



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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February 12, 2014

AGENDA

* PUBLIC NOTICE *

The Nevada State Board of Pharmacy will conduct a meeting beginning
Wednesday, March 5, 2014 at 9:00 am and will continue
until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, Nevada

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 January 22-23, 2014, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Airport McKay Pharmacy – Humble, TX
 - B. Alternative Medicine and Pharmacy, Inc. – Houston, TX
 - C. American Homecare Federation, Inc. – Enfield, CT
 - D. Assured RX LLC – Clearwater, FL
 - E. Brookhaven Pharmacy – Norman, OK
 - F. Cure Pharmacy – Wyomissing, PA
 - G. Express Scripts – Columbus, OH
 - H. Express Scripts – Dublin, OH
 - I. Express Scripts – Fairfield, OH
 - J. Express Scripts – Fort Worth, TX
 - K. Express Scripts – Franklin Lakes, NJ
 - L. Express Scripts – Irving, TX
 - M. Express Scripts – Liberty Lake, WA
 - N. Express Scripts – North Versailles, PA
 - O. Express Scripts – Tampa, FL
 - P. Express Scripts – Tampa, FL
 - Q. Express Scripts – Whitestown, IN
 - R. Express Scripts – Willingboro, NJ
 - S. Legacy Pharmacy – Cherry Hill, NJ
 - T. Liberty for All Pharmacy Inc. – Sunrise, FL
 - U. McDaniel Pharmacy – Port Gibson, MS
 - V. Oak Creek Pharmacy – Omaha, NE
 - W. Pet Health Pharmacy – Youngstown, AZ
 - X. Pharmazy – Lone Tree, CO
 - Y. Plaza Pharmacy Inc. – Coral Springs, FL
 - Z. Proact Pharmacy Services, Inc. – Gouverneur, NY
 - AA. Seacrest Pharmacy – Boynton Beach, FL
 - BB. The Apothecary Shop – Dallas, TX

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

- CC. Physician Specialty Compounding by Sunlake Pharmacy – Lutz, FL

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

- DD. Amneal Institutional, LLC – Glasgow, KY
- EE. Crown Laboratories, Inc. – Johnson City, TN
- FF. Expert Med, First Veterinary Supply – Memphis, TN
- GG. International Pharma Packaging and Distribution – Fort Mill, SC
- HH. J Knipper and Company, Inc. – Carlstadt, NJ
- II. Kenco Bracco – Southhaven, MS
- JJ. Turning Point Logistics LLC – Groveport, OH

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

- KK. Arjo Huntleigh Inc. – Roselle, IL
- LL. Arjo Huntleigh Inc. – Salt Lake City, UT
- MM. Duke Medical Supply, Inc. – Fenton, CO
- NN. EPL Diabetic – Memphis, TN
- OO. Nestle HealthCare Nutrition, Inc. – Minnetonka, MN
- PP. Personal Support Medical Supplies – Philadelphia, PA
- QQ. Rochester Medical Corporation – Stewartville, MN

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- RR. 215 Surgery Center – Las Vegas
- SS. CHD Pharmacy – Las Vegas

* 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. | Susan M. Blair, R.Ph | (13-039-RPH-N) |
| B. | Walgreens #11227 | (13-039-PH-N) |
| C. | Richard L. Yep, R.Ph | (14-002-RPH-O) |
| D. | Maryanne Phillips, MD | (13-061-CS-S) |

5. Request for Renewal of Intern License – Appearance for Possible Action:

Venus Vedadi

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

- | | | |
|----|-------------------------|----------------|
| A. | Jaime Cordoba-Hernandez | (12-056-RPH-S) |
| B. | William J. Mumbert | (10-079-RPH-N) |

7. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
 - A. HM Compounding – Bayonne, NJ
 - B. HM Compounding – Brooklyn, NY
 - C. Leiter’s Compounding – San Jose, CA
 - D. Lone Peak Professional Pharmacy – Draper, UT
 - E. Suncoast Radiopharmacy Services – Tampa, FL
8. Applications for Nevada MDEG – Appearance for Possible Action:
 - A. Arjo Huntleigh Inc. – Sparks
 - B. Arjo Huntleigh Inc. – Las Vegas
 - C. Red Seal Medical, LLC – Las Vegas
9. General Counsel Report for Possible Action
10. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 1. Presentations:
 - a. “Project Echo” through UNR School of Medicine
 - b. CDR Presentation
 - c. APRN Association
 - d. AG Working Group
 - D. Reports to Board
 1. Verified Pharmacy Program (VPP) Update
 2. Collaborative Efforts:
 - a. Suspended Physician (BOME;DEA)
 - b. Medi-Spas (BOME)
 - c. Connecticut Board and Questionable Product Claims
 3. Coalition Meeting on Prescription Drug Abuse
 - E. Board Related News
 1. Outsourcing Facilities
 2. Legislative Consultants
 - F. Activities Report
11. Next Board Meeting:

April 16-17, 2014 – Las Vegas

12. 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



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MINUTES

BOARD MEETING

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, Nevada

January 22 – 23, 2014

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

Board Members Present:

Kam Gandhi
Jack Dalton
Kirk Wentworth

Leo Basch
Kevin Desmond

Cheryl Blomstrom
Tallie Pederson

Board Members Absent:

None.

Board Staff Present:

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

Larry Pinson announced that Cheryl Blomstrom has been reappointed to serve another term on the Board.

President Gandhi introduced new Board member Tallie Pederson. Ms. Pederson began her pharmacy career at Heartland Healthcare in Toledo, Ohio. She is currently a pharmacy manager at Walgreens in Las Vegas, and Quality Lead for her pharmacy district.

Mr. Pinson introduced new Board member Kevin Desmond. Mr. Desmond is the pharmacy manager for Renown Hospital at South Meadows in Reno. Mr. Desmond has participated on the Board's compounding and hospital regulations committees.

1. Public Comment

No public comment.

2. Approval of December 4-5, 2013, Minutes

Board Action:

Motion: Leo Basch moved to approve the minutes as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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

- A. AcariaHealth Pharmacy, Inc. – Falls Church, VA
- B. Amex Pharmacy – Melbourne, FL
- C. AMOP Pharmacy – Warren, MI
- D. BriovaRx – Jeffersonville, IN
- E. Complete Care Pharmacy – Champaign, IL
- F. Cura Pharmacy – Tustin, CA
- G. Halsted Pharmacy – Chicago, IL
- H. Harper's Pharmacy – Corona, CA
- I. Henry Ford Pharmacy Advantage Southfield – Troy, MI
- J. Imperial Point Pharmacy Center, Inc. – Ft Lauderdale, FL
- K. Meds in Motion – Salt Lake City, UT
- L. Pharmacy Innovations – Erie, PA
- M. Rx e-fill Solutions – Santa Clarita, CA
- N. Rx of Boca, LLC – Boca Raton, FL
- O. SimfaRose Pharmaceutical Specialty, Inc. – Pembroke Pines, FL
- P. Super Drugs – Horn Lake, MS
- Q. Titan RX Limited Liability Company – Cherry Hills, NJ
- R. Woods Pharmacy LLC – Old Bridge, NJ

Applications for Out-of-State Compounding Pharmacy – Non Appearance

- S. Acton Pharmacy – Acton, MA
- T. Cornerstone Compounding Pharmacy – Glendale, CA
- U. Custom Care Pharmacy, LLC – Clinton, MS
- V. Diabetes Total Care – Elk Grove Village, IL
- W. Innovo Specialty Compounding Solutions – East Brunswick, NJ
- X. MedArbor Pharmacy – Bala Cynwyd, PA
- Y. Middletown Pharmacy – Middletown, PH
- Z. Noble Health Services, Inc. – Syracuse, NY
- AA. Sunrise Medications Pharmacy – Lexington, SC

- BB. U-Sav Pharmacy Inc. – Sunrise, FL
- CC. Vidascript – Miami, FL

Applications for Out-of-State Wholesaler – Non Appearance

- DD. G & W Laboratories, Inc. – South Plainfield, NJ
- EE. Kuehne + Nagel Inc. – Woodland, CA
- FF. Preferred Pharmaceuticals, Inc. – Anaheim, CA
- GG. St. Mary's Medical Park Pharmacy, Inc. – Oro Valley, AZ
- HH. Upstate Pharma, LLC – Smyrna, GA

Applications for Out-of-State MDEG – Non Appearance

- II. Complete Medical Homecare – Lenexa, KS
- JJ. Dependable Diabetic Supply, LLC – Venice, FL
- KK. Electromed, Inc. – Simi Valley, CA
- LL. Homeline Inc. – San Diego, CA
- MM. Medquarters – Nashville, TN
- NN. Modern Medical, Inc. – Lewis Center, OH]
- OO. Vidacare Corporation – Shavano Park, IL

Applications for Nevada Pharmacy – Non Appearance

- PP. City Centre Pharmacy – North Las Vegas
- QQ. Well Care Pharmacy I LLC Series C – Las Vegas

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval.

