kohan 1464 Beverwil Drive LA CA 90035
Name Address
- c) Tooraj Barehiani 4335 Van Nuy #401 S.O CA 91403
Name Address
- d) N/A
Name Address

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? \$1 per share (started company from scratch)
- 4) What date did the corporation actually receive the cash assets? Corporate started/opened 9/6/07.
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: N/A %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors see attached!

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Joseph Kohan
Responsible Person of Advanced Rx Inc.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)
or partner(s) 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's, any owner(s), shareholder(s)
or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph Kohan
Print Name of Authorized Person

7-12-13
Date



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

June 28, 2013

ALVARADO DISCOUNT PHARMACY
1107 S ALVARADO ST #103
LOS ANGELES CA 90006

California State Board of Pharmacy License Verification

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

Licensee Name: ALVARADO DISCOUNT PHARMACY

License Type: PHARMACY

License Number: PHY 49031

Status: ACTIVE

Issue Date: 04/11/08

Expiration Date: 04/01/14

Address of Record: 1107 S ALVARADO ST #103 LOS ANGELES CA 90006

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink, appearing to read "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

Blank

NEVADA STATE BOARD OF PHARMACY
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

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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Anderson Compounding Pharmacy Inc

Physical Address: 310 Bluff City Highway

Mailing Address: 310 Bluff City Highway

City: Bristol, State: TN Zip Code: 37620

Telephone: 423-764-4136 Fax: 423-764-5167

Toll Free Number: 800-263-8890 (Required per NAC 639.708)

E-mail: cleve@acprx.net Website: www.andersoncompounding.com

Managing Pharmacist: R.C. Anderson License Number: 6100

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

R.C. Anderson R.Ph.
Original Signature of Person Authorized to Submit Application, no copies or stamps

R.C. Anderson

Print Name of Authorized Person

7/22/13
Date

Board Use Only

Received:

7/31/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: R.C. Anderson

Business Name: Anderson Compounding Pharmacy Inc

Current Business Address: 310 Bluff City Highway

City: Bristol, State: TN Zip Code: 37620

Telephone: 423-764-4136 Fax: 423-764-5167

List any physician shareholders and percentage of ownership.

Name: R.C. Anderson %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

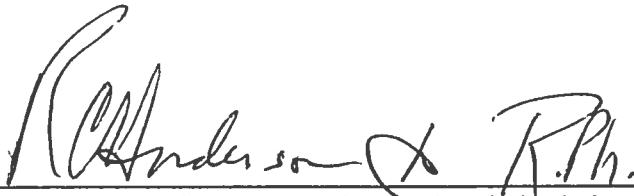
I, R.C. Anderson

Responsible Person of Anderson Compounding Pharmacy Inc

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

R.C. Anderson

Print Name of Authorized Person

7/22/13
Date

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: Anderson Compounding Pharmacy Inc

Address: 310 Bluff City Highway , Suite #1

City: Bristol State: TN Zip: 37620

I hereby authorize the Tennessee Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>2113</u>	<u>Active</u>	<u>2/3/1961</u>	<u>9/30/2014</u>

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

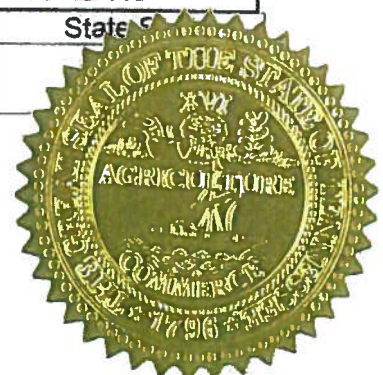
Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State
<u>Lakita Taylor</u>	<u>Admin. Assist. II</u>	<u>TN</u>	<u>7/8/13</u>	



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

\$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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
<i>LC</i> Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BIORY LLC

Physical Address: 1819 Aston Ave Ste 102

Mailing Address: same

City: Carlsbad State: CA Zip Code: 92008

Telephone: 760 707 1486 Fax: 760 931 0516

Toll Free Number: 866 827 0972 (Required per NAC 639.708)

E-mail: pwalsh@biory.net Website: www.biory.net

Managing Pharmacist: Patti Walsh License Number: 40426

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

*sterile
Compounding*

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Patricia Welsh
Original Signature of Person Authorized to Submit Application, no copies or stamps
Patricia Welsh 05/30/13
Print Name of Authorized Person Date

Board Use Only

Received:

6/6/13

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

~~PRO~~

LLC

State of Incorporation: DE

Parent Company if any: _____

Corporation Name: BJORY LLC

Mailing Address: 10828 Kenwood Rd

City: Cincinnati State: OH Zip: 45242

Telephone: 513 792 7080 Fax: 513 792 3838

Contact Person: Randall Brayle

For any corporation non publicly traded, disclose the following:

90% ownership

LLC

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) list attached

Name

Address

b) _____

Name

Address

c) _____

Name

Address

d) _____

Name

Address

- 2) Provide the number of shares issued by the corporation. _____

- 3) What was the price paid per share? _____

- 4) What date did the corporation actually receive the cash assets? _____

- 5) Provide a copy of the corporation's stock register evidencing the above information n/A

List any physician shareholders and percentage of ownership.

Name: n/A %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Patricia Walsh

Responsible Person of BIOT LHC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Patricia Walsh
Print Name of Authorized Person

05/30/13
Date



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

May 24, 2013

CYNTHIA HALE
BIORX LLC
10828 KENWOOD ROAD
CINCINNATI, OH 45242

California State Board of Pharmacy License Verification

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

Licensee Name: BIORX LLC

License Type: PHARMACY

License Number: PHY 51208

Status: ACTIVE

Issue Date: 03/14/13

Expiration Date: 03/01/14

Address of Record: 1819 ASTON AVE STE 102 CARLSBAD CA 92008

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in black ink, appearing to read "Barbera Schleicher", written over a horizontal line.

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov

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

\$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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Central Rexall Drugs, Inc.

Physical Address: 125 East Thomas Street

Mailing Address: PO Box 1318

City: Hammond State: LA Zip Code: 70404

Telephone: 985-345-5120 Fax: 985-345-5178

Toll Free Number: 855-645-5120 (Required per NAC 639.708)

E-mail: don@centraldrugs.net Website: www.centraldrugs.net

Managing Pharmacist: Donald K. Fellows, Jr License Number: PST.009677
Louisiana

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 3 pm

Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Donald K. Fellows, Jr.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Donald K. Fellows, Jr.
Print Name of Authorized Person

6/17/13
Date

Board Use Only

Received: 7/9/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Louisiana
Parent Company if any: _____
Corporation Name: Central Rexall Drugs, Inc.
Mailing Address: PO Box 1318
City: Hammond State: LA Zip: 70404
Telephone: 985-345-5120 Fax: 985-345-5178
Contact Person: Donald K. Fellows, Jr.

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | |
|----------------------------------|---------------------------|
| a) <u>Donald K. Fellows, Jr.</u> | <u>201 North Pine St.</u> |
| Name | Address |
| | <u>Hammond, LA 70401</u> |
| b) <u>Dorothy F. Barton</u> | <u>PO Box 1083</u> |
| Name | Address |
| | <u>Hammond, LA 70404</u> |
| c) _____ | _____ |
| Name | Address |
| d) _____ | _____ |
| Name | Address |
- 2) Provide the number of shares issued by the corporation. 500
- 3) What was the price paid per share? \$100
- 4) What date did the corporation actually receive the cash assets? 2/16/1959
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____
Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Donald K. Fellows, Jr.
Responsible Person of Central Rexall Drugs, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.

Donald K. Fellows, Jr.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Donald K. Fellows, Jr.
Print Name of Authorized Person

6/17/13
Date

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: Central Rexall Drugs, Inc.
Address: 125 East Thomas Street
City: Hammond State: LA Zip: 70401
I hereby authorize the Louisiana Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

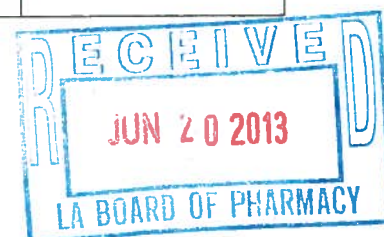
License Number	License Status	Date License Issued	Date License Expires
<u>Phy. 151-1R</u>	<u>Active</u>	<u>11/19/01</u>	<u>12/31/13</u>

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>Sarah Stevenson</u>	<u>Licensing Manager</u>	<u>LA</u>	<u>6/24/13</u>	



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

\$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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation -- Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation -- Pages 1,2,4,7	<input type="checkbox"/> Sole Owner -- Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FPR Specialty Pharmacy, LLC

Physical Address: 7910 C RAE BLVD

Mailing Address: _____

City: Victor State: NY Zip Code: 14564

Telephone: 877-648-1951 Fax: 585-433-2002

Toll Free Number: 877-648-1951 (Required per NAC 639.708)

E-mail: MBROWN@RXFPR.COM Website: Focused Pain Relief. com

Managing Pharmacist: Christopher Casey License Number: 1032392-1

Hours of Operation:

Monday thru Friday 8:00 am 6:00 pm

Saturday 8:00 am 2:00 pm

Sunday Closed am Closed pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

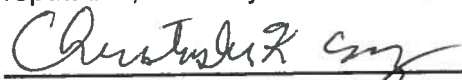
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
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- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 ☒
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Original Signature of Person Authorized to Submit Application, no copies or stamps

Christopher Casey

Print Name of Authorized Person

7/19/2013

Date

Board Use Only

Received:

7/31/13

Amount:

500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: FPR Specialty Pharmacy LLC

Mailing Address: 7910 C Rae Blvd

City, State Zip Code: Victor NY 14564

Telephone Number: 877-648-1951 Fax Number: 585-433-2002

Contact Person: MARY BETH BROWN

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>William J Rue</u>	<u>L</u>	<u>50%</u>
<u>Christopher K Casey</u>	<u>L</u>	<u>50%</u>

List names of 4 largest partners and percentage of ownership:

Name: NA %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christopher Casey
Responsible Person of FPR Specialty Pharmacy, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)
or partner(s) 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's, any owner(s), shareholder(s)
or partner(s) 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.

Christopher Casey
Original Signature of Person Authorized to Submit Application, no copies or stamps

Christopher Casey
Print Name of Authorized Person

7/19/2013
Date

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
---	---

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: KVP Pharmacy, Inc.
Physical Address: 440 W. Broadway #B Glendale, CA 91204
Mailing Address: P.O. Box
City: Glendale State: CA Zip Code: 91225
Telephone: (877) 655-0554 Fax: 877-711-1421
Toll Free Number: (877) 655-0554 (Required per NAC 639.708)
E-mail: clerk@ndrx.com Website: N/A
Managing Pharmacist: Karolin Abedi License Number: Rph66363

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 2 pm
Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

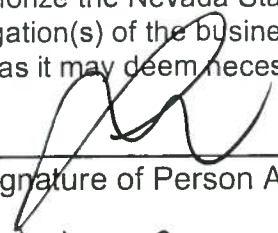
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest,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

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

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

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

Original Signature of Person Authorized to Submit Application, no copies or stamps


Print Name of Authorized Person

Date

12/6/12

Board Use Only

Received: _____

Amount: 500.00

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: _____

Corporation Name: KUP Pharmacy, Inc.