Second: Jack Dalton

Action: Passed Unanimously

4. Discipline Cases

- | | | |
|----|-----------------------|------------------|
| A. | Maree Kiledjian, R.Ph | (11-070-RPH-A-S) |
| B. | Jennifer Kay, R.Ph | (11-070-RPH-B-S) |
| C. | Walgreens #04854 | (11-070-PH-S) |

Tallie Pederson recused from participation in this matter due to her employment with Walgreens.

Leo Basch recused from participation in this matter due to his acquaintance with Ms. Kay, and his previous employment with Walgreens.

Maree Kiledjian and Jennifer Kay, pharmacists, Holly Prievo and Jaclyn Latten, pharmacy supervisors, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

William Stilling was present as counsel representing Maree Kiledjian, Jennifer Kay and Walgreens #04854.

Paul Edwards presented a Stipulation and Order regarding Ms. Kiledjian, Ms. Kay and Walgreens #04854 for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that Walgreens #04854 and Ms. Kiledjian failed to strictly follow the instructions of patient A.A.'s physician by dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets A.A.'s physician prescribed. Walgreens #04854 and Ms. Kay failed to provide counseling to A.A. for her new prescription. Mr. Edwards noted that at the time of this incident, Walgreens computer system failed to block the prescription and display an alert that the prescription was new and required patient counseling.

Walgreens and Ms. Kiledjian, jointly, shall pay a fine of \$2,000 and an administrative fee of \$295 for dispensing the incorrect medication. Walgreens and Ms. Kay, jointly, shall pay a fine of \$750 and an administrative fee of \$295 for failure to counsel. Walgreens shall report to Board Staff the cause of the computer system failure, and the actions taken by Walgreens to correct that condition and prevent future recurrences of that and similar failures.

Mr. Stilling explained that during data entry, the prescription was changed from cash to third party payment which may have caused the system failure. Since the time of this incident, enhancements have been made to improve the computer system. Walgreens will provide a written report to Board Staff as indicated in the Stipulation.

The Board discussed the allegation against Ms. Kay regarding failure to counsel. Pharmacists depend on the system technology, and in this case, the system failed.

Board Action:

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

Second: Cheryl Blomstrom

Ayes: Wentworth, Blomstrom

Nays: Dalton, Desmond

In the case of a tie vote, the President can offer his vote.

President Gandhi offered a nay vote.

Action: Motion Failed

President Gandhi granted a recess for counsel to discuss a revised stipulation.

Mr. Edwards verbally presented an amended stipulation. All allegations against Ms. Kay are dismissed. The remaining Respondents stipulate to the remaining penalties as initially presented.

Board Action:

Motion: Jack Dalton moved to accept the amended Stipulation and Order as presented.

Second: Kirk Wentworth

Ayes: Dalton, Wentworth, Desmond

Nays: Blomstrom

Action: Motion Carried

D. Scott A. Ricci, R.Ph (12-063-RPH-S)

E. Green Valley Drugs (12-063-PH-S)

Scott Ricci appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Kirk Wentworth disclosed that he knows Mr. Ricci through the Pharmacist Alliance. He stated that his participation in this matter will be unbiased.

Mr. Edwards noted that the filed Accusation included Green Valley Drugs as the owner of NDC Pharmacy where Mr. Ricci was employed at the time of the alleged violations. Green Valley Drugs and NDC Pharmacy are sister companies owned by FVS Holdings, Inc. Board Staff is therefore withdrawing the Second Cause of Action against Green Valley Drugs.

Mr. Edwards presented a Stipulation and Order regarding Mr. Ricci. Mr. Ricci admits to the factual allegations in the First Cause of Action that he verified and dispensed BIEST50/50 10 PROG 10 TEST 0.25 DHEA 50 MG/0.5 ML LIPO(M) gel, rather than the prescribed Biest/50/50 1.5 PROG 20 TEST 0.5 DHEA 10M. Mr. Ricci shall pay a fine of \$2,000 and an administrative fee of \$295.

Board Action:

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

Second: Leo Basch

Action: Passed Unanimously

F. Yin Tat William Kho, R.Ph (13-055-RPH-O)

Yin Tat William Kho appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards presented a Stipulation and Order regarding Mr. Kho for the Board's consideration. Mr. Kho admits to the allegations in the Notice of Intended Action and Accusation. On February 13, 2012, the California Board of Pharmacy entered a Stipulated Settlement and Disciplinary Order, regarding Mr. Kho, based on his admission to diverting three hundred fifty-two (352) One Touch Ultra diabetic kits and six (6) bottles of Florastor from his employing pharmacy. The California Board revoked Mr. Kho's pharmacist license, however, the revocation was stayed. Mr. Kho's California license was placed on probation for a period of four years with conditions.

Mr. Kho's Nevada pharmacist license shall be placed on probation with conditions to parallel the California Board of Pharmacy action. In addition, Mr. Kho shall pay an administrative fee of \$295.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

G. Stephanie S. Ng, R.Ph (13-053-RPH-O)

Mr. Edwards noted that Ms. Ng was not present.

Mr. Edwards presented a Stipulation and Order regarding Ms. Ng for the Board's consideration. In July 2013, the California State Board of Pharmacy adopted a Stipulated Settlement and Disciplinary Order in which Ms. Ng. agreed that the California Board had evidence to establish a factual basis for the charges in the Accusation against her. The California Board charged that during the tenure of her employment with Kaiser Outpatient Hospital Pharmacy, Ms. Ng diverted approximately three hundred sixteen (316) tablets of tadalafil (Cialis) 20 mg. and one-thousand two hundred twenty-five (1,225) sildenafil (Viagra) 100 mg. tablets. The California Board revoked Ms. Ng's pharmacist license, however, the revocation was stayed. Ms. Ng's license was placed on probation for a period of four years with terms and conditions.

Ms. Ng's Nevada pharmacist license shall be placed on probation with conditions to parallel the California Board of Pharmacy action. In addition, Ms. Ng shall pay an administrative fee of \$295.

Board Action:

Motion: Leo Basch moved to accept the Stipulation and Order as presented.

Second: Kevin Desmond

Action: Passed Unanimously

H. Valerie P. Cunningham, PT (13-064-PT-S)

Mr. Edwards advised the Board that Ms. Cunningham was not present. Mr. Edwards presented two Exhibits: 1) a copy of the Certified Mail Receipt signed by Ms. Cunningham confirming receipt of the Notice of Intended Action and Accusation; 2) a copy of the letter sent via regular mail to Ms. Cunningham advising her of the Disciplinary Hearing.

President Gandhi admitted the Exhibits into the record.

In September 2013, Board Staff received notification from a Walmart compliance officer that Ms. Cunningham was terminated from her employment as a pharmaceutical technician at Walmart Pharmacy #10-1584. Walmart terminated Ms. Cunningham for embezzlement. During an interview conducted by Walmart's Asset Protection Manager, and in a subsequent written statement, Ms. Cunningham admitted to processing fraudulent refunds through the cash register and collecting the money for herself. Ms. Cunningham admitted to embezzling approximately \$15,000 since 2011. Walmart reported the incident to law enforcement, and Ms. Cunningham was prosecuted criminally.

Board Action:

Motion: Cheryl Blomstrom moved to find Valerie Cunningham guilty of the alleged violations in the First Cause of Action.

Second: Kevin Desmond

Action: Passed Unanimously

Mr. Edwards recommended that Ms. Cunningham's pharmaceutical technician registration be revoked.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Valerie Cunningham's pharmaceutical technician registration.

Second: Kevin Desmond

Action: Passed Unanimously

I. Walter Monge, PTT (13-063-PTT-S)

Walter Monge appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards explained that in October 2013, Board Staff received notification from the Pharmacy Technician Program Director at Kaplan College that Mr. Monge tested positive for marijuana during a random drug screen. Mr. Edwards presented four Exhibits: 1) a copy of the envelope containing the Accusation that was sent Certified U.S. Mail to Mr. Monge's last known address and returned to the Board Office as unclaimed; 2) a copy of the letter sent via regular U.S. Mail to Mr. Monge's last known address advising him of the Disciplinary Hearing; 3) a copy of the lab test results; 4) a copy of the notification from Kaplan College to Board Staff of Mr. Monge's drug screen results.

President Gandhi admitted the Exhibits into the record.

Mr. Monge verified that the address the Accusation and letter were sent to was his current home address. Mr. Monge stated that he did not follow-up with the Post Office and it was past the date the Post Office allowed for pickup of the certified mail. Mr. Monge testified that he takes responsibility for his actions. He said that he was associating with a "rough" group of people and began using marijuana approximately once a month. He no longer associates with that group of people. Mr. Monge testified that he attempted to contact PRN once via email and one phone call, but he claims that neither were returned.

Board Action:

Motion: Cheryl Blomstrom moved to find Walter Monge guilty of the alleged violations in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards recommended revocation of Mr. Monge's pharmaceutical technician in training registration based on the evidence presented, Mr. Monge's admission of

recurring and relatively recent marijuana use, and Mr. Monge's lack of participation in a drug treatment program.

The Board discussed an alternate penalty, but the general consensus was that Mr. Monge did not make a concerted effort to reach out to a drug rehabilitation program for evaluation.