Mailing Address: P.O. Box

City: Glendale State: CA Zip: 91225

Telephone: (818) 291-0547 Fax: (866) 668-6876

Contact Person: Khachatur Pogosyan

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Khachatur Pogosyan 900 Birmingham, Burbank, CA 91504
Name Address

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. 100,000

- 3) What was the price paid per share? \$1.00

- 4) What date did the corporation actually receive the cash assets? 5/15/2010

- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: 2/A %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Khachatur Pogosyan

Responsible Person of KVP Pharmacy, INC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Khachatur Pogosyan
Print Name of Authorized Person

12/6/12
Date



California State Board of Pharmacy

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

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

November 5, 2012

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

California State Board of Pharmacy License Verification

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

Licensee Name: KVP PHARMACY, INC.

License Type: PHARMACY

License Number: PHY 50535

Status: ACTIVE

Issue Date: 03/01/11

Expiration Date: 03/01/13

Address of Record: 440 W BROADWAY #B GLENDALE CA 91204

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

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

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov

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

\$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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership – Pages 1,2,5,7 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MEDLEY COMPOUNDING PHARMACY
Physical Address: 5711 BISSONNET ST. STE #F, BELLAIRE, TX 77401
Mailing Address: 5318 WESLAYAN # 187
City: HOUSTON State: TX Zip Code: 77005
Telephone: 713-838-1500 Fax: 713-838-1505
Toll Free Number: 1-855-610-1555 (Required per NAC 639.708)
E-mail: MEDLEYPHARMACY@GMAIL.COM Website: —
Managing Pharmacist: TAMIRA SAAM License Number: 47616

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday — am — pm
Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

64053

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Shelby Q
Original Signature of Person Authorized to Submit Application, no copies or stamps

Shelby Aggarwal
Print Name of Authorized Person

7/29/13
Date

Board Use Only

Received: 8/14/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: SHOBHA AGGARWAL

Business Name: MEDLEY COMPOUNDING PHARMACY, LLC

Current Business Address: 5711 BISSONNET ST. STE F

City: BELLAIRE State: TX Zip Code: 77401

Telephone: 713-838-1500 Fax: 713-838-1505

List any physician shareholders and percentage of ownership.

Name: NONE %: —

Name: — %: —

Name: — %: —

Name: — %: —


CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, SHOBHA AGGARWAL
Responsible Person of MEDLEY COMPOUNDING PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Shobha Aggarwal
Print Name of Authorized Person

7/29/13
Date

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: Medley Compounding Pharmacy
Address: 5711 Bissonett St. Ste F
City: Bellaire State: TX Zip: 77401
I hereby authorize the Texas State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant Shane

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
28480	Active - *Please see attached	March 19, 2013	March 31, 2015

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please see attached	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
--	---

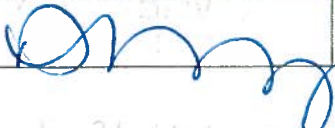

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☐ No *Please see attached

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☐ No *Please see attached

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☐ No N/A

Has applicant met all licensing requirements of your state? (If no, please explain) *Please see attached ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
	Director of Professional Services	TX	August 15, 2013	



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

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

W. Benjamin Fry, R.Ph.
San Benito

L. Suzan Kedron
Dallas

Alice G. Mendoza, R.Ph.
Kingsville

Phyllis A. Stine
Abilene

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

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

Re: Medley Compounding Pharmacy, LLC

Address: 5711 Bissonnet Street, Ste #F
Bellaire, TX 77401

License No.: 28480

Date Issued: March 19, 2013

Licensure Status: Active


Expiration Date: March 31, 2015

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (July 31, 2013), Medley Compounding Pharmacy, LLC, (Texas Pharmacy License #28480) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:


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

August 15, 2013
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

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

W. Benjamin Fry, R.Ph.
San Benito

L. Suzan Kedron
Dallas

Alice G. Mendoza, R.Ph.
Kingsville

Phyllis A. Stine
Abilene

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

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

Re: Tamra Lynn Saam, R.Ph.
License No.: 47616
Date Issued: July 30, 2009
Licensure Status: Active
Expiration Date: August 31, 2013
Granted by: Examination
Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding license and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (August 1, 2013), Tamra Lynn Saam, R.Ph., (Texas Pharmacist License #47616) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

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

August 15, 2013
Date



Blank

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership – Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: dha NuDax Ventures, LLC Nucara Pharmacy # 1

Physical Address: 1150 5th Street, Suite 140

Mailing Address: 1150 5th Street, Suite 140

City: Coralville State: IA Zip Code: 52241

Telephone: 319-354-4004 Fax: 319-354-4050

Toll Free Number: 877-228-2272 (Required per NAC 639.708)

E-mail: coralville@nucara.com Website: www.nucara.com

Managing Pharmacist: Shawn Roe License Number: 19653

Hours of Operation:

Monday thru Friday 9:00 am 5:30 pm

Saturday 9:00 am 12:00 pm

Sunday N/A am N/A pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Original Signature of Person Authorized to Submit Application, no copies or stamps



Print Name of Authorized Person

8-9-2013
Date

Board Use Only

Received: 8/14/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited ☒

Partnership Name: NuDax Ventures, LLC

Mailing Address: PO Box 1040, 124 N. Main Street

City, State Zip Code: Conrad, IA 50021

Telephone Number: 641-306-3440 Fax Number: 641-306-3442

Contact Person: Brian Wegmann, CEO

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>- See attached -</u>		

List names of 4 largest partners and percentage of ownership:

Name: <u>Ted Scherr</u>	%: <u>50%</u>
Name: <u>T.J. Johnsrud</u>	%: <u>30%</u>
Name: <u>Brian Wegmann</u>	%: <u>9%</u>
Name: <u>Bonnie Sadler</u>	%: <u>5%</u>

List any physician shareholders and percentage of ownership.

Name: <u>N/A</u>	%: _____
Name: <u>N/A</u>	%: _____
Name: <u>N/A</u>	%: _____
Name: <u>N/A</u>	%: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brian Wegmann

Responsible Person of NuData Ventures dba Nucara Pharmacy #1

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Brian Wegmann

Print Name of Authorized Person

8-9-2013

Date

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: dba NUDAK ventures, LLC NuCara Pharmacy #1
Address: 1150 5th Street, Ste. 140
City: Coralville State: IA Zip: 52241
I hereby authorize the Iowa Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant Blenda Finn, Executive Assistant

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>1091</u>	<u>Active</u>	<u>1999</u>	<u>12/31/2013</u>

Has this license been
encumbered in any way?
☐ Yes ☒ No

Type of Encumbrance: (if any)
☐ Revoked ☐ Surrendered ☐ Limited
☐ Suspended ☐ Restricted ☐ Probation
Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws
relating to drug samples, wholesale or retail drug distribution, or
distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any
applications made in connection with drug manufacturing or
distribution? (if yes, please explain) ☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings?
(If yes, please explain) ☐ Yes ☒ No
Has applicant met all licensing requirements of your state?
(If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>Ann Gammagin</u>	<u>receptionist</u>	<u>IA</u>	<u>7/24/2013</u>	

Blank

NEVADA STATE BOARD OF PHARMACY

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PharmBlue LLC

Physical Address: 40 Pennwood Place, Suite 300, Warrendale, PA 15086

Mailing Address: Post Office Box 1858

City: Cranberry Twp. State: PA Zip Code: 15086

Telephone: 724-779-4720 Fax: 724-779-4721

Toll Free Number: 855-779-4720 (Required per NAC 639.708)

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

Managing Pharmacist: Hilary Szczypiorski License Number: RP440262

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm

Saturday 9:00 am 10:30 am ~~pm~~

Sunday n/a am n/a 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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael B. Nelson

Print Name of Authorized Person

7/24/13
Date

Board Use Only

Received: 8/7/13

Amount: 500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: PharmBlue Holdings LLC
Corporation Name: PharmBlue LLC
Mailing Address: 227 Merriman Road
City: Sewickley State: PA Zip: 15143
Telephone: 412-726-2203 Fax: 724-779-4721
Contact Person: Michael B. Nelson

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) See Attachments I and II
Name Address
 - b) _____
Name Address
 - c) _____
Name Address
 - d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. No shares issued; PharmBlue Holdings 100% owner of PharmBlue LLC
- 3) What was the price paid per share? n/a
- 4) What date did the corporation actually receive the cash assets? PharmBlue LLC date of formation 5/21/12
- 5) Provide a copy of the corporation's stock register evidencing the above information n/a

List any physician shareholders and percentage of ownership.

Name: None %: _____
Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael B. Nelson

Responsible Person of PharmBlue LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael B. Nelson

Print Name of Authorized Person

7/24/15

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

July 26, 2013

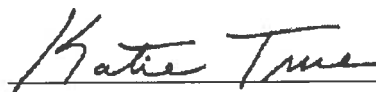
CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	PHARMBLUE LLC
LICENSE TYPE:	Pharmacy
LICENSE NUMBER:	PP482344
ORIGINAL LICENSURE DATE:	02/05/2013
EXPIRATION DATE:	08/31/2015
STATUS:	Active

The license is in good standing and the records indicate no derogatory information.

Seal



Commissioner
Bureau of Professional and Occupational Affairs

Blank

NEVADA STATE BOARD OF PHARMACY
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

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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Stapley Pharmacy

Physical Address: 102 E City Center

Mailing Address: _____

City: St George State: UTAH Zip Code: 84770

Telephone: 435-673-3575 Fax: 435-673-2141

Toll Free Number: 877-268-3784 (Required per NAC 639.708)

E-mail: rxrus@stapleypharmacy.com Website: stapleypharmacy.com

Managing Pharmacist: Erin Stapley License Number: _____

Hours of Operation:

Monday thru Friday <u>9</u> am <u>7</u> pm	Saturday <u>9</u> am <u>5</u> pm
Sunday <u>—</u> am <u>—</u> pm	24 Hours <u>—</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

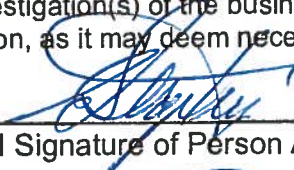
Within the last five (5) years:

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

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

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

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

Evan Spakey
Print Name of Authorized Person

7/16/13
Date

Board Use Only

Received: 7/23/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: UTAH

Parent Company if any: _____

Corporation Name: STAPLEY Pharmacy Inc.

Mailing Address: 102 E. 950 City Center

City: St. George State: UT Zip: 84770

Telephone: 435-673-3575 Fax: 435-673-2141

Contact Person: DEE EVAN STAPLEY

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) DEE EVAN STAPLEY
Name Address

b) FAITH W. STAPLEY
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, DEE EVAN STAPLEY
Responsible Person of STAPLEY PHARMACY INC.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)
or partner(s) 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's, any owner(s), shareholder(s)
or partner(s) 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.


Original Signature of Person Authorized to Submit Application, no copies or stamps

DEE EVAN STAPLEY
Print Name of Authorized Person

7/16/2013
Date



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

DOPL-FM-001 REV 06/08/2009

Created On: 5/17/2013

Created By: Tracy Naff

Name of Licensee (as it appears in our records): Stapley Pharmacy

Classification of License Issued: Pharmacy - Class A
Dispensing Controlled Substance License

License Number: 5683021-1703
5683021-8913

Obtained by: Application

Current Status: Active

Original Date of Licensure: 08/30/2004

Expiration Date: 09/30/2013

Disciplinary Action:

☒ No

☐ Pending, certified copies of all Petitions are attached

☐ Yes, certified copies of all Petitions and Orders are attached

Signature:

Title:

Licensing

Date: May 17, 2013



The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. If you have any questions, please contact the division.

Blank

NEVADA STATE BOARD OF PHARMACY
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

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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vicksburg Special Care Pharmacy and Compounding

Physical Address: 4079 Pemberton Blvd, Vicksburg, MS 39180

Mailing Address: 1485 Livingston Lane

City: Jackson State: Mississippi Zip Code: 39213

Telephone: 601-636-5555 Fax: 601-638-1564

Toll Free Number: 888-503-2359 (Required per NAC 639.708)

E-mail: scripts.vburg@gmail.com Website: N/A

Managing Pharmacist: David Jason Rutland License Number: 09938

Hours of Operation:

Monday thru Friday 9:00am 6:00pm

Saturday 9:00am 2:00pm

Sunday closedam _____pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

David Jason Rutland

Print Name of Authorized Person

06-24-2013

Date

Board Use Only

Received: 8/8/13

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Mississippi
Parent Company if any: N/A
Corporation Name: Vicksburg Special Care Pharmacy and Compounding, LLC
Mailing Address: 4079 Pemberton Blvd.
City: Vicksburg State: MS Zip: 39180
Telephone: 601-636-5555 Fax: 601-638-1564
Contact Person: David Jason Rutland

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation? N/A
- a) _____
Name Address
- b) _____
Name Address
- c) _____
Name Address
- d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporation's stock register evidencing the above information N/A
- List any physician shareholders and percentage of ownership. N/A

Name: _____ %: _____
Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.


List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Jason Rutland
Responsible Person of Vicksburg Special Care Pharmacy and Compounding
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s)
or partner(s) 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's, any owner(s), shareholder(s)
or partner(s) 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.


Original Signature of Person Authorized to Submit Application, no copies or stamps

David Jason Rutland
Print Name of Authorized Person

06-24-2013
Date

LOUISIANA BOARD OF PHARMACY
BATON ROUGE, LOUISIANA

IN THE MATTER OF:

CONSENT ORDER

ANGELA NICOLE HOTARD

PHARMACIST LICENSE NO. 16604

CASE No. 11-0162

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on December 7, 2011 at the Board office, 3388 Brentwood Drive, Baton Rouge, Louisiana 70809, in the matter of **ANGELA NICOLE HOTARD** (hereinafter referred to as "Respondent"), holder of PHARMACIST LICENSE NO. 16604, with Respondent and attorney Matthew K. Brown present.

WHEREAS, on May 05, 2011 Board Staff confirmed the repeated transfer of various controlled dangerous substances (CDS) and non-controlled drugs from Monroe Clinic Pharmacy to Vicksburg Special Care Pharmacy (MS License #08249) in Vicksburg, Mississippi from November/December 2010 to May 5, 2011. While records of transfer for CDS were confirmed, not transfer documentation existed for the non-controlled drugs.

WHEREAS, Angela Nicole Hotard (MS license #9132) was pharmacist-in-charge (PIC) of both Monroe Clinic Pharmacy and Vicksburg Special Care Pharmacy. PIC Hotard did not seek approval from the Louisiana Board of Pharmacy to hold the position of PIC at this pharmacy permit while simultaneously holding the position of PIC at Monroe Clinic Drugs.

WHEREAS, several questionable CDS prescriptions that were dispensed at Monroe Clinic Drugs.

WHEREAS, written procedures, formulas, labeling, beyond-use-date assignment, records and reports for compounded medications found in the prescription department were unavailable for inspection.

WHEREAS, Board staff confirmed the presence of a misbranded non-sterile compounded Ketamine product that was obtained from Vicksburg Special Care Pharmacy.

WHEREAS, during the year of 2010 PIC Hotard only obtained 15 hours of non-live continuing education (CE) credit for her 2011 renewal. PIC Hotard completed the 10 hours (5 hour deficiency and 5 hour penalty) of non-live CE and submitted them to the board office on May 18, 2011.

WHEREAS, Board staff confirmed for the second year in-a-row the fact that the dispensed will-call/pickup medications were not secured when the prescription department was closed.

WHEREAS, Board staff confirmed the presence of 38 Physician Sample drug bottles in the prescription department.

WHEREAS, faxed hard copy prescriptions were not identifiable as such because the hard copy was not maintained in its original form.

WHEREAS, PIC Hotard allowed the incorrect prescriber's name to be entered into the permit's electronic record keeping system on some written CDS prescriptions. The pharmacy had on file CDS prescriptions authorized by a non-physician that did not clearly indicate the authorized prescriber's practice affiliation, physician's name, address, and telephone number.

WHEREAS, the pharmacy had on file automated refill authorization prescriptions for CDS that were generated and transmitted by the permit, returned to the permit, and were not signed by the authorized prescribers.

WHEREAS, the last annual CDS inventory dated May 4, 2011 was not taken within 12 months of the last CDS inventory dated May 1, 2010.

WHEREAS, a further review of the invoice records for Monroe Clinic Drugs indicated that, in addition to a lack of records of transfer/distribution for regular legend drugs distributed from Monroe Clinic Drugs to Vicksburg Special Care Pharmacy, there was also a lack of records of transfer/distribution for regular legend drugs distributed from Village Pharmacy of West Monroe (Permit #6263) to Monroe Clinic Drugs from July 2010 to November 2010.

WHEREAS, PIC Hotard dispensed several CDS prescriptions that were prescribed by Dr. Randy Head (owner of the clinic that housed the pharmacy). Particularly there were 14 prescriptions reviewed for Patient A.W. for large quantities of Hydrocodone/APAP 10/500mg. PIC Hotard stated that Patient A.W. was an employee of Dr. Head. PIC Hotard stated that Dr. Head told her these prescriptions were for a "toothache/dental pain" so she filled them. Treating dental pain is not within Dr. Head's scope of practice since he is not a Dentist. Therefore these prescriptions were not prescribed for a legitimate medical purpose within Dr. Head's scope of practice.

WHEREAS, pursuant to information received and/or gathered by the Board which produced evidence indicating that Respondent violated the following laws and regulations:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(3): Committed repeated occasions of negligence or incompetence in the practice or assistance of practice of pharmacy.

La. R.S. 37:1241(A)(10): Has departed from or failed to conform to the minimal standards of acceptable and prevailing pharmacy practice, whether or not actual injury to a patient has occurred.

La. R.S. 37:1241(A)(15): Has evaded, or assisted, directly or indirectly, another person in evading any local, state or federal laws or regulations pertaining to the practice of pharmacy.

La. R.S. 37:1241(A)(18): Has knowingly received or possessed any drug or device that is, or has been, adulterated or misbranded, or knowingly or intentionally delivered or proffered any such product to the public.

21. CFR. 203.3 (q): *Health care entity* means any person that provides diagnostic, medical, surgical, or dental treatment, or chronic or rehabilitative care, but does not include any retail pharmacy or any wholesale distributor. A person cannot simultaneously be a "health care entity" and a retail pharmacy or wholesale distributor.

21. CFR. 353. (D)(1)(c): **Distribution of drug samples.** Except as provided in paragraphs (2) and (3), no person may distribute any drug sample. For purposes of this subsection, the term "distribute" does not include the providing of a drug sample to a patient by a pharmacy of a hospital or of another health care entity that is acting at the direction of such a practitioner and that received such sample pursuant to paragraph (2) or (3).

21. CFR. 1306.04 (a): **Purpose of issue of prescription.** A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

La. R.S. 40: 961(33): **Definitions.** A prescription means a written request for a drug or therapeutic aid issued by a licensed physician, dentist, veterinarian, osteopath, or podiatrist for a legitimate medical purpose, for the purposes of correcting a physical, mental, or bodily ailment, and acting in good faith in the usual course of his professional practice.

La. R.S. 40: 971(A)(1)(a): **Prohibited acts – all schedules.** It shall be unlawful for any person who is subject to the requirements of this Part to distribute or dispense a controlled dangerous substance in violation of this Part.

La. R.S. 40: 971.2(B)(1): Unlawfully prescribing, distributing, dispensing, or assisting in illegally obtaining controlled dangerous substances. It shall be unlawful for a physician, other licensed health care practitioner as defined in R.S. 40:961 (31), or any other person to knowingly or intentionally commit any of the following acts: Assist a patient or any other person in obtaining a controlled dangerous substance through misrepresentation, fraud, forgery, deception or subterfuge.

LAC, Title 46: LIII §1103(H)(1): Prescription Department Requirements. Drug Inventory. Storage. The pharmacy shall provide sufficient space on-site for proper storage of labels, prescription containers, and an adequate prescription inventory in order to compound and dispense prescription orders. Drugs that require special storage shall be properly stored.

LAC, Title 46: LIII §1103(I): Pharmacy Security. The prescription department shall be adequately secured by the installation of partitions and secured entrances, which shall be locked by a pharmacist and made inaccessible when the prescription department is closed.

LAC 46 LIII §1105(G): Discontinued and Outdated Drugs. The pharmacist-in-charge shall be responsible for the implementation of policies and procedures to ensure that discontinued or outdated drugs, or containers with worn, illegible, or missing labels are withdrawn from the pharmacy inventory.

LAC, Title 46: LIII §1121(A): General Record Keeping. Requirements. A pharmacy shall maintain complete, accurate, and readily retrievable prescription drug records. All prescription drug records shall be available for board review upon request.

LAC, Title 46: LIII §1121(B)(1-2): General Record Keeping. Accountability. The holder of the pharmacy permit and the pharmacist-in-charge shall account for all prescription drug transactions, consisting of:

1. Acquisition records- invoice receipts of drugs acquired.
2. Disposition records- prescription orders dispensed or drugs sold.

LAC, Title 46: LIII §1123(A): Records. Acquisition Records. Prescription drug acquisition records shall be required, and shall consist of documented invoices from manufacturers, wholesalers, distributors, brokers, or other sources of supply.

LAC, Title 46: LIII §1123(B): Records. Inventory Records. Accurate and readily retrievable records regarding prescription drug acquisition invoices, distribution, and inventories shall be maintained and available for accountability and retained at the pharmacy premises.

LAC, Title 46: LIII §1123(D)(5): Records. Electronic Record Keeping System. Original Prescription Records. The prescription hard copy shall represent the original written order or original oral prescription reduced to written form manually or electronically produced by the pharmacist, and shall meet the record keeping requirements of this chapter.

LAC, Title 46: LIII §1305(A): Compliance. A community pharmacy shall comply with all applicable federal and state pharmacy laws and regulations, including Chapter 11 of these regulations.

LAC 46 LIII §2501(B)(1)(a-d): Misbranded drugs. Misbranded drugs are:

- a. those drugs whose labeling is false or misleading in any particular manner;
- b. those drugs whose label does not bear the name and address of the manufacturer, packer, or distributor, and does not have an accurate statement of the quantities of the active ingredients;
- c. those drug without an accurate monograph; or
- d. those drugs meeting the qualifications for misbranded drugs as noted in the Federal Food, Drug, and Cosmetic Act, or its successor.