Board Action:

Motion: Kirk Wentworth moved to revoke Walter Monge's pharmaceutical technician in training registration.

Second: Cheryl Blomstrom

Ayes: Wentworth, Blomstrom, Pederson, Dalton, Desmond

Nays: Basch

Action: Motion Carried

J. Jamie E. Munford, PT

(13-062-PT-S)

Mr. Edwards advised the Board that Ms. Munford was not present. In November 2013, Board Staff received written notification from a District Pharmacy Supervisor that CVS had terminated Ms. Munford from her employment as a pharmaceutical technician at CVS Pharmacy #2928 for diversion of controlled substances. CVS terminated Ms. Munford after she exhibited impaired behavior while at work. During an interview conducted by a CVS Regional Loss Prevention Manager, and in a subsequent written statement, Ms. Munford admitted that she diverted two Xanax 2 mg. tablets on October 27, 2013, and consumed the Xanax in the CVS break room the same day. CVS later notified the Board Office that during an interview by a Las Vegas Metro Officer, Ms. Munford admitted to the theft of approximately five hundred (500) alprazolam 2 mg. tablets. Ms. Munford was subsequently arrested and cited for embezzlement.

Mr. Edwards presented four Exhibits: 1) a copy of the envelope containing the Accusation that was sent Certified U.S. Mail to Ms. Munford's last known address, and returned to the Board Office as undeliverable; 2) a copy of the letter sent by Board Staff via regular U.S. Mail to Ms. Munford's last known address advising her of the Disciplinary Hearing; 3) a copy of Ms. Munford's voluntary written statement to a CVS Loss Prevention Manager; 4) a copy of the notification to Board Staff from the CVS District Pharmacy Supervisor of Ms. Munford's termination.

President Gandhi admitted the Exhibits into the record.

The Board found by Motion that Service of the Notice of Intended Action and Accusation was properly attempted by U.S. Certified Mail.

Board Action:

Motion: Cheryl Blomstrom moved to find Jamie Munford guilty of the alleged violations in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

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

Board Action:

Motion: Cheryl Blomstrom moved to revoke Jamie Munford's pharmaceutical technician registration.

Second: Jack Dalton

Action: Passed Unanimously

K. Maryanne Phillips, MD

(13-061-CS-S)

Mr. Edwards informed the Board that the Notice of Intended Action and Accusation was sent to Dr. Phillips at her last known business address via U.S. Certified Mail. The Accusation was returned to the Board Office by the U.S. Postal Service stamped "Return to Sender" – "Attempted – Not Known." On January 13, 2014, a follow-up letter was sent by Board Staff via regular U.S. Mail to Dr. Phillips business address advising her of the Disciplinary Hearing. The letter was not returned by the Postal Service to the Board Office and assumed to have been delivered.

Mr. Edwards said that he was contacted yesterday by Dr. Phillips' attorney indicating that he had just been informed of the action being taken against Dr. Phillips. He requested continuance of the Hearing until the March 2014 meeting. Mr. Edwards stated that a verbal stipulation for continuance until the March 2014 meeting was agreed upon. Mr. Edwards requested Board approval.

President Gandhi accepted the verbal stipulation to continue the Hearing until the March 2014 meeting.

5. Applications for Nevada Pharmacy

A. Aeva Specialty Pharmacy – Las Vegas

Nellie Gaw, pharmacist, Barbara Deinat, Operations Manager, Lucas Cajiao, owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Deinat explained that Aeva Specialty Pharmacy will be providing non-sterile compounding products, primarily pain medications. Products will be patient specific. Aeva Specialty Pharmacy will provide courier service to surgery centers, and will be open to the general public.

All parties answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Aeva Specialty Pharmacy's Application for a Nevada Pharmacy License pending receipt of the signed Affidavit certifying that they will not be selling sterile compounded products.

Second: Leo Basch

Action: Passed Unanimously

B. National Specialty Pharmacy – Henderson

Henry Miller, Managing Pharmacist, Wenda Puzzo, co-owner, and Sanjiv Dhawan, co-owner appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Miller explained that National Specialty Pharmacy will specialize in non-sterile compounded products, ophthalmics, vitamin cocktails and pain pumps. Sterile compounding will be offered as a service, but is not the focal point of the business. The pharmacy is 797 compliant and includes a modular clean room.

The Board asked Mr. Miller to address the action taken against his pharmacist license by this Board in 2008. Mr. Miller explained that he had a chemical dependency issue at that time, and his license was suspended for a year. He enrolled in PRN-PRN and successfully completed his treatment agreement with them. Mr. Miller stated that he continues to participate in PRN-PRN on a voluntary basis.

Larry Espadero, Director, PRN-PRN, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Espadero spoke in support of Mr. Miller. He noted that Mr. Miller voluntarily rejoined PRN-PRN after his release from the program, and Mr. Miller currently serves on PRN-PRN's steering committee.

The application listed Sunil S. Dhawan as a co-owner with 32.5% ownership. Dr. Dhawan is a practicing physician. The parties were informed that per NRS 639.232, the Board shall not issue a license to conduct a pharmacy in which a practitioner owns more than 10%. The parties agreed to revise their limited liability company agreement and provide a revised application.

All parties answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve National Specialty Pharmacy's Application for a Nevada Pharmacy License pending the revision of the ownership percentage and pending a satisfactory inspection.

Second: Leo Basch

Action: Passed Unanimously

C. Pahrnagat Valley Pharmacy – Alamo

Adam Katschke, owner and managing pharmacist, and Laticia Prince, pharmaceutical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Katschke explained that Meadow Valley Pharmacy is located in Caliente, Nevada, and currently provides prescription delivery service to Alamo, Nevada three times per week. Alamo is located fifty-five miles from Caliente. He stated that he is requesting licensure to open a satellite pharmacy. Pahrnagat Valley Pharmacy will be a remote telepharmacy located in Alamo, and will be operated by Ms. Prince. Mr. Katschke said that he and other pharmacists will be able to supervise Ms. Prince and monitor the pharmacy via webcams located in the dispensing area and the patient counseling area. Ms. Prince will enter prescription data in the computer system and fill the prescription. A pharmacist will view and verify the prescription, the label, stock bottle and final product via webcam. Patient counseling will also be provided via webcam by a pharmacist.

Mr. Pinson distributed copies of the Nevada Revised Statutes and Nevada Administrative Codes which address the requirements for remote sites and telepharmacies for the Board's information.

Mr. Katschke and Ms. Prince answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Pahrnagat Valley Pharmacy's Application for a Nevada Pharmacy License pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

D. Pinnacle Compounding Pharmacy – Las Vegas

Nathan Connolly, managing pharmacist, Cecilia Ventura and Brandon Jimenez, co-owners, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Connolly explained that Pinnacle Compounding Pharmacy is a retail pharmacy and will provide non-sterile compounding, primarily pain creams, hormone therapy, and topicals.

All parties answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Pinnacle Compounding Pharmacy's Application for a Nevada Pharmacy License pending receipt of the signed Affidavit certifying that they will not be selling sterile compounded products and pending a satisfactory inspection.

Second: Jack Dalton

Action: Passed Unanimously

E. Professional Center Pharmacy – Las Vegas

Professional Center Pharmacy requested postponement to a future meeting.

6. Application for Nevada MDEG

Proto-Script Pharmaceutical Corp. – Las Vegas

Michele Rico, president, and Mark Reed, office administrator, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Rico explained that they currently have two locations in California and want to expand their DME business into Las Vegas. They will be providing DME only; no oxygen or gases.

Daniel Garcia, Board Investigator, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Garcia stated that a consumer complaint was received by the Board Office that Proto-Script Pharmaceuticals was operating without a license at their Valley View location in Nevada. Mr. Garcia visited the location and found Proto-Script to be in full operation and open to the public. Wheelchairs were being serviced at the California location, shipped to Las Vegas and supplied to Nevada patients. A Cease and Desist Order was issued by Board Staff. Mr. Garcia indicated that Proto-Script complied with the Order and ceased operations. The Las Vegas location operated approximately three months without a valid license.

Ms. Rico said that she contacted the Board Office and was under the impression that a license was not required if the business was only repairing equipment and not selling prescription items. Ms. Rico clarified for the Board that Proto-Script Pharmaceutical Corporation will be doing business as PSP Homecare. The application will be amended to reflect the business name.

Dave Wuest, Deputy Secretary, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Wuest explained that Proto-Script currently has a valid out-of-state license to ship into Nevada. Their business model was changing. It appeared that they were not trying to supersede the licensing process, but did not understand that a new license was required when they obtained a physical location in Nevada.

Ms. Rico and Mr. Reed answered questions to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve Proto-Script Pharmaceutical Corporation doing business as PSP Homecare's MDEG application pending a satisfactory inspection.