LAC 46 LIII §2501(B)(2): Misbranded drugs. It is unlawful to possess or dispense misbranded drugs.

LAC, Title 46: LIII §2511(B)(3): Prescriptions. Written prescriptions. If the authorized prescriber is a non-physician, the prescription form shall clearly indicate the authorized prescriber's practice affiliation. The affiliated physician's name, address, and telephone number shall appear on the prescription form.

LAC, Title 46: LIII §2519(A): Prescription Refills. Refill Authorization. Prescription refills may be dispensed only with the prescriber's authorization, as indicated on the original prescription order. In the absence of the authorized practitioner's instructions on the original prescription, the prescription shall be considered non-refillable. When all refills authorized on the original prescription have been dispensed, then authorization from the prescribing practitioner shall be obtained prior to dispensing; when such authorization has been received, a new prescription shall be prepared and it shall be issued a different prescription number.

LAC, Title 46: LIII §2527(A)(3): Prescription Labeling. An appropriate label shall be affixed to a proper container, and shall bear the following minimum information; the authorized prescriber's name.

LAC, Title 46: LIII §2535(A)(1): General Standards. Compounding Practices. A pharmacy shall have written procedures as necessary for the compounding of drug products to assure that the finished products have the identity, strength, quality, and purity they are represented to possess.

LAC, Title 46: LIII §2535(B): General Standards. Beyond Use Date. Compounded medications shall be labeled with a beyond use date of no more than one hundred eighty (180) days, unless documentation on file supports a longer beyond use date.

LAC, Title 46: LIII §2535(C): General Standards. Records and Reports. Any procedures or other records required to comply with this section shall be maintained for a minimum of two years.

LAC, Title 46: LIII §2745(B)(1): Prescriptions. Purpose of Issue. A prescription for a controlled substance shall be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing of controlled substances rests upon the prescribing practitioner; however, a corresponding responsibility rest with the pharmacist who dispenses the prescription. An order purporting to be a prescriptions issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of the Controlled Substances Act (21 USC 829), and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substance.

LAC, Title 46: LIII §2747(A): A pharmacist may dispense a prescriptions for a controlled substance pursuant to a valid prescriptions or order while in the usual course of his professional practice, but only within a prescription department in a pharmacy licensed by the board. A valid prescription or order is a prescription or order issued for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice.

LAC, Title 46: LIII §2747(E): Professional Conduct. A license, registration, certification, permit, or any other credential deemed necessary to practice, or assist in the practice, of pharmacy may be subject to discipline when deviating from primary or corresponding responsibility to avert the following prohibited acts:

LAC, Title 46: LIII §2747(E)(1)(a): Professional Conduct. Primary Responsibility. Drug Diversion. Attempted, actual, or conspired dispensing, distributing, administering, or manufacturing of a controlled substance not pursuant to valid prescription or order while acting in the course of professional pharmacy practice is prohibited;

LAC, Title 46: LIII §2747(E)(2)(a): Professional Conduct. Corresponding responsibility. Medical purpose. The prescribing practitioner has the primary responsibility to issue a prescription for a controlled substance for a legitimate medical purpose, but a corresponding responsibility rests with the pharmacist or dispensing physician dispensing said prescription to ascertain that said prescription was issued for a legitimate medical purpose in the usual course of professional practice.

LAC, Title 46: LIII §2747(E)(2)(b): Professional Conduct. Corresponding responsibility. Authenticity. A pharmacist or dispensing physician shall exercise sound professional judgment to ascertain the validity of prescriptions for controlled substances. If, in the pharmacist's professional judgment, a prescription is not valid, said prescription shall not be dispensed.

LAC, Title 46: LIII §1105(B): Pharmacist-In-Charge. Authority and Accountability. The pharmacist-in-charge shall be ultimately responsible for complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by the pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not offer any defense to the allegations of violations cited above and further agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **PHARMACIST LICENSE NO. 16604** belonging to **ANGELA NICOLE HOTARD** is hereby issued a **LETTER OF REPRIMAND**.
2. **ANGELA NICOLE HOTARD** shall pay a fine of \$1,000.00, reimburse the Board \$250.00 for administrative costs for a total of \$1,250.00 due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent. By his signature to this agreement, Respondent agrees that her failure to pay said amount shall result in immediate active suspension of **PHARMACIST LICENSE NO. 16604** without further recourse or due process.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon his signing said Order.

I, ANGELA NICOLE HOTARD, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of my case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

Respondent agrees that Respondent's execution of this Consent Agreement grants the Board the authority to collect any monies owed pursuant to this Consent Agreement and not paid to the Board notwithstanding the Board's acceptance of this Consent Agreement.

SIGNED, AGREED TO AND ENTERED ON 14th DAY OF December, 2011.

Angela Nicole Hotard
ANGELA NICOLE HOTARD
PHARMACIST LICENSE NO. 15138 16604 *auto*

Matthew K. Brown
MATTHEW K. BROWN
Sullivan Stoller Kovata & Knight, LC
909 Poydras Street, Suite 2600
New Orleans, LA 70112
Attorney for Respondent

Carlos M. Finalet, III
CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on February 1, 2012, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Cari W. Aron
Cari W. Aron
President and Hearing Officer for the Board

LAC, Title 46: LIII §2747(E)(2)(b): Professional Conduct. Corresponding responsibility. Authenticity. A pharmacist or dispensing physician shall exercise sound professional judgment to ascertain the validity of prescriptions for controlled substances. If, in the pharmacist's professional judgment, a prescription is not valid, said prescription shall not be dispensed.

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To facilitate the submission of this Consent Agreement, Respondent does not offer any defense to the allegations of violations cited above and further agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. PHARMACIST LICENSE NO. 16604 belonging to ANGELA NICOLE HOTARD is hereby issued a LETTER OF REPRIMAND.
2. ANGELA NICOLE HOTARD shall pay a fine of \$1,000.00, reimburse the Board \$250.00 for administrative costs for a total of \$1,250.00 due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent. By his signature to this agreement, Respondent agrees that her failure to pay said amount shall result in immediate active suspension of PHARMACIST LICENSE NO. 16604 without further recourse or due process.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

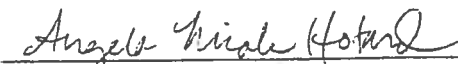
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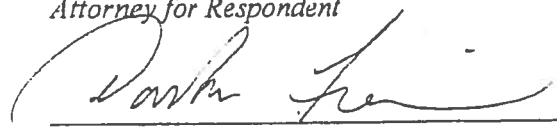
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Respondent agrees that Respondent's execution of this Consent Agreement grants the Board the authority to collect any monies owed pursuant to this Consent Agreement and not paid to the Board notwithstanding the Board's acceptance of this Consent Agreement.

SIGNED, AGREED TO AND ENTERED ON 14th DAY OF December, 2011.


ANGELA NICOLE HOTARD
PHARMACIST LICENSE NO. 15138 16604 *and*

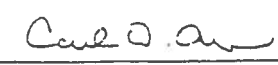

MATTHEW K. BROWN
Sullivan Stoller Kovata & Knight, LC
909 Poydras Street, Suite 2600
New Orleans, LA 70112
Attorney for Respondent


CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on February 1, 2012, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:


Cari W. Aron
President and Hearing Officer for the Board

MONROE CLINIC DRUGS

****Explanation of consent order issued to Angela Nicole Hotard by the Louisiana Board of Pharmacy in December 2011. Pharmacist age was 36:**

- 1) I have ownership in Monroe Clinic Drugs and Vicksburg Special Care Pharmacy. During a time of financial hardship, there were instances that we would transfer prescription drugs between the two locations. Transfer invoices were to be filled out and signed by the pharmacist on duty at each location. There were some invoices on hand that had not been signed by both parties. **NOW:** Both pharmacies are firm on their feet and there is no need to transfer drugs between the two locations. But in the event we would have to do so, all pharmacists and techs are aware that all invoices of any kind **MUST BE SIGNED BEFORE FILING.**
- 2) I was the PIC at MCD and while trying to obtain a license for our new location in Vicksburg I signed as PIC until we could hire a pharmacist. The plan was to transfer PIC to the new pharmacist after determining he or she was a good fit for our company. I failed to get permission from the Louisiana Board of Pharmacy to do this. **NOW:** I will only be PIC at Monroe Clinic Drugs, and will not be PIC in more than one pharmacy at a time.
- 3 and 14) These two violations are referring to the same situation: Several prescriptions had been filled for the nurse next door (written by the doctor next door) for Lortab. None of the prescriptions were filled early and each prescription was legitimate. The "scope of practice" issue was explained to me by the inspector. Since Dr. Head was not a pain specialist or a dentist, it was beyond his scope of practice to prescribe a month supply of pain meds for a patient. **NOW:** Any prescription for a controlled substance written in large quantities will only be accepted if the practitioner is specialized in the field in which he or she is practicing.
- 4 Not all our compounded stock had proper labeling. **NOW:** We label everything we compound to include drug name, date prepared, beyond use date, and initials of the tech and the pharmacist involved in the compounding process. We have an up to date formula book that list any formula we have ever used; any formula can still be accessed in the computer as well. And we have a procedure manual on hand for operating equipment and using formulas.
- 5) Vicksburg Special Care Pharmacy transferred to Monroe Clinic Drugs 4 tubes of compounded cream that contained Ketamine. There was one tube found that had no Beyond Use Date. **NOW:** There is no need to transfer any drugs between the two locations; each location compounds their own stock and labels it correctly.

6) Louisiana Board of Pharmacy requires 15 hours of CE annually. 3 of those hours must now be live CE's or the pharmacist must complete 20 written hours. **NOW:** I either do 20 written or 12 written and 3 live.

7) Monroe Clinic Drugs clerk told the inspector there were some nights we forgot to lock the will call bin, even though during those instances the pharmacist usually caught it and locked up before leaving. The pharmacist was never asked about the will call bin in order to clarify the situation. **NOW:** All MCD employees are aware of the law and our policy to lock the bin every night before closing.

8) The doctor in the clinic next door routinely treated Monroe Clinic Drugs employees and gave them samples of prescribed medication for their personal use. The employees kept those samples in a cabinet above the sink, separate from the pharmacy's inventory. **NOW:** We no longer allow samples of any kind in the pharmacy at all.

9) Monroe Clinic Drugs staff would cut off excess paper at the bottom of the faxed prescription. **NOW:** We now keep the prescription in its original form.

10) Prescriptions for controlled drug substances written by the Physician's Assistant in the clinic next door were in question because the PA had not yet been credentialed with all the insurances. In order to assist the patient in getting their prescription covered by their insurance, his collaborating physician approved the few prescriptions to be entered under his name until full credentialing was completed. We corrected all the prescriptions in question and resubmitted the PMP info to the Board. **NOW:** Monroe Clinic Drugs staff only enters the practitioner's name who signed the prescription – no matter what.

11) Upon patient request, we faxed their doctor for a refill on a controlled substance, which is legal. The authorizations were then faxed back by the nurse after the practitioner had approved the refill verbally but did not actually sign the refill request. The nurse noted "approved by doctor _____" and signed her name. **NOW:** We accept no more faxes of this kind. By law a nurse can call in a CDS prescription, so we do accept those, and of course prescriptions signed by the practitioner.

12) Our annual CDS inventory is always done on May 1. I had planned on doing that but did not plan on getting sick. I was out sick but completed the inventory upon my first day back, May 4. **NOW:** I complete the annual inventory after closing on April 30. Should any mishaps occur that prevent me from completing the inventory on time, I will notify the LABP immediately.

wholesaler invoices were 13) Upon closure of Village Pharmacy of West Monroe (I also had ownership in this pharmacy) its inventory was transferred to Monroe Clinic Drugs. All marked,

"Transferred to Monroe Clinic Drugs", dated, and initialed. They were not signed by both pharmacists. **NOW:** Transfers that need to take place (which is very rare) are documented fully; signed and dated by both pharmacists on duty at both locations.

14) explained above with #3

Thank you for taking the time to review my answers to this consent order. Please don't hesitate to call me with further questions.

Sincerely,

Angela Nicole Hotard, RPh.

MISSISSIPPI BOARD OF PHARMACY

204 KEY DRIVE, SUITE D. MADISON, MS 39110/TELE: 601-605-5388/FAX: 601-605-9546



July 13, 2013

NV Board of Phcy
431 West Plumb Lane
Reno, NV 89509

**STATE OF MISSISSIPPI
COUNTY OF MADISON**

RE: CERTIFICATION OF PHARMACY PERMIT

VICKSBURG SPECIAL CARE PHARMACY AND COMPOUNDING

Issuance—September 18, 2009

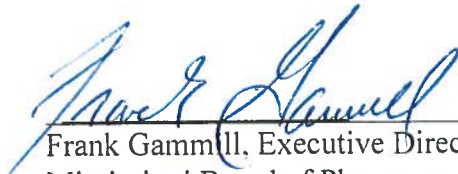
License Number—08249/01.1

4079 Pemberton Blvd.

Vicksburg, MS 39180

I, Frank Gammill, Executive Director of the Mississippi Board of Pharmacy, certify that as official custodian of the records of the Board and pursuant to a request, do hereby certify that Vicksburg Special Care Pharmacy And Compounding is currently licensed in active status with an expiration date of December 31, 2013. There has not been any disciplinary action taken against this permit.

Witness my signature and the seal of the Mississippi Board of Pharmacy this the 15th day of July, 2013.


Frank Gammill, Executive Director
Mississippi Board of Pharmacy



TEMPORARY LICENSES
(Issued since last board meeting)

Renown

Quy Huynh

Blank

Nevada State Board of Pharmacy
431 W Plumb Lane – Reno, NV 89509 – 775-850-1440
bop.nv.gov

**OUT-OF-STATE
(For locations shipping to the State of Nevada
PHARMACY APPLICATION
INFORMATION AND CHECKLIST**

**This application cannot be returned by fax or email.
We must have an original signature and fee to process.**

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications will be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, the application will be returned.

For a location or name change of an out-of-state pharmacy, we only require notification in writing. A new application is only required if changing ownership of 50% or greater.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

Complete all required pages of the application. Must be original signature(s), no copies or stamps.

Statement of Responsibility. This is page 7 included with the application

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate of Corporate status is obtained from the Secretary of State's office in the State where incorporated. This Certificate of Corporate status must be dated within the last 6 months.

Registration fee of \$500.00. This fee is non-refundable and non-transferable. The fee is payable by money order or cashier's check only, we do not accept personal checks, business checks, cash or credit cards. If the application is received with a personal, business check or cash, it will be returned and will delay the processing of the application. **Fee made payable to:** [Nevada State Board of Pharmacy](#)

Letter of good standing from the state or regulatory board in which your company is located. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. An original separate letter from the state or regulatory board also acceptable.

Copy of current registration or license for the pharmacy in the state of residence.

Copy of recent inspection.

Addendum to Pharmacy Application – Internet. This addendum is required if you will be providing internet services. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

Copy of Current DEA Registration (if applicable)

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

An application for an out-of-state pharmacy requires Board approval. Upon receipt of the completed application, documentation and fee, your application will be placed on the agenda of the next regularly scheduled Board meeting. The current board meeting schedule is available on the website under the "Calendar of Upcoming Boards & Committee Meetings".

AN APPEARANCE AT THE BOARD MEETING WILL BE REQUIRED, IF THE PHARMACY INTENDS TO SHIP PARENTERAL PRODUCTS INTO NEVADA. Nevada Administrative Code (NAC) 639.215 provides, "An applicant for a license to operate a pharmacy in the State of Nevada must appear before the board in support of the application and must received instructions relative to the pharmacy laws, if the applicant . . . (c) is applying for the licensure of a pharmacy located outside the state that will be shipping compounded parenteral products into this state.

The purpose is to insure firms will provide a continuum of home parenteral care which has frequently been absent with contract providers of parenteral pharmaceutical products from out-of-state. Our regulation in part will require:

1. A pharmacist, practitioner and nurse must be available at all times for immediate assistance to the patient;
2. The pharmacy must have access to orders for the medication, laboratory tests and other patient treatments; and
3. Documentation that patient assessment has been performed.

Your presence before the board can describe how these services are available and how you fulfill the requirements of the regulations.

The board has a legal right to require an appearance at a scheduled board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fee's are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY
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

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.

- | | |
|---|---|
| <input type="checkbox"/> New Pharmacy
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Ownership Change
(Provide current license number if making changes: PH_____)
<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|---|---|
- Please check box for type of ownership and complete correct part of the application.**

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: _____ Website: _____

Managing Pharmacist: _____ License Number: _____

TYPE OF PHARMACY

Yes/No

- ☐ ☐ Retail
- ☐ ☐ Hospital (# beds _____)
- ☐ ☐ Internet
- ☐ ☐ Nuclear
- ☐ ☐ Ambulatory Surgery Center
- ☐ ☐ Other: _____

SERVICES PROVIDED

Yes/No

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

****If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Page 2

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Sunday _____am _____pm

Saturday _____am _____pm

24 Hours _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, _____

Responsible Person of _____

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, 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 corporation's, any owner(s), shareholder(s) or partner(s) 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's, any owner(s), shareholder(s) or partner(s) 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.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Blank



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pedwards@pharmacy.nv.gov • Web Page: bop.nv.gov

August 7, 2013

Garry Watson
American Rx, LLC
412 South Court St #300
PO Box 793
Florence, AL 35631

Re: Application for Nevada Out-of-State Pharmacy License

Dear Mr. Watson:

I am writing to inform you that your application for a Nevada Out-of-State Pharmacy License was *conditionally* approved during the Board of Pharmacy's July 24-25, 2013 meeting. As a condition of your approval, the Board requires an authorized representative of your pharmacy to certify that your pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on your application. Consistent with that Board requirement, your license will not become active until Board staff receives the attached affidavit from you, which you must complete, sign and have notarized.

Please be aware that if you ever decide to sell or ship compounded sterile products into Nevada, you must first notify the Board, and an authorized representative of your pharmacy will be required to appear to obtain a new approval.

Feel free to contact the Board of Pharmacy at (775) 850-1440 if you have questions.

Best regards,

A handwritten signature in blue ink, appearing to read "S. Paul Edwards".

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

AFFIDAVIT

STATE OF _____)
) ss.
_____ COUNTY)

I, _____, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ for _____ (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, _____, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
____ day of _____, 20____.

NOTARY PUBLIC

June 26, 2013

Dear Members of the Nevada Board of Pharmacy,

This letter is in regards to Kenneth J. Ryan, registered pharmacist number 03151. I wish to inform you that Kenneth passed away on May 31, 2013. He was a pharmacist for 54 years and listed in his obituary that Pharmacy was one of the loves of his life. He was always proud be a pharmacist and to hold his license in the state of Nevada. Please notify me if there is anything else that needs to be done. Thank you for your time and attention in this matter.

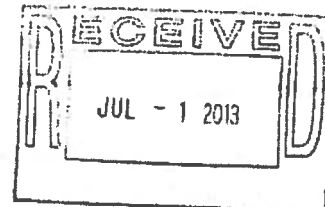
Sincerely,



Sandra J. Ryan

Sandra J. Ryan (wife)
3162 Sterlingshire Dr.
Las Vegas, Nevada 89146

(702) 873-3300





Nevada State Board of Pharmacy

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

August 13, 2013

Mrs. Sandra J. Ryan
3162 Sterlingshire Drive
Las Vegas, Nevada 89146

Dear Mrs. Ryan,

This letter is in response to your correspondence dated June 26, 2013, regarding the passing of your husband, pharmacist Kenneth John Ryan, and I must say, tugs at my emotions in opposite directions. The first being the sadness in learning of Mr. Ryan's passing, for which I offer, on behalf of the entire Nevada State Board of Pharmacy, our heartfelt condolences.

The second, and with much admiration, is the recognition of Mr. Ryan's achievement of being licensed by this Board for over 50 years, prior to his passing. Nevada Administrative Code provides for recognition of this milestone, for which the Nevada State Board of Pharmacy feels is appropriate to present you with the commemorative certificate (enclosed) honoring his 50 years of registration and service to his community as well as to the vast realm of healthcare in general. His commitment to the profession of pharmacy, as demonstrated by his longevity in the field, is commendable and has not gone unnoticed.

Being a pharmacist myself, it is obvious to me that those many years of hard work, contribution, and devotion to pharmacy did not come without support from his family and of course you, his wife, over the years. Please accept the enclosed commemorative certificate in Mr. Kenneth Ryan's name, signed by the current Board Members, and myself, the Executive Secretary of the Board in his memory.

Respectfully,

A handwritten signature in blue ink, which appears to read "Larry L. Pinson".

Larry L. Pinson, Pharm. D.
Executive Secretary

Enclosure



Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JULY 24-25, 2013 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the July, 2013 Board meeting.

Licensing Activity:

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 12 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state. 6 applications were tabled for further information; one continued due to a travel delay by the applicant; and one was denied.
- 13 licenses were granted for Out-of-State wholesalers.
- 5 applications were approved for Nevada pharmacies pending inspection.
- 5 licenses were granted for Nevada MDEG licenses.
- 1 application for reinstatement of a pharmacist's license that was revoked for Medicare/Medicaid fraud was denied.
- 1 application for a Controlled Substances Registration was granted after review by the Board with the applicant.
- 2 registrations for pharmaceutical technicians were tabled until drug use evaluations can be satisfactorily completed, and two registrations were granted.
- 2 applications for pharmacists' licenses with past discipline were granted after questioning.

Disciplinary Action:

- Pharmacist EG was fined \$1K and ordered to complete a CE on error prevention for misfilling a plain APAP prescription with APAP & codeine for a child. Pharmacy WG was fined a \$295 administrative fee and ordered to verify further training of their pharmacists with regard to DUR issues.
- Pharmacist Intern MN and Pharmaceutical Technician AF were both fined \$295; ordered to complete a CE on ethics; and ordered a letter of

reprimand for failing to honor a subpoena to appear for a hearing before the Board of Pharmacy.

- Pharmaceutical technician SD was fined \$750 and ordered to complete a CE on ethics for working unlicensed for 94 days. Pharmacy AC was fined \$500 and ordered to compile a policy outlining the duties of its managing pharmacist. Managing pharmacists DS and RO were both fined \$500 and ordered to complete a CE on pharmacy management for allowing staff to work unlicensed.
- Pharmaceutical technician MS was revoked for diverting controlled substances and stealing cash.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements and meetings.
- The budget for fiscal year 2013-2014 was presented and approved.
- Future Board meeting dates were set for 2014.
- Three "Your Success Rx" final reports were given on three pharmacists ordered into the program.