Second: Kevin Desmond

Action: Passed Unanimously

7. Requests for Reinstatement of Pharmaceutical Technician License

A. Jennifer Booker

Jennifer Booker and Larry Espadero appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Booker stated that in September 2013, she voluntarily surrendered her pharmaceutical technician registration and entered into a ten day inpatient drug rehabilitation program followed by three weeks of outpatient counseling. Ms. Booker is currently in the PRN-PRN aftercare program and also attends AA meetings. Ms. Booker explained that her former boyfriend introduced her to cocaine, and she has been using it for approximately two years. Within the past year, her use of alcohol has increased. Ms. Booker is now living with her parents and has no contact with her former boyfriend. She is currently employed as a restaurant hostess/cashier.

Mr. Espadero testified that Ms. Booker is currently on track and meeting her goals in the PRN-PRN aftercare program. She has a strong family support system. He recommended that she be allowed to work in a pharmacy with the condition that her PRN-PRN contract continues for five years, and her work hours should not exceed ninety hours in a two week pay period.

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

Board Action:

Motion: Leo Basch moved to reinstate Jennifer Booker's pharmaceutical technician license with conditions: 1) her license will be on probation for a period of one year; 2) continue the PRN-PRN contract for five years; 3) reports of any substance abuse issues and/or breach of the PRN-PRN contract will result in immediate suspension of her license and require an appearance before the Board for consideration of reinstatement; 4) Ms. Booker and PRN-PRN will notify Board Staff of any change in her PRN-PRN status; 5) Ms. Booker will report to her employer(s) her contract with PRN-PRN and the Board action taken against her Nevada pharmaceutical technician license.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. John Zindash

John Zindash appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Zindash explained that his pharmaceutical technician license was revoked in November 2012 for diversion of controlled substances. Mr. Zindash had diverted approximately one-hundred and twenty hydrocodone/APAP tablets (multiple strengths) from his employing pharmacy of two weeks to self-medicate for his back pain. Mr. Zindash was criminally convicted, placed on probation and ordered to complete a substance abuse evaluation and pay restitution. Mr. Zindash's felony status will be suspended if the conditions of the court order are met. Mr. Zindash stated that he feels that he does not have a drug problem.

He has taken measures to address his back issues without the use of drugs. The Board asked Mr. Zindash why he was charged with such a high dollar amount for restitution. Mr. Zindash explained that in addition to diverting the hydrocodone/APAP, he also diverted two bottles of Viagra.

The Board discussed their concerns regarding Mr. Zindash's behavior and his lack of follow-up with PRN-PRN.

Board Action:

Motion: Cheryl Blomstrom moved to deny reinstatement of John Zindash's pharmaceutical technician license.

Second: Leo Basch

Action: Passed Unanimously

8. Application for Pharmaceutical Technician in Training License

Alyssum Lowdon

Alyssum Lowdon appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Lowdon explained that in 2010, she tested positive for marijuana during a routine drug test while attending the pharmaceutical technician program at Pima Medical Institute (PMI). PIMA will accept her back and place her in the externship program if the Board approves her license. Ms. Lowdon was experiencing family issues and used marijuana on four occasions. She is attending counseling to address the family issues and is currently residing with a different family. Ms. Lowdon is currently employed at a department store.

Ms. Lowdon addressed questions posed by the Board.

Board Action:

Motion: Kirk Wentworth moved to approve Alyssum Lowdon's Pharmaceutical Technician in Training Application pending a favorable PRN-PRN evaluation.

Second: Kevin Desmond
Blomstrom offered a friendly amendment that prior to approving Ms. Lowdon's application for a pharmaceutical technician, she be required to appear before the Board following the completion of her externship.

Mr. Pinson explained to Ms. Lowdon that in lieu of a Motion for reinstatement or denial of her license at this time, she has the option of requesting this matter be tabled until a future meeting following the completion of a PRN-PRN evaluation.

Ms. Lowdon requested that this matter be tabled until the April 2014 meeting. The Board granted Ms. Lowdon's request.

Mr. Wentworth withdrew the Motion. Mr. Desmond withdrew the Second.

9. Applications for Out-of-State Pharmacy

A. American Specialty Pharmacy – San Antonio, TX

The applicant has requested that this matter be postponed at this time.

B. Carie Boyd's Prescription Shop – Hurst, TX

David Smith, Managing Pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Smith provided a letter from Rick Appling, President, authorizing Mr. Smith as a designated agent of Right Value Drug Stores, Inc., dba Carie Boyd's Prescription Shop. Mr. Smith explained that Carie Boyd's is licensed in twenty-four states, and provides compounded products, primarily topical pain medications and hormone replacement products. The pharmacy is 797 compliant. The clean room is certified every six months. The pharmacy was last inspected in March 2011.

Mr. Smith addressed questions regarding the action taken by the Texas Board of Pharmacy in December 2012. Mr. Smith stated that the issue occurred under the previous owners and has been resolved.

Board Action:

Motion: Cheryl Blomstrom moved to approve Carie Boyd's Prescription Shop's Application for Out-of-State Pharmacy.

Second: Kirk Wentworth

Leo Basch offered a friendly amendment to approve the application pending receipt of a copy of their most recent Texas inspection, and/or a copy of a favorable accreditation for sterile compounding by ACHC or JCAHO.

Blomstrom and Wentworth accepted the friendly amendment.

Action: Passed Unanimously

C. Edge Pharmacy Services, LLC – Colchester, VT

William Chatoff, owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Chatoff explained that Edge Pharmacy Services is registered with the FDA as an outsource facility. He anticipates an inspection by the FDA within the next sixty days. The pharmacy provides sterile and

non-sterile compounding. The primary focus for the Nevada market is allergy treatments. Edge Pharmacy currently does not plan to ship high risk compounds into Nevada.

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

Board Action:

Motion: Leo Basch moved to approve Edge Pharmacy Services' Application for Out-of-State Pharmacy pending receipt of 1) their most recent Vermont Board of Pharmacy inspection; 2) a copy of their outsourcing designation by the FDA; 3) a signed affidavit that Edge Pharmacy Services will not ship high risk compounds into Nevada until they have been inspected by the FDA with favorable results, and provided a copy of that inspection to Board Staff.

Second: Cheryl Blomstrom

Action: Passed Unanimously

D. HM Compounding – Bayonne, NJ

A representative from HM Compounding was not present. No action was taken.

E. Roxsan Pharmacy – Beverly Hills, CA

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

John Cronin appeared as counsel representing Ms. Melamed and Roxsan Pharmacy.

Mr. Edwards explained that at the June 2013 meeting, Kathrine Bamshad appeared on behalf of Roxsan Pharmacy to request approval for licensure as an out-of-state pharmacy in Nevada. Ms. Bamshad was not able to address questions regarding the compounding services provided by Roxsan. Action on the application was deferred. In July 2013, Ms. Melamed appeared before the Board. Between 2004 and 2010, the California Board of Pharmacy issued seven citations totaling forty-six violations, in which Roxsan pharmacy was cited and fined. In 2011, Roxsan Pharmacy entered into a settlement agreement for violating compounding requirements. Roxsan Pharmacy's June 2013 California Board inspection included additional citations some of which had not been resolved. The Board moved to deny approval of Roxsan's application at the July 2013 meeting due to concerns regarding their compounding practices and multiple outstanding citations with the California Board of Pharmacy.

Mr. Cronin and Ms. Melamed addressed questions posed by the Board. Mr. Cronin referenced the September 4, 2013, letter of petition for reconsideration of the denial of

Roxsan Pharmacy's application, which addresses the background and settlement of Roxsan's citations and fines dating 2004 through 2010. Following the settlement of the citations and fines, Ms. Melamed retained the services of a consultant to review their operations. Improvements were implemented based on the consultant's recommendations. Mr. Cronin disclosed that the October 2013 California Board of Pharmacy Inspection cited complaints from Louisiana and Arkansas that Roxsan Pharmacy was shipping into those states without a license. Mr. Cronin stated that practice has been discontinued and the issue has been favorably resolved with the California Board. Roxsan Pharmacy had a consumer call center located in another suite within the building. The California Board requires a separate pharmacy license for that practice. The California Board denied a license for the call center operation due to an impending investigation involving Roxsan Pharmacy. Mr. Cronin indicated that the details of the impending investigation are not known to him or Ms. Melamed as of this date.

Mr. Edwards requested that a copy of the California Board's written documentation regarding the resolution of the complaints from Louisiana and Arkansas be provided to Board Staff.

Due to the impending investigation, it was the general consensus of the Board not to grant Roxsan Pharmacy a Nevada license at this time

Board Action:

Motion: Cheryl Blomstrom moved to continue the petition for a rehearing subject to Roxsan Pharmacy submitting to Board Staff 1) a report of the identification and/or resolution of the pending investigation; 2) verification of good standing from the California Board of Pharmacy; 3) a letter of recommendation from their consultant; 4) a current and favorable California Board of Pharmacy inspection of their sterile compounding facility.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Discussion and Determination

A. Federal Drug and Security Act (FD&C Act)

Mr. Pinson provided information to the Board on the Federal Drug and Security Act (FD&C Act). This legislation creates a new section (503B) in the FD&C Act under which a facility that compounds sterile drugs can register to become an "outsourcing facility." An outsourcing facility can qualify for exemptions from the FDA approval and labeling requirements. The FDA will hold another 50-state meeting in the first quarter of 2014 to

discuss implementation of the new legislation. Mr. Pinson will be attending the meeting and will provide a report to the Board.

B. Flu Vaccine Protocol

Mr. Pinson stated that he is frequently asked if a prescription can be written for a pharmacist to administer a vaccine. He referenced NAC 639.2971, and clarified that a pharmacist may administer immunizations by written protocol only, not per prescription.

Public Comment

Karen Rosati, Director of Pharmacy, CAPS, stated that CAPS is the only pharmacy licensed as a manufacturer in Nevada. In her opinion, the future licensing of pharmacies as a manufacturer will discontinue. She believes that there will be a 503A and 503B of the FD&C Act with pharmacy boards in charge of one section of the new legislation and the FDA the other.

11. General Counsel Report

No report.

12. Executive Secretary Report

A. Financial Report

Mr. Pinson presented the financial report to the Board's satisfaction.

B. Temporary Licenses

One temporary license was issued since the last meeting.

C. Staff Activities

1. Presentations:

a. "Project Echo" through UNR School of Medicine

Mr. Pinson was invited to speak to this group in March on the topic of substance abuse. This program is geared toward APRNs and PAs.

b. CDR

Mr. Pinson will be speaking on the subject of controlled substances to the members of the Child Death Review Committee.

c. APRN Association

Mr. Pinson will be presenting to the southern Nevada APRN Association. Mr. Edwards conducted a presentation to the northern Nevada members in November.

d. NABP

Luis Curras attended the NABP Compliance Officer Forum in Chicago in December. Mr. Curras was invited to speak at the Forum. His presentation primarily focused on wholesale activity which was well received by the attendees.

D. Reports to Board

1. Adopted Regulations

The Legislative Commission met in December and approved 639.710 - Delivery of Prescriptions Drugs, and 639.050 - Destruction of Certain Controlled Substance Drugs.

2. Verified Pharmacy Program

NABP has developed the Verified Pharmacy Program (VPP) which is a database for boards of pharmacy to use in sharing inspection and licensing data between states.

3. Collaborative efforts:

- a. Indicted Physician (BME, DEA)
- b. Ownership of Drugs in a Veterinary Clinic (Veterinary Board)
- c. Pharmacist/Pharmacy Case (DEA)

4. PMP AWARxE

Mr. Pinson reported that the new PMP software is now live. Seventeen states currently have the new software which will allow data sharing amongst those participating states.

5. Response to Daily Reporting Request to PMP

Mr. Pinson presented a copy of the letter that was sent to all pharmacies in Nevada requesting consideration to transmit PMP data on a daily basis versus weekly. He noted that he received a remarkable response from the industry. Most major chain pharmacies are currently reporting daily or are in the process of moving to daily reporting.

6. Meeting with CVS on Prescription Drug Abuse

a. NEJM Article

Mr. Pinson reported that he, Dave Wuest and Paul Edwards met with CVS corporate staff regarding their program to limit inappropriate prescribing. Mr. Pinson presented an article from *The New England of Medicine* regarding abusive prescribing of controlled substances for the Board's information.

7. Financial Disclosures

8. Red Flags (ASPL)

Mr. Pinson presented a copy of the ASPL presentation on "Red Flags" to aid in assessing abuse or diversion of controlled substances for the Board's information.

9. Collaborative Practice Approval (TB Clinic/UMC)

Mr. Pinson stated that a collaborative practice agreement has been submitted to the Board Office for approval by Christina Madison, Pharm.D. Alan Greenberg, M.D., Chief Epidemiologist, UMC, has authorized Dr. Madison to manage patients of the Southern Nevada Health District Tuberculosis Infection and Control Clinic as outlined in the guidelines and protocols developed by Dr. Madison in collaboration with Dr. Greenberg. Dr. Madison presented an overview of the program and explained her role in treating patients at the clinic.

Mr. Pinson informed the Board that Staff has reviewed the agreement in detail. He requested a motion for approval. Mr. Pinson also asked for Board consideration that Board Staff be granted the authority to review and approve future collaborative agreements. Approved agreements will be reported to the Board in the Executive Secretary Report.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Southern Nevada Health District Tuberculosis Clinic Infection and Control Clinic Collaborative Practice Agreement.

Second: Kevin Desmond

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to direct Board Staff to review/approve future collaborative agreements. Approved agreements will be reported to the Board in the Executive Secretary Report.

Second: Leo Basch

Action: Passed Unanimously

E. Board Related News

Kevin Desmond volunteered to be the delegate at the 2014 NABP Annual Meeting which will be held in May in Phoenix. Kirk Wentworth will be the alternate delegate.

Board Action:

Motion: Kirk Wentworth moved to approve Kevin Desmond as the delegate at the 2014 NABP Annual Meeting.

Second: Leo Basch

Action: Passed Unanimously
F. Activities Report

13. Workshop for Proposed Regulation Amendment

1. **Amendment of Nevada Administrative Code 453.510 Schedule I:** The proposed amendment will add certain substances to the controlled substances listed in Schedule I; and provide for other matters properly relating thereto.

Mr. Pinson stated that law enforcement keeps Board Staff apprised of new compounds that are showing up in the area. They have identified several new synthetic drugs, and have requested the new compounds be added to Schedule I.

David Goldthorpe, Forensic Lab Manager, Las Vegas Metro Forensics Controlled Substance Unit, addressed a question by the Board regarding 5F-APINACA, and

whether it should be scheduled along with APINACA. He stated that the illegal manufacturers of these substances will fluorinate the substance in order for it to enter the bloodstream easier. 5F-APINACA may be fluorinated APINACA. Mr. Goldthorpe confirmed with the forensic lab that there is no medical use for 5F-APINACA. It is an abuseable substance which the lab has the materials to test. He recommended that 5F-APINACA be added to Schedule I.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the proposed amendment and add 5F-APINACA.

Second: Kirk Wentworth

Action: Passed Unanimously

- 2. Amendment of Nevada Administrative Code 453.530 Schedule III:** The proposed amendment will redefine ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in schedule III; and provide for other matters properly related thereto.

David Goldthorpe, Forensic Lab Manager, Las Vegas Metro Forensics Controlled Substance Unit, explained that the Washoe County, Henderson and Las Vegas forensic laboratories are requesting that ketamine HCL be redefined in the regulation as ketamine. HCL is the salt form; drug analysis results are in base form. Removing the "HCL" will include both the base and salt forms.

Board Action:

Motion: Kirk Wentworth moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Jack Dalton

Action: Passed Unanimously

14. Public Hearing to Act Upon a Regulation

- 1. Amendment of Nevada Administrative Code 639.7425 Dispensing Technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration.** This proposed amendment will add a mandatory law CE requirement for dispensing technicians, which is already a requirement for pharmaceutical technicians.

President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the regulation as amended.

Second: Jack Dalton

Action: Passed Unanimously

- 2. Amendment of Nevada Administrative Code Chapter Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** This amendment is a technical change to an existing regulation that establishes certain data fields for controlled substance information that pharmacies must transmit to the Board's Prescription Monitoring Program pursuant to NRS 453.1545. This amendment will update and improve the scope and quality of the data available to practitioners and pharmacies through the PMP Program.

President Gandhi opened the Public Hearing.

Liz Macmenamin, Retail Association of Nevada (RAN), appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Macmenamin stated that there was some concern, particularly for independent pharmacies, regarding the cost of the ASAP publication, which outlines the standards for the updated version. She indicated that she spoke with Mr. Edwards regarding her concerns. He informed her that the criteria is fully set in the regulation and purchase of the ASAP publication is optional. She expressed her support and thanked the Board for moving forward with this amendment.

President Gandhi closed Public Hearing.

Board Action:

Motion: Leo Basch moved to adopt the regulation as amended.

Second: Cheryl Blomstrom

Action: Passed Unanimously

3. Amendment of Nevada Administrative Code Chapter 639 NEW LANGUAGE To realize the purpose and intent of the 2013 Legislative Amendments to NRS Chapter 639 (SB 327) regarding telemedicine, electronic refill log and 90-day refills of dangerous drugs.

President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the regulation as amended.

Second: Jack Dalton

Action: Passed Unanimously

4. Amendment of Nevada Administrative Code Chapter 453 NEW LANGUAGE To realize the 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.

President Gandhi opened the Public Hearing.

Mr. Edwards advised the Board that written public comment was received by Adam Katschke, Pharm.D., expressing concern regarding potential system costs that may be involved to comply with this regulation. Mr. Edwards informed Mr. Katschke that the statute requires the real-time stop sale system be provided to Nevada pharmacies at no cost.

Mr. Pinson explained the manner in which Board Staff solicits comment from small businesses regarding the economic impact of proposed regulatory changes: (1) posting a summary of the proposed amendment on the Board's website with a link to the full text of the proposed amendment, (2) soliciting comment from Nevada pharmacies all of whom receive Board of Pharmacy notifications using a facsimile notice directed to each, and (3) contacting a representative of each relevant industry association Board Staff deemed likely to have an interest in the proposed amendment.

Liz Macmenamin, RAN, thanked the Board for their efforts in expediting this regulation. She also commended the Board for reaching out to small businesses regarding the economic impact of the regulatory process.