Workshop: None

Public Hearing: None

Proposed Regulation of the State Board of Pharmacy

Workshop September 5, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070; NRS 435.146

ADDITION OF REGULATIONS to Nevada Administrative Code Chapter 453 NEW LANGUAGE
To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 453 (per AB 39)
regarding the sale and transfer of products that are precursors to methamphetamine

Section 1. Propose to add a regulation to NAC Chapter 453 that reads:

NAC 453.____ Real-time stop sale system for the retail sale of products that are precursors to methamphetamine.

1. Any real-time, stop sale system for tracking the sale of precursors to methamphetamine that comes before the Board for approval and use pursuant to NRS 453.____ shall:

(a) Allow pharmacies in this State to electronically submit information to the system before the sale or transfer of a product that is a methamphetamine precursor;

(b) Determine, before the sale or transfer of the product that is a precursor to methamphetamine, whether the sale or transfer of the product would violate NRS 453.355 or any other law which prohibits the sale or transfer of a product that is precursor to methamphetamine;

(c) Send an alert to pharmacies to stop the sale or transfer of the product that is a precursor to methamphetamine if it would violate NRS 453.355 or any other law which prohibits the sale or transfer of a product that is a precursor to methamphetamine;

(d) Allow law enforcement agencies in this State to assess the system transaction records of any sale or transfer, or attempted sale or transfer, of a product that is a precursor to methamphetamine; and

(e) Be available for use by pharmacies and law enforcement agencies in this State free of charge.

(f) Record and be capable of transferring to the system in an electronic format approved by the Board, for use by pharmacies and law enforcement agencies in this State:

1. The name of the product sold or transferred;

2. The quantity of the product sold or transferred;

3. The name and address of the person purchasing, receiving or otherwise acquiring the methamphetamine precursor;

4. The date, time and location of the purchase;

5. The type and number of the identification presented by the purchaser or transferee, as required by NRS 453.357(3)(a); and

6. The name, or initials, of the licensed pharmacist, registered pharmacy technician or pharmacy intern or clerk supervised by a licensed pharmacist who sold the product.

(g) Maintain the confidentiality of all data and information entered into the system, and be capable of preventing access to the system's data and information, except such access as is specifically authorized by Nevada law.

2. The Board will deem the electronic record created by the real-time, stop sale system it approves pursuant to NRS 453.____ to satisfy the logbook requirements of NRS 453.357.

Section 2. Propose to add a regulation to NAC Chapter 453 that reads:

NAC 453.____ Real-time stop sale system for the retail sale of methamphetamine precursors; Pharmacy obligations.

Except as otherwise provided by NRS 453.____, each pharmacy operating in this State shall:

(a) Within sixty days of receiving notice from the Board that it has approved a real-time, stop sale system pursuant to NRS 453.____:

1. Obtain access to and begin utilizing the real-time, stop sale system approved by the Board, pursuant to NRS 453.____, for documenting the sale or transfer of products that are precursors to methamphetamine;

2. Verify that the system is submitting all information required in subpart 1(f) of NAC 453.____ in real time; and

3. Obtain any information necessary from the person seeking the purchase or transfer of the product to receive notice from the real-time, stop sale system;

4. Consult the real-time, stop sale system before completing the sale or transfer of the product to verify that the sale or transfer does not violate NRS 453.355 or or any other law which prohibits the sale or transfer of a product that is a precursor to methamphetamine;

5. Not allow the sale or transfer of the product to be completed if the system indicates that the sale or transfer would violate NRS 453.355 or or any other law which prohibits the sale or transfer of a product that is a precursor to methamphetamine.

(b) Despite an alert from the system that a sale or transfer would violate NRS 453.355 or or any other law which prohibits the sale or transfer of a product that is a precursor to methamphetamine, a pharmacist may complete the sale or transfer if the pharmacist or an employee of the pharmacy has a reasonable fear of imminent bodily harm if the sale or transfer is refused. If a pharmacist or an employee of the pharmacy completes a sale pursuant to this subsection, that individual shall report the sale or transfer to the Board and any appropriate law enforcement agency as soon as the pharmacist or employee of the pharmacy reasonably deems the imminent danger to have subsided, but within twenty-four hours of the sale or transfer.

(c) The Executive Secretary of the Board may grant a temporary waiver exempting a pharmacy from compliance with the requirements of this section upon showing of good cause by the pharmacy that it is otherwise unable to submit log information by electronic means for various reasons, including, but not limited to, mechanical or electronic failure. Such waiver may permit the pharmacy to submit log information by paper form or other means, provided that all information required by rules and regulations is submitted in this alternative format.

Proposed Regulation of the State Board of Pharmacy

Workshop September 5, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code Chapter 639 NEW LANGUAGE To realize purpose and intent of 2013 Legislative Amendments to NRS Chapter 639 (per SB 327) regarding telemedicine, electronic refill log and 90-day refills of dangerous drugs.

Section 1. Propose to amend NAC 639.010 as follows:

NAC 639.010 Definitions. (NRS 639.070) As used in this chapter, unless the context otherwise requires:

1. “Board” means the State Board of Pharmacy.
2. “Controlled substances” has the meaning ascribed to it in NRS 0.031.
3. “Dangerous drug” has the meaning ascribed to it in NRS 454.201.
4. “Direct supervision” means the direction given by a supervising pharmacist who is:
 - (a) On the premises of the pharmacy *or telepharmacy* at all times when ~~the a persons~~ he or she is supervising ~~are is~~ working at the pharmacy, *or a remote site or satellite consultation site*; and
 - (b) Aware of the activities of ~~these that~~ persons related to the preparation *and dispensing* of medications, including the maintenance of appropriate records.
5. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.
6. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.
7. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.
8. “Practitioner” has the meaning ascribed to it in NRS 639.0125.
9. “Prescription drug” means a drug or medicine as defined in NRS 639.007 which:
 - (a) May be dispensed only upon a prescription order that is issued by a practitioner; and
 - (b) Is labeled with the symbol “Rx only” pursuant to federal law or regulation.
10. “Public or nonprofit agency” means a health center as defined in 42 U.S.C. § 254b(a) which:
 - (a) Provides health care primarily to medically underserved persons in a community;
 - (b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and
 - (c) Is not a medical facility as defined in NRS 449.0151.

11. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

Section 2. Propose to amend NAC 639.391 as follows:

NAC 639.391 Pharmacist or dispensing practitioner required to obtain certificate of registration to dispense controlled substances or dangerous drugs at remote site *and satellite consultation site*. (NRS 639.070, 639.0727)

1. A pharmacist or dispensing practitioner who wishes to establish a remote site *or satellite consultation site* must obtain a certificate of registration from the Board pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs at the remote site *or satellite consultation site*.

2. Notwithstanding the issuance of a certificate pursuant to subsection 1, if the Board grants a license to operate a pharmacy at a location that is within the service area of a remote site *or satellite consultation site*, the pharmacist or dispensing practitioner that established the remote site must close the remote site.

Section 3. Propose to amend NAC 639.392 as follows:

NAC 639.392 Telepharmacies ~~and associated remote sites~~ required to be located within State; requirements concerning accessibility of pharmacist or dispensing practitioner; procedure during interruption of communicative access between telepharmacy and remote site. (NRS 639.070, 639.0727)

1. A telepharmacy ~~and each associated remote site~~ must be physically located within this State.

2. A pharmacist or dispensing practitioner must be physically present in the telepharmacy and accessible for *electronic, telephonic or fiber optic* communication with an associated remote site *or satellite consultation site* at all times that the remote site *or satellite consultation site* is in operation.

3. If the communicative access ~~via computer link, video link and audio link~~ between a remote site *or satellite consultation site* and its telepharmacy is interrupted or otherwise unavailable, the pharmaceutical technician or dispensing technician operating the remote site *or satellite consultation site* shall not perform any act authorized pursuant to NAC 639.391 to 639.399, inclusive, until the communicative access is restored.

Section 4. Propose to amend NAC 639.393 as follows:

NAC 639.393 Requirements for pharmaceutical technicians and dispensing technicians. (NRS 639.070, 639.0727)

1. A pharmacist who is responsible for the operation of a remote site *or satellite consultation site* shall ensure that a pharmaceutical technician who is employed to dispense controlled substances or dangerous drugs at the remote site *or satellite consultation site* has at least 1 year of experience as a pharmaceutical technician.

2. A dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall verify that a dispensing technician employed at the remote site *or satellite consultation site* is competent by ensuring that the dispensing technician has met the

requirements of NAC 639.7425 and has received a certificate of registration pursuant to that section.

Section 5. Propose to amend NAC 639.394 as follows:

NAC 639.394 Supervision of pharmaceutical technicians ~~and dispensing technicians~~. (NRS 639.070, 639.0727) In any *pharmacy, telepharmacy,* remote site *or satellite consultation site*, a pharmacist ~~or dispensing practitioner~~ may not supervise more than three pharmaceutical technicians ~~or dispensing technicians~~, as applicable, at one time.

Section 6. Propose to amend NAC 639.395 as follows:

NAC 639.395 Transmission of new prescription to telepharmacy; consultation with pharmacist or dispensing practitioner required before accessing controlled substances or dangerous drugs at remote site *or satellite consultation site*; prerequisites for dispensing at remote site *or satellite consultation site*. (NRS 639.070, 639.0727)

1. A pharmaceutical technician or dispensing technician who operates a remote site shall transmit a copy of any new prescription which the technician receives to the telepharmacy ~~via computer link or other secured electronic means~~ *electronically, telephonically or by fiber optics* and retain the original prescription in the records maintained at the remote site.

2. A pharmaceutical technician or dispensing technician *who operates a remote site or satellite consultation site* must consult with a pharmacist or dispensing practitioner *electronically, telephonically or by fiber optics*, as appropriate, at the telepharmacy ~~via computer link, video link or audio link~~ to obtain approval before accessing ~~the stock of any~~ controlled substances and dangerous drugs maintained at the remote site *or satellite consultation site*.

3. A pharmacist or dispensing practitioner shall not authorize a pharmaceutical technician or dispensing technician at a remote site *or satellite consultation site* to dispense a controlled substance or dangerous drug unless the pharmacist or dispensing practitioner has:

(a) Consulted with the technician;

(b) Visually verified ~~via computer link, video link or audio link~~ *electronically, telephonically or by fiber optics* that:

(1) The controlled substance or dangerous drug selected by the technician is correct; and

(2) The label prepared by the technician is correct; and

(c) Verified that the information entered by the technician into the computerized system for recording information concerning prescriptions is correct.

4. A pharmacist or dispensing practitioner shall only authorize a pharmaceutical technician or dispensing technician at a remote site *or satellite consultation site* to dispense a controlled substance or dangerous drug to a patient who resides in the service area of the remote site or whose residence is closer to the remote site than to a telepharmacy.

Section 7. Propose to amend NAC 639.396 as follows:

NAC 639.396 Requirements for maintenance of records. (NRS 639.070, 639.0727)

1. Except as otherwise provided in this section, a pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall maintain at the remote site *or satellite consultation site* and at the associated telepharmacy a record of each drug that is received, stored, dispensed, returned or otherwise dealt with at the remote site *or satellite*

consultation site, including, without limitation, any record that is required to be maintained by state or federal law. The records so maintained must include, without limitation:

- (a) Each prescription dispensed at the remote site *or satellite consultation site*;
- (b) At the remote site *or satellite consultation site*, the initials of the technician who dispensed the controlled substance or dangerous drug;
- (c) At the telepharmacy, the initials of the pharmacist or dispensing practitioner who authorized the controlled substance or dangerous drug to be dispensed at the remote site *or satellite consultation site*;
- (d) Each controlled substance or dangerous drug that is transferred between the stock of drugs maintained at the remote site *or satellite consultation site* and the stock of drugs maintained at the telepharmacy; and
- (e) At the telepharmacy, documentation of any counseling provided by a pharmacist or dispensing practitioner at the telepharmacy that was provided ~~electronically, telephonically or by fiber optics via computer link, video link or audio link~~ *electronically, telephonically or by fiber optics* to a patient or person caring for a patient at the remote site *or satellite consultation site*.

2. The pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall ensure that each record which is maintained at the remote site *or satellite consultation site*, including, without limitation, each record of a prescription, is maintained in a manner that makes it readily apparent whether the prescription was dispensed at the remote site *or satellite consultation site* or at the telepharmacy.

Section 8. Propose to amend NAC 639.397 as follows:

NAC 639.397 Requirements for labeling. (NRS 639.070, 639.0727)

1. A pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall ensure that the computer system used at the telepharmacy and the remote site *or satellite consultation site* is able to generate a label for a prescription at either location in the manner prescribed pursuant to NRS 639.2801.

2. The label generated pursuant to subsection 1 must include on the label of each prescription the initials of:

- (a) The pharmacist or dispensing practitioner who authorized the controlled substance or dangerous drug to be dispensed at the remote site *or satellite consultation site*; and
- (b) The pharmaceutical technician or dispensing technician who dispensed the controlled substance or dangerous drug at the remote site *or satellite consultation site*.

Section 9. Propose to amend NAC 639.398 as follows:

NAC 639.398 Establishment of policies and procedures for operation of remote site *or satellite consultation site*; monthly inspections. (NRS 639.070, 639.0727) The pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* shall:

1. Establish written policies and procedures for the operation of the remote site *or satellite consultation site* to ensure:
 - (a) Compliance with all applicable statutes and regulations;
 - (b) The safe and effective dispensing of controlled substances and dangerous drugs at the remote site *or satellite consultation site*; and
 - (c) The proper accounting of controlled substances and dangerous drugs at the remote site *or satellite consultation site*.

2. Personally inspect the remote site *or satellite consultation site* at least monthly to ensure that the remote site *or satellite consultation site* and each pharmaceutical technician or dispensing technician, as applicable, who operates the remote site *or satellite consultation site* is in compliance with:

- (a) All applicable statutes and regulations; and
 - (b) The policies and procedures established pursuant to subsection 1.
3. Make a record of each inspection conducted pursuant to subsection 2.

Section 10. Propose to amend NAC 639.399 as follows:

NAC 639.399 Responsibility of pharmacist or dispensing practitioner concerning dispensing of controlled substances or dangerous drugs at remote site *or satellite consultation site*. (NRS 639.070, 639.0727) A pharmacist or dispensing practitioner who is responsible for the operation of a remote site *or satellite consultation site* and who authorizes a pharmaceutical technician or dispensing technician at the remote site *or satellite consultation site* to dispense a controlled substance or dangerous drug is responsible for and must be held accountable for the dispensing of the controlled substance or dangerous drug at the remote site *or satellite consultation site*.

Section 11. Propose to amend NAC 639.742 as follows:

NAC 639.742 Dispensing of controlled substances or dangerous drugs: Application by practitioner for certificate of registration; application by facility required under certain circumstances; duties of dispensing practitioner and facility relating to drugs; authority of dispensing practitioner and technician. (NRS 639.070, 639.0727)

1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a *telepharmacy*, remote site *or satellite consultation site*, from which the practitioner wishes to dispense controlled substances or dangerous drugs. A certificate of registration to dispense controlled substances or dangerous drugs is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. If a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repack drugs.

5. A dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

Section 12. Propose to amend NAC 639.752 as follows:

NAC 639.752 Restrictions on filling or dispensing certain prescriptions. (NRS 639.070)

1. Except as otherwise provided in this section and NRS 639.235, a pharmacist shall not fill a prescription for, or dispense, a dangerous drug or a controlled substance if the prescription is:

(a) Written by a practitioner who is not licensed to practice in this State, but is authorized by the laws of another state to prescribe;

(b) For a patient who resides in a state other than the state in which the prescribing practitioner's practice is located;

(c) Requested to be furnished in a manner other than by dispensing directly to the patient, or an agent of the patient, in person; and

(d) To be paid for in full, in cash or cash equivalent, at the time the prescription is dispensed, unless the pharmacist first verifies the prescription as set forth in subsection 2.

2. A pharmacist who verifies a prescription pursuant to this section must:

(a) Speak with the patient or the prescribing practitioner;

(b) Establish that:

(1) The prescription is authentic; and

(2) A bona fide relationship between the patient and the prescribing practitioner did exist when the prescription was written; and

(c) Record on the prescription or in the prescription record in the pharmacy's computer:

(1) The name of the person with whom the pharmacist spoke concerning the prescription;

(2) The date and time of the conversation; and

(3) The date and time the patient was examined by the prescribing practitioner.

3. Subsection 1 does not apply to a pharmacist who refills a prescription he or she has previously filled if the pharmacist verified the prescription before filling it the first time.

4. For the purposes of this section, a bona fide relationship between the patient and the prescribing practitioner shall be deemed to exist:

(a) If the patient was ~~physically~~ examined by the practitioner within the 6 months immediately preceding the date the prescription was issued; or

(b) If the patient is incarcerated in a local correctional institution or a facility or institution operated by the Department of Corrections and was examined through the use of ~~a telephone or a videoconferencing system~~ *electronic, telephonic or by fiber optic means* by a practitioner who is a physician licensed pursuant to chapter 630 or 633 of NRS and:

(1) The medical history of the patient is available to the physician;

(2) A nurse or ~~an advanced practitioner of nursing~~ *or physician assistant* licensed pursuant to chapter 632 of NRS or a physician assistant licensed pursuant to chapter 630 or 633 of NRS is physically present with the patient when the physician examines the patient and that nurse, ~~advanced practitioner of nursing~~ or physician assistant is trained in the use of the ~~telephone or videoconferencing~~ *electronic, telephonic or fiber optic system* used; and

(3) The physician enters the results of the examination into the medical chart of the patient that is maintained by the local correctional institution or the facility or institution operated by the Department of Corrections.

5. As used in this section:

(a) "Cash equivalent" includes, without limitation:

(1) A check;

(2) A credit card;

(3) A draft;

(4) An electronic funds transfer; and

(5) A prescription drug discount card or other device obtained pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, or any regulations adopted pursuant thereto.

(b) "Local correctional institution" has the meaning ascribed to it in NAC 211.070.

Section 13. Propose to amend NAC 639.918 as follows:

NAC 639.918 Written record of refills; exception. (NRS 639.070, 639.236) Except as otherwise provided in subsection 3 of NAC 639.751, the pharmacist must maintain in chronological order a separate written *or electronic* record of each refill that includes:

1. The prescription number;

2. The date of each refill or authorization;

3. The number of dosage units; and

4. The ~~[handwritten]~~ initials of the pharmacist who fills the refill.

↪ The written record must be maintained for a period of 2 years after the date of the last refill entered therein for a prescription.

Section 14. Propose to amend NAC 639.924 as follows:

NAC 639.924 Computerized system to record prescriptions required for pharmacies licensed on or after August 27, 1996. (NRS 639.070, 639.0727, 639.236) A person who is issued a license to conduct a pharmacy, including, without limitation, a remote site *or satellite consultation site*, pursuant to the provisions of NRS 639.230 and 639.231 on or after August 27,

1996, shall ensure that the pharmacy uses a computerized system for recording information concerning prescriptions.

Section 15. Propose to amend NAC 639.945 as follows:

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;
- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug.

(c) Using secret formulas.

(d) *Except as otherwise allowed by subsection 2 of NRS 639.2396(2), F*ailing to strictly ~~to~~ follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters

453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

3. For the purposes of this section, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist:

(a) If the patient was ~~physically~~ examined by the practitioner *in person, electronically, telephonically or by fiber optics within or outside this State of the United States* within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed; or

(b) If the patient is incarcerated in a local correctional institution or a facility or institution operated by the Department of Corrections and was examined through the use of a telephone or videoconferencing system by a practitioner who is a physician licensed pursuant to chapter 630 or 633 of NRS and:

(1) The medical history of the patient is available to the physician;

(2) A nurse or an advanced practitioner of nursing licensed pursuant to chapter 632 of NRS or a physician assistant licensed pursuant to chapter 630 or 633 of NRS is physically present with the patient when the physician examines the patient and that nurse, advanced practitioner of nursing or physician assistant is trained in the use of the ~~telephone or videoconferencing~~ *electronic, telephonic or fiber optic* system *used*; and

(3) The physician enters the results of the examination into the medical chart of the patient that is maintained by the local correctional institution or the facility or institution operated by the Department of Corrections.

4. As used in this section, "local correctional institution" has the meaning ascribed to it in NAC 211.070.

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Proposed Regulation of the State Board of Pharmacy

Workshop September 5, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

AMENDMENT of Nevada Administrative Code §639.926 Transmission of information regarding dispensing of controlled substances to certain persons. Amends the rule that presently establishes the data fields and frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the date to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545.