Kevin Kraushaar, Consumer Healthcare Products Association, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Kraushaar thanked the Board and the retailers for accepting this responsibility. As the system is being implemented, AApris representatives will be available to demonstrate the system to the Board and retailers.

Mr. Pinson offered to coordinate the demonstrations with Mr. Kraushaar.

There was a brief discussion regarding identification requirements for the purchase of dextromethorphan. No action was taken.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the regulation as amended.

Second: Jack Dalton

Action: Passed Unanimously

- 5. Amendment of Nevada Administrative Code Chapter 639.850, 639.854, 639.870, 639.879, 639.892** The proposed amendment will bring certain sections of NAC Chapter 639 relating to the advanced practice of nursing in line with the statutory amendments enacted by the Nevada Legislature through AB 170. The proposed amendments will replace the term “advanced practitioner of nursing” with “advanced practice registered nurse” and make various other changes to the provisions relating to the advanced practice of nursing.

Cheryl Blomstrom disclosed that she represents the Nursing Association and worked on both this regulation and the law.

President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing

Board Action:

Motion: Kirk Wentworth moved to adopt the regulation as amended.

Second: Leo Basch

Action: Passed Unanimously

6. Amendment of Nevada Administrative Code Chapter 639.7105

Electronic transmission of prescription. The proposed amendment will allow a pharmacist who receives an electronic prescription to keep a paper or electronic copy of the prescription at the pharmacy in a manner that is readily accessible for inspection by the Board, rather than requiring the pharmacist to print and keep on hand a paper copy of the electronic prescription.

President Gandhi opened the Public Hearing

There was no public comment.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Kirk Wentworth moved to adopt the regulation as amended.

Second: Cheryl Blomstrom

Action: Passed Unanimously

7. Amendment of Nevada Administrative Code Chapter 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.

President Gandhi opened the Public Hearing

There was no public comment.

President Gandhi closed the Public Hearing

Board Action:

Motion: Cheryl Blomstrom moved to adopt the regulation as amended.

Second: Jack Dalton

Action: Passed Unanimously

14. Next Board Meeting:

March 5-6, 2014 – Reno

15. Public Comment

There was no public comment.

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 <div style="text-align: right; font-size: small;">(Please provide current license number if making changes: PH _____)</div> <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 <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: Airport McKay Pharmacy

Physical Address: 18648 McKay Drive #110

Mailing Address: _____

City: Humble State: TX Zip Code: 77338

Telephone: 832.644.1456 Fax: 832.777.0347

Toll Free Number: 855.202.0068 (Required per NAC 639.708)

E-mail: txairport@gmail.com Website: airportmckaypharmacy.com

Managing Pharmacist: Robert Hsu License Number: 27502

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Other: _____

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 **
- ☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

65469

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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: Alternative Medicine and Pharmacy, Inc.

Physical Address: 4401 Dowling Street, Houston, Texas 77004

Mailing Address: 4401 Dowling Street

City: Houston State: TX Zip Code: 77004

Telephone: (713) 874-0300 Fax: (713) 874-0314

Toll Free Number: (855) 346-2394 (Required per NAC 639.708)

E-mail: branko@omniplushealthcare.com Website: N/A

Managing Pharmacist: Raghuveer Chintalapally License Number: 45965

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Other: _____

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 **
- ☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to**

NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Application must be printed legibly or typed

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☐ New Pharmacy

(Please provide current license number if making changes: PH02073)

☒ Ownership Change

☐ 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: American Homecare Federation, Inc.

Physical Address: 31 Moody Road Enfield, CT 06082-3101

Mailing Address: PO Box 985 Enfield, CT 06083-3101

City: Enfield State: CT Zip Code: 06083-3101

Telephone: 860-763-7020 Fax: 860-763-7022

Toll Free Number: 800-243-4621 (Required per NAC 639.708)

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

Managing Pharmacist: Jeffrey Lagasse License Number: PCT 0011999

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Other: _____

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 **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting**

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: Assured RX LLC

Physical Address: 13555 Automobile Boulevard, #230, Clearwater, FL 33762

Mailing Address: 13555 Automobile Boulevard, #230

City: Clearwater State: FL Zip Code: 33762

Telephone: 727-451-6815 Fax: 888-765-7038

Toll Free Number: 888-987-9977 (Required per NAC 639.708)

E-mail: aaron@assuredrx.com Website: www.assuredrx.com

Managing Pharmacist: Nitesh Patel License Number: PS33586

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☒ ☐ Hospital (# beds _____)
- ☒ ☐ Internet
- ☒ ☐ Nuclear
- ☒ ☐ Ambulatory Surgery Center
- ☒ ☐ Other: _____

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 **
- ☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

65626

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Brookhaven Pharmacy

Physical Address: 3750 W Robinson, Suite 150

Mailing Address: _____

City: Norman State: Ok Zip Code: 73072

Telephone: 405-801-4100 Fax: 800-887-4970

Toll Free Number: 855-250-5520 (Required per NAC 639.708)

E-mail: brookhavenrx@gmail.com Website: _____

Managing Pharmacist: Lee Ross License Number: Ok 11134

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

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 **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

65739

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: Cure Rx, LLC DBA Cure Pharmacy
Physical Address: 1812 State Hill Road Wyomissing, PA 19610
Mailing Address: 1812 State Hill Road
City: Wyomissing State: PA Zip Code: 19610
Telephone: 610-743-4580 Fax: 610-375-2607
Toll Free Number: 877-843-0129 (Required per NAC 639.708)
E-mail: Pharmacist@Cure-Pharmacy.com Website: N/A
Managing Pharmacist: Shorela Jakubicki License Number: PP437683

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☒ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☒ Other: _____

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 **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting**

65471

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 type="checkbox"/> New Pharmacy | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>00852</u>) |
| <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 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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 255 Phillipi Road

Mailing Address: Same as above

City: Columbus State: OH Zip Code: 43228

Telephone: 614-272-1985 Fax: 614-278-5575

Toll Free Number: 800-282-2881 (Required per NAC 639.708)

E-mail: joanne_colegrove@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Joanne Colegrove License Number: 03-3-22128 [OH]

Hours of Operation:

Monday thru Friday <u>8:00</u> am <u>5:00</u> pm	Saturday <u> </u> am <u> </u> pm
Sunday <u> </u> am <u> </u> pm	24 Hours <u>24/7 Pharmacist on-call</u>

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|---|
| <input type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds <u> </u>)
<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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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- | | |
|---|--|
| <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 checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>01565</u>)
<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: Express Scripts Pharmacy, Inc. dba Express Scripts
Physical Address: 5151 Blazer Parkway, Suite B
Mailing Address: Same as above
City: Dublin State: OH Zip Code: 43017
Telephone: 614-822-2000 Fax: 614-822-2096
Toll Free Number: 877-422-9995 (Required per NAC 639.708)
E-mail: slater_nash@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Slater Nash, Jr. License Number: 03-2-16503 [OH]

Hours of Operation:

Monday thru Friday <u>5:00</u> am <u>11:59</u> pm	Saturday <u>5:00</u> am <u>11:59</u> pm
Sunday <u>12:00</u> am <u>4:00</u> am pm	24 Hours <u>24/7</u> Pharmacist on-call

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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01376</u>)
<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 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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 4865 Dixie Highway

Mailing Address: Same as above

City: Fairfield State: OH Zip Code: 45014

Telephone: 513-858-4700 Fax: 513-858-4850

Toll Free Number: 800-417-1072 (Required per NAC 639.708)

E-mail: susan_peppers@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Susan Peppers License Number: 03-2-17840 [OH]

Hours of Operation:

Monday thru Friday <u>4:00</u> am <u>10:00</u> pm	Saturday <u>5:00</u> am <u>4:30</u> pm
Sunday _____ am _____ pm	24 Hours <u>24/7</u> Pharmacist on-call

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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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<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 checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>00858</u>) <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: Express Scripts Pharmacy, Inc. dba Express Scripts
Physical Address: 15001 Trinity Blvd., Suite 300
Mailing Address: Same as above
City: Fort Worth State: TX Zip Code: 76155
Telephone: 817-685-0861 Fax: 817-571-0895
Toll Free Number: 800-888-7020 (Required per NAC 639.708)
E-mail: thomas_viering@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Thomas Viering License Number: 36628 [TX]

Hours of Operation:

Monday thru Friday 5:00 am 7:30 pm Saturday 6:00 am 4:30 pm
Sunday closed am _____ pm 24 Hours 24/7 Pharmacist on-call

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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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- | | |
|--|---|
| <input type="checkbox"/> New Pharmacy | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>01937</u>) |
| <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 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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 100 Parsons Pond Drive, E1 PH1

Mailing Address: Same as above

City: Franklin Lakes State: NJ Zip Code: 07417

Telephone: 201-269-2824 Fax: 800-335-5549

Toll Free Number: 800-335-5149 (Required per NAC 639.708)

E-mail: sal_anselmi@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Salvatore Anselmi, Jr. License Number: 28RI02701100 [NJ]

Hours of Operation:

Monday thru Friday <u>8:00</u> am <u>4:30</u> pm	Saturday <u> </u> am <u> </u> pm
Sunday <u> </u> am <u> </u> pm	24 Hours <u>24/7</u> Pharmacist on-call

TYPE OF PHARMACY

SERVICES PROVIDED

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

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"/> 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 checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>01091</u>)

<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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 8111 Royal Ridge Parkway

Mailing Address: Same as above

City: Irving State: TX Zip Code: 75063

Telephone: 972-915-2737 Fax: 972-915-6653

Toll Free Number: 800-888-7010 (Required per NAC 639.708)

E-mail: jolene_bates@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Jolene Bates License Number: 37921 [TX]

Hours of Operation:

Monday thru Friday 7:00 am 10:00 pm

Saturday 7:00 am 6:00 pm

Sunday _____ am _____ pm

24 Hours 24/7 Pharmacist on-call

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
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)

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- | | |
|---|---|
| <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 checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH 00859)

<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: Express Scripts Pharmacy, Inc. dba Express Scripts
Physical Address: 23102 E Appleway Avenue
Mailing Address: Same as above
City: Liberty Lake State: WA Zip Code: 99019
Telephone: 509-928-8738 Fax: 509-926-0733
Toll Free Number: 800-626-6080 (Required per NAC 639.708)
E-mail: scott_johnson@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Scott Johnson License Number: PH00015867 [WA]

Hours of Operation:

Monday thru Friday 6:30 am 5:00 pm Saturday closed am _____ pm
Sunday closed am _____ pm 24 Hours 24/7 Pharmacist on-call

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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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<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 checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>00881</u>) <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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 1810 Lincoln Highway

Mailing Address: Same as above

City: North Versailles State: PA Zip Code: 15137

Telephone: 412-829-3200 Fax: 412-829-3286

Toll Free Number: 800-654-4390 (Required per NAC 639.708)

E-mail: thomas_edinger@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Thomas E. Edinger License Number: RP440944 [PA]

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm

Saturday am pm

Sunday am pm

24 Hours 24/7 Pharmacist on-call

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds <u> </u>) <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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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- | | |
|--|---|
| <input type="checkbox"/> New Pharmacy | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>01724</u>) |
| <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 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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 5701 E. Hillsborough Avenue, Suite 1300

Mailing Address: Same as above

City: Tampa State: FL Zip Code: 33610

Telephone: 813-317-2000 Fax: 813-317-2190

Toll Free Number: 800-446-1755 (Required per NAC 639.708)

E-mail: karen_hancock@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Karen Hancock License Number: PS18401 [FL]

Hours of Operation:

Monday thru Friday <u>7:30</u> am <u>6:30</u> pm	Saturday <u> </u> am <u> </u> pm
Sunday <u> </u> am <u> </u> pm	24 Hours <u>24/7 Pharmacist on-call</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

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 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 checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH01787) <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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 8800 Hidden River Parkway

Mailing Address: 8800 Hidden River Parkway

City: Tampa State: FL Zip Code: 33637

Telephone: 813-903-2000 Fax: 813-632-4302

Toll Free Number: 800-446-1755 (Required per NAC 639.708)

E-mail: John_Riccardi@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: John Riccardi License Number: PS25327

Hours of Operation:

Monday thru Friday <u>07:00</u> am <u>09:00</u> pm	Saturday <u>08:00</u> am <u>06:30</u> pm
Sunday <u>08:00</u> am <u>06:00</u> pm	24 Hours <u>On call</u>

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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<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 Please check box for type of ownership and complete correct part of the application.	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>02572</u>) <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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: 4750 E 450 South

Mailing Address: 4750 E 450 South

City: Whitestown State: IN Zip Code: 46075

Telephone: 317-768-7000 Fax: 317-768-7001

Toll Free Number: 800-722-7071 (Required per NAC 639.708)

E-mail: RAYates2@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Rhonda Yates License Number: 26019063A (IN)

Hours of Operation:

Monday thru Friday 7:00 am 5:00 pm Saturday am pm

Sunday am pm 24 Hours On-call

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds <u> </u>) <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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52396

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
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- | | |
|---|--|
| <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 checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>01700</u>)
<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: Express Scripts Pharmacy, Inc. dba Express Scripts

Physical Address: One Millennium Drive

Mailing Address: Same as above

City: Willingboro State: NJ Zip Code: 08046

Telephone: 609-880-2000 Fax: 609-880-2945

Toll Free Number: 866-380-7759 (Required per NAC 639.708)

E-mail: lynda_doremus@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Lynda Doremus License Number: 28RI01841600 [NJ]

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday am pm
Sunday am pm 24 Hours 24/7 Pharmacist on-call

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|---|
| <input type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds <u> </u>)
<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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<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: Pegasus Pharmacy LLC DBA Legacy Pharmacy
Physical Address: 2050 Springdale Rd STE 500 Cherry Hill
Mailing Address: Same NJ 08003
City: Cherry Hill State: NJ Zip Code: 08003
Telephone: 856-528-3900 Fax: 856-424-2096
Toll Free Number: 877-212-3601 (Required per NAC 639.708)
E-mail: ajones@legacyrx500.com Website: N/A
Managing Pharmacist: April D. Jones License Number: See Attached

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

65719

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 <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
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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Liberty for all pharmacy Inc.

Physical Address: 8444 W. Oakland Park Blvd ~~Orlando~~

Mailing Address: Same

City: Sunrise State: FL Zip Code: 33351

Telephone: (954) 607-7024 Fax: (954) 332-9222

Toll Free Number: (877) 247-6072 (Required per NAC 639.708)

E-mail: libertyforallpharmacy@aol.com Website: _____

Managing Pharmacist: markus ville hito License Number: PS 51246

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

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

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☒ 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.

Pharmacy Name: McDaniel Pharmacy

Physical Address: 1005 Market St., Port Gibson, MS 39150

Mailing Address: 1485 Livingston Lane

City: Jackson State: Mississippi Zip Code: 39213

Telephone: 601-437-5121 Fax: 601-437-5102

Toll Free Number: 855-810-0500 (Required per NAC 639.708)

E-mail: mcdanielpharmacy@bellsouth.net Website: _____

Managing Pharmacist: Picton T. Evans License Number: PD9647

AND

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Other: _____

Yes/No

☐ ☒ Off-site Cognitive Services☐ ☒ Parenteral: *☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☒ ☐ Stereo Compatibility **☒ Non Sterile Compounding☐ ☒ Mail Service Station

Compounding **

☐ ☒ Other Services: _____

*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

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 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: OAK CREEK PHARMACY

Physical Address: 8607 F. STREET

Mailing Address: SAME AS ABOVE

City: OMAHA State: NE Zip Code: 68127

Telephone: 402-999-0615 Fax: 402-999-0614

Toll Free Number: 877-812-6535 (Required per NAC 639.708)

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

Managing Pharmacist: Amanda Haynie License Number: 12961

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input checked="" type="checkbox"/> <input type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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NEVADA STATE BOARD OF PHARMACY

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH01886)
<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: Pet Health Pharmacy, a division of Women's International Pharmacy, Inc.

Physical Address: 12012 N 111th Ave, Youngstown, AZ 85363

Mailing Address: 2 Marsh Ct

City: Madison State: WI Zip Code: 53718

Telephone: 623-214-2791 Fax: 866-373-0030

Toll Free Number: 800-742-0516 (Required per NAC 639.708)

E-mail: rich@pethealthpharmacy.com Website: www.pethealthpharmacy.com

Managing Pharmacist: Richard A. Gaffin II License Number: 5008702

Hours of Operation:

Monday thru Friday 8:00 am 6:00 pm

Saturday 9:00 am 12:00 pm

Sunday N/A am N/A pm

24 Hours N/A

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

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- | | |
|--|--|
| <input checked="" type="checkbox"/> New Pharmacy
<div style="text-align: right;">(Please provide current license number if making changes: PH_____)</div> <input checked="" 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
<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: Zynex Medical, Inc. dba Pharmazy

Physical Address: 9990 Park Meadows Drive, Lone Tree, CO 80124

Mailing Address: 9990 Park Meadows Drive

City: Lone Tree State: CO Zip Code: 80124

Telephone: 303-867-3979 Fax: 303-867-3912

Toll Free Number: (866) 936-8544 (Required per NAC 639.708)

E-mail: dempey@zynex.com Website: www.zynex.com

Managing Pharmacist: William Michael Rosenfelder License Number: PHA.0011325 (CO)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Other: _____

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 **
- ☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

NEVADA STATE BOARD OF PHARMACY
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- | | |
|--|--|
| <input type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH <u>02909</u>) | <input checked="" 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: PLAZA PHARMACY INC

Physical Address: 4399 NW 124TH AVE

Mailing Address: 4399 NW 124TH AVE

City: CORAL SPRINGS State: FLORIDA Zip Code: 33065-7634

Telephone: 954-509-7275 Fax: 866-817-9335

Toll Free Number: 877-606-3443 (Required per NAC 639.708)

E-mail: frank.maluda@plazahs.com Website: plazahealthcaresolutions.com

Managing Pharmacist: FRANK J MALUDA, JR License Number: PS 18454

TYPE OF PHARMACY AND SERVICES PROVIDED

- | Yes/No | Yes/No |
|---|--|
| <input checked="" type="checkbox"/> <input type="checkbox"/> Retail | <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds <u> </u>) | <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Internet | <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear | <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center | <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Other: <u> </u> | <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile |
| | Compounding ** |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: <u> </u> |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

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<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
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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: ProAct Pharmacy Services, Inc.