Section 1. Propose to amend NAC 639.926 to read:

NAC 639.926 Transmission of information regarding dispensing of controlled substances to certain persons. (NRS 639.070)

1. Each pharmacy *and dispensing practitioner* that [~~uses a computerized system to record information concerning prescriptions and that~~] dispenses a controlled substance that is listed in schedule II, III or IV to a person who is not an inpatient of a hospital, correctional institution or nursing facility shall transmit to the Board or its agent the *following* information set forth in the *2011 ASAP [~~Telecommunications Format for Controlled Substances, 2011 edition,~~ Version 4.2 Standard for Prescription Monitoring Programs* published by the American Society for Automation in Pharmacy, which is hereby adopted by reference *thereto* [~~, except the information relating to the following field names:~~

- (a) ~~Identifier;~~ *Transaction Header;*
 - (I) *Version/Release Number;*
 - (II) *Transaction Control Number;*
 - (III) *Transaction Type;*
 - (IV) *Response ID;*
 - (V) *Creation Date;*
 - (VI) *Creation Time;*
 - (VII) *File Type; and*
 - (VIII) *Segment Terminator Character.*
- (b) ~~Bin;~~ *Information Source;*
 - (I) *Unique Information Source ID;*
 - (II) *Information Source Entity Name; and*
 - (III) *Message.*
- (c) ~~Version Number;~~ *Pharmacy Header*
 - (I) *NPI Number;*
 - (II) *DEA Number;*
 - (III) *Dispenser Name;*
 - (IV) *Phone Number*
 - (V) *Contact Name; and*
 - (VI) *Chain Site ID.*

- (d) ~~Transaction Code;~~ *Patient Information*
 - (I) *Last Name;*
 - (II) *First Name;*
 - (III) *Address;*
 - (IV) *City;*
 - (V) *State;*
 - (VI) *Zip Code;*
 - (VII) *Phone number;*
 - (VIII) *Date of Birth; and*
 - (IX) *Gender.*
- (e) ~~Compound Code;~~ *Dispensing Record*
 - (I) *Reporting Status;*
 - (II) *Prescription Number;*
 - (III) *Date Written;*
 - (IV) *Refills Authorized;*
 - (V) *Date Filled;*
 - (VI) *Refill Number;*
 - (VII) *Product ID Qualifier;*
 - (VIII) *Product ID;*
 - (IX) *Quantity Dispensed;*
 - (X) *Days Supply;*
 - (XI) *Transmission form of Rx Origin Code;*
 - (XII) *Code for Payment Type; and*
 - (XIII) *Date Sold.*
- (f) ~~DEA Suffix;~~ *Prescriber Information*
 - (I) *NPI Number;*
 - (II) *DEA Number;*
 - (III) *DEA Number Suffix;*
 - (IV) *Last Name;*
 - (V) *First Name; and*
 - (VI) *Phone number.*
- (g) ~~Date RX Written;~~ *Compound Drug Ingredient Detail*
 - (I) *Ingredient Sequence Number;*
 - (II) *Product ID Qualifier;*
 - (III) *Product ID;*
 - (IV) *Component Ingredient Quantity; and*
 - (V) *Drug Dosage Units Code.*
- (h) ~~Number Refills Authorized;~~ *Pharmacy Trailer*
 - (I) *Detail Segment Count*
- (i) ~~RX Origin Code;~~ *Transaction Trailer*
 - (I) *Transaction Control Number; and*
 - (II) *Segment Count.*
- ~~(j) Customer Location;~~
- ~~(k) Diagnosis Code;~~
- ~~(l) Alternate Prescriber Number;~~
- ~~(m) State;~~
- ~~(n) Zip Code (Extended);~~
- ~~(o) Triplicate Serial Number; and~~

~~—(p) Filler]~~

2. A copy of the publication may be obtained from the American Society for Automation in Pharmacy, 492 Norristown Road, Suite 160, Blue Bell, Pennsylvania 19422~~[, at no charge]~~.

3. ~~If the pharmacy records in its computerized system, in addition to the information required pursuant to subsection 1, the:~~

~~—(a) Prescription type;~~

~~—(b) Payment type; or~~

~~—(c) Identity of the person picking up the prescription;~~

~~Ê and its computerized system is capable of transmitting this information, the pharmacy shall include this information in its transmittal.~~

~~—4. The pharmacy shall transmit the information required pursuant to this section~~ *at least once every day unless the Executive Secretary of the Board waives this requirement for good cause shown by the dispenser not later than each Wednesday for the prescriptions filled from the immediately preceding Sunday through Saturday. If a Wednesday falls on a legal holiday, then the information must be reported on the next business day that is not a legal holiday. A pharmacy that does not dispense a controlled substance that is listed in schedule II, III or IV shall transmit to the Board or its agent a zero report.*

~~—5. 4.~~ The information must be transmitted by means of a:

~~—(a)~~ Form of electronic data transmission approved by the Board, including, without limitation, a computer modem that can transmit information at the rate of 2400 baud or more;

~~—(b) Computer disc; or~~

~~—(c) Magnetic tape of the kind that is used to transmit information between computerized systems.~~

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Proposed Regulation of the State Board of Pharmacy

Workshop September 4, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code 639.7425 Dispensing Technician; Requirements; application and fee for registration; provisional registration; issuance of certificate of registration. Adding a mandatory law CE requirement for dispensing technicians.

Section 1. Propose to amend NAC 639.7425 to read:

NAC 639.7425 Dispensing technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration. (NRS 639.070)

1. No person may act as a dispensing technician unless the person is:
 - (a) A registered pharmaceutical technician; or
 - (b) Employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician.
2. A dispensing practitioner may apply to the Board to register a person as a dispensing technician by submitting to the Board the fee required by NAC 639.744 and proof satisfactory to the Board that the person:
 - (a) Is 18 years of age or older;
 - (b) Has received a high school diploma or its equivalent;
 - (c) Has not been convicted of any felony or misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; and
 - (d) Does not have a history of drug abuse.
3. Upon determining that a person for whom application for registration as a dispensing technician has been made by a dispensing practitioner satisfies the requirements of subsection 2, the Board will issue to the person a provisional registration as a dispensing technician for that practitioner.
4. A person acting as a dispensing technician pursuant to a provisional registration must complete at least 500 hours of training and experience provided by the dispensing practitioner relating to the skills that the person will be performing as a dispensing technician for that dispensing practitioner. Only that training and experience received by the person after the provisional registration is issued may be applied to satisfy the 500-hour requirement. In providing the training and experience, the dispensing practitioner shall supervise the training and experience of the person by observing the work of the person on a random basis at least three times each day during which the person is receiving training and experience.
5. A provisional registration issued to a person acting as a dispensing technician expires 12 months after it is issued or upon the expiration of the certificate of registration of the dispensing practitioner to whom the dispensing technician is registered, whichever is earlier. If a person acting as a dispensing technician pursuant to a provisional registration:

(a) Fails to complete the required 500 hours of training and experience before the expiration of the provisional registration, the person shall not act as a dispensing technician unless he or she is issued a new provisional registration pursuant to this section. Any hours of training and experience completed by the person while acting as a dispensing technician pursuant to a provisional registration that has expired may not be used to satisfy the 500-hour requirement for a new provisional registration.

(b) Completes the required 500 hours of training and experience before the expiration of the provisional registration, the dispensing practitioner shall file with the Board a signed affidavit certifying:

(1) The number of hours of training and experience successfully completed by the person.

(2) The specific training and experience received by the person.

(3) That the person is, in the opinion of the dispensing practitioner, competent to perform the duties of a dispensing technician.

6. The Board, upon receiving the affidavit of the dispensing practitioner pursuant to subsection 5, will issue to the person a certificate of registration as a dispensing technician for that practitioner.

7. *A dispensing technician shall complete one hour of in-service training through a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State. The dispensing technician shall keep a copy of a certificate from the Board certifying completion of such training in a location that is readily accessible for inspection by an agent of the Board.*

Proposed Regulation of the State Board of Pharmacy

Workshop September 5, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code 639.748 Identification of person to whom controlled substance is dispensed. Regarding identification required to obtain controlled substance medication.

NAC 639.748 Identification of person to whom controlled substance is dispensed. (NRS 639.070)

1. Except as otherwise provided in this section, an employee of a pharmacy who is authorized to dispense controlled substances shall, before dispensing a controlled substance pursuant to a lawful prescription, request the person to whom the controlled substance will be dispensed to present a current form of identification issued by a federal, state or local governmental agency that contains a photograph of the person. The employee shall not dispense the controlled substance if:

- (a) That person does not present such identification; or
- (b) The employee reasonably believes that the identification presented has been altered or is false or otherwise invalid.

~~[2. The provisions of subsection 1 do not apply if:~~

- ~~(a) The prescription is paid for, in whole or in part, by an insurer;~~
- ~~(b) The prescription is for a patient who has had a prescription for the same controlled substance previously filled by the pharmacy; or~~
- ~~(c) The pharmacy is a part of the health care facility where the patient is being treated.]~~

~~2.[3.]~~ The employee shall:

- (a) Make a photocopy of the identification presented to the employee; or
- (b) Record the full name of the person to whom the controlled substance is dispensed and the identification number indicated on his or her identification, if any, on the prescription, the refill log, the counseling log, a computer record related to the patient or any other document that is readily retrievable.

~~3.[4.]~~ If a photocopy of the identification is made pursuant to paragraph (a) of subsection ~~2~~ ~~[3]~~, it must be filed with the copy of the prescription that is maintained by the pharmacy.

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Proposed Regulation of the State Board of Pharmacy

Workshop September 5, 2013

Explanation – Language in *italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

Amendment of Nevada Administrative Code 639.262 Application for registration; issuance of certificate of registration; maintenance of records relating to internship. Regarding increasing the state requirement of 1500 hours for intern pharmacists to 1740 to match the national standard.

Section 1. Propose to amend NAC 639.262 as follows:

NAC 639.262 Application for registration; issuance of certificate of registration; maintenance of records relating to internship. (NRS 639.070, 639.137)

1. As required by NRS 639.137, an application for registration as an intern pharmacist must be made on a form furnished by the Board. If the applicant is enrolled in a college of pharmacy or a department of pharmacy of a university approved by the Board, the application must include the name, telephone number and mailing address of the person at the college of pharmacy or the department of pharmacy of the university who will be making and maintaining the records relating to the internship of the applicant.

2. Upon approval of the application, the Executive Secretary shall issue a certificate of registration as required by NRS 639.137.

3. Except as otherwise provided in subsection 4, if an applicant is enrolled in a college of pharmacy or a department of pharmacy of a university approved by the Board, the college of pharmacy or the department of pharmacy of the university at which the applicant is enrolled shall prepare and maintain records relating to the participation of the applicant in his or her internship as an intern pharmacist. The records must include, without limitation, a copy of the documentation provided to the college of pharmacy or the department of pharmacy of the university pursuant to subsection 5 of NAC 639.266, if any.

4. If an applicant participates in an internship after he or she has graduated from a college of pharmacy, a department of pharmacy of a university or a foreign school, the applicant shall prepare and maintain records relating to his or her participation in the internship. The records must include, without limitation, a copy of the documentation provided to the applicant pursuant to subsection 5 of NAC 639.266, if any.

5. *Pursuant to NRS 639.120, a person must complete 1,740 hours of practical pharmaceutical experience as an intern pharmacist under the direct and immediate supervision of a registered pharmacist to qualify as a pharmacist registered in this State.*

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R015-13

June 26, 2013

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; adding certain substances to the controlled substances listed 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;

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-piperidiny]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxidine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacymorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;
Dihydromorphine;
Drotebanol;
Etorphine (except hydrochloride salt);
Heroin;
Hydromorphenol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha- ~~ethyltryptamine~~ *ethyltryptamine* (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18;
BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-
methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E) ;

*2,5-dimethoxy-4-iodo-N-(methoxybenzyl)phenethylamine (some trade or other names:
25I-NBOMe, 25I-NB2OMe, 25I-NB3OMe, 25I-NB4OMe);*

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

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-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

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");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

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);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, 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-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: *MeOPP*, *pMPP*, *4-MPP*, *2-MeOPP*, *3-MeOPP*, *4-MeOPP*);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;
since nomenclature of these substances is not internationally standardized,
compounds of these structures, regardless of numerical designation of atomic
positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-
phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)
ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-
pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-
cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or
geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not,
the seeds thereof, any extract from any part of such plant or plants, and every compound,
manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts,

unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone);

Aminorex;

Butylone (some trade or other names: β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-

fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone)

and 3-Fluoromethcathinone (3-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone,

4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-

Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypropylone (some trade or other names: 3,4-

Methylenedioxypropylone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-

methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone,

Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-

MDMA);

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.

Blank