Physical Address: 1226 US Hwy 11

Mailing Address: Same

City: Gouverneur State: NY Zip Code: 13642

Telephone: 315-287-3000 Fax: 315-287-3330

Toll Free Number: 1-866-287-9885 (Required per NAC 639.708)

E-mail: AndreaAdsit@proactpharmacyservices.com Website: proactpharmacyservices.com

Managing Pharmacist: Andrea Adsit, RPh License Number: 048693

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Mail order</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<u>(non-resident)</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile
	Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

NEVADA STATE BOARD OF PHARMACY
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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Seacrest Pharmacy
Physical Address: 2404 S Seacrest Blvd, Suite#B, Boynton Beach FL 33435
Mailing Address: 2404 S Seacrest Blvd, Suite#B
City: Boynton Beach State: FL Zip Code: 33435
Telephone: 561-731-2929 Fax: 561-731-4989
Toll Free Number: 855-248-6281 (Required per NAC 639.708)
E-mail: seacrestpharmacy@gmail.com Website: _____
Managing Pharmacist: Mina Attallah License Number: PS49900

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

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 **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

65738

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: THE APOTHECARY SHOP

Physical Address: 6303 FOREST PARK RD # BLA 126

Mailing Address: _____

City: DALLAS State: TX Zip Code: 75235

Telephone: 214-357-8889 Fax: 214-357-8370

Toll Free Number: 877-241-0264 (Required per NAC 639.708)

E-mail: NDEATZ@HEALTH-NEI.ME Website: WWW.THE-APOTHECARY-SHQ.COM

Managing Pharmacist: RUSSELL G. IBBERT License Number: _____

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile
	Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

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"/> Ownership Change |
| (Please provide current license number if making changes: PH_____) | |
| <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: Alcea Enterprises LLC; DBA Physician Specialty Compounding by Surtake Pharmacy

Physical Address: 18964 N. Dale Mabry; ste 102 Lutz, FL 33548

Mailing Address: 18964 N. Dale Mabry; ste 102 Lutz, FL 33548

City: Lutz State: FL Zip Code: 33548

Telephone: (855) 813-7300 Fax: (855) 813-7300

Toll Free Number: (855) 813-7300 (Required per NAC 639.708)

E-mail: Brian.Bower@PSCrx.com Website: www.PSCrx.com

Managing Pharmacist: Ingrid Bendeck License Number: PS 44687

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- | |
|--|
| <input checked="" type="checkbox"/> Retail |
| <input type="checkbox"/> Hospital (# beds _____) |
| <input type="checkbox"/> Internet |
| <input type="checkbox"/> Nuclear |
| <input type="checkbox"/> Ambulatory Surgery Center |
| <input type="checkbox"/> Other: _____ |

Yes/No

- | |
|---|
| <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 |
| <input type="checkbox"/> Sterile Compounding ** |
| <input checked="" type="checkbox"/> Non Sterile Compounding |
| <input type="checkbox"/> Mail Service Sterile |
| Compounding ** |
| <input type="checkbox"/> Other Services: _____ |

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

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.

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

<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 1,2,3,5a,5b	<input 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: Amneal Institutional, LLC

Physical Address: 118 Beaver Trail Glasgow KY 42141

Mailing Address: 118 Beaver Trail

City: Glasgow State: KY Zip Code: 42141

Telephone: 866-525-7270 Fax: 866-525-7271

Toll Free Number: _____

E-mail: cwatson@amneal.com Website: WWW.AMNEAL.COM

Facility Manager: Marty Ross

Professional qualifications and experience of facility manager: Please See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

65742

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE 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 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 checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input 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: Crown Laboratories, Inc.

Physical Address: 349 Lafe Cox Drive, Johnson City, Tennessee 37604

Mailing Address: 321 Route 94 South

City: Warwick State: New York Zip Code: 10990

Telephone: (845) 544-2482 Fax: (845) 544-2481

Toll Free Number: (800) 877-8869

E-mail: crn@slny.com Website: www.crownlaboratories.com

Facility Manager: Randall S. Noonchester

Professional qualifications and experience of facility manager: Please see the attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Manufacturers & 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: Over the counter.

manu

65688

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.

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

<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 1,2,3,5a,5b	<input 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: The Harvard Drug Group, LLC dba
Expert Med, First Veterinary Supply

Physical Address: 5960 E. Shelby Drive, Memphis, TN 38141

Mailing Address: 31778 Enterprise Drive, Livonia, MI 48150

City: _____ State: _____ Zip Code: _____

Telephone: 734-743-6180 Fax: 734-743-7180

Toll Free Number: 734-743-6069

E-mail: s.shah@thdg.com Website: www.harvardlink.com

Facility Manager: William Presnell

Professional qualifications and experience of facility manager: see attached Resume
for work experience

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Veterinarians

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) pending
☒ Other: OTC, vitamins, medical

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.

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

<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 1,2,3,5a,5b	<input 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: InterNET Services Corp. dba International Pharma Packaging and Distribution

Physical Address: 1300 Altura Rd.

Mailing Address: same

City: Fort Mill State: SC Zip Code: 29708

Telephone: 803-547-9100 Fax: 803-547-8511

Toll Free Number: NA

E-mail: Tom.emery@isc-mail.com Website: www.internationalpharma.com

Facility Manager: Thomas K. Emery

Professional qualifications and experience of facility manager: 6 yrs. directing medical product repackaging and distribution per federal and state regulations.

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: over-the-counter medications/drugs

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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01312)
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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 checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input 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: J Knipper and Company, Inc.
Physical Address: 350 Starke Road, Carlstadt NJ 07072
Mailing Address: One Healthcare Way
City: Lakewood State: NJ Zip Code: 08701
Telephone: (732) 905-7878 Fax: (732) 886-9205
Toll Free Number: 888-Knipper
E-mail: compliance@knipper.com Website: www.knipper.com
Facility Manager: Scott Rizzo
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: Sales reps of pharmaceutical company/client

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: _____

VAWD

BHAP

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.

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

GENERAL INFORMATION

Facility Name: KENCO BRACCO

Physical Address: 4320 EXECUTIVE DRIVE, SUITE 100

Mailing Address: SAME AS PHYSICAL ADDRESS

City: SOUTHAVEN State: MS Zip Code: 38672

Telephone: 662-393-0579 Fax: N/A

Toll Free Number: N/A

E-mail: KIM.DICKEY@KENCOGROUP.COM Website: N/A ^{Kim 2-8-14} WWW.KENCOGROUP.COM

Facility Manager: KIM DICKEY

Professional qualifications and experience of facility manager: MEDICAL DEVICE DISTRIBUTION
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:

☒ 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
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.

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

<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 1,2,3,5a,5b	<input 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: Turning Point Logistics LLC

Physical Address: 4816 Hendron Road, Groveport, OH 43125

Mailing Address: 4816 Hendron Road

City: Groveport State: OH Zip Code: 43125

Telephone: 614-353-2888 Fax: 614-991-4678

Toll Free Number: _____

E-mail: eyanke@tplohio.com Website: www.tplohio.com

Facility Manager: Tracey Carver

Professional qualifications and experience of facility manager: 2 years as Vice President at Turning Point Logistics LLC; 2.5 years as Director of Operations at CuraScript

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

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: ARJO HUNTLEIGH Inc

Physical Address: 50 N. Gary Ave. Unit A, Roselle IL 60172
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2349 W. Lake St. Suite 250

City: Addison State: IL Zip Code: 60101

Telephone: 630-785-4885 Fax: NA

E-mail: brenda.ammonette@arjohuntleigh.com Website: www.arjohuntleigh.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Burton

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: DVT, Doppler garments, beds, mattresses

**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: person on call

Telephone: 800-323-1245

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: ARJO HUNTLEIGH Inc

Physical Address: 1761 South 900 West, Salt Lake City, UT 84104
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2349 W. Lake St. Suite 250

City: Addison State: IL Zip Code: 60101

Telephone: 630-785-4885 Fax: NA

E-mail: brenda.ammonette@arjohuntleigh.com Website: www.arjohuntleigh.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4

Fri: 9 to 4 Sat: on call Sun: on call Holidays: on call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Thompson

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: Therapeutic Support Surfaces, Beds, mattresses

**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: person on call Telephone: 800-323-1245

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: Duke Medical Supply, Inc.

Physical Address: 300 Biltmore Drive Suite 350
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 300 Biltmore Drive Suite 350

City: Fenton State: MO Zip Code: 63026

Telephone: 888-678-6692 Fax: 888-550-7663

E-mail: bhc@dukemedicalsupply.com Website: www.DukeMedicalSupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30 to 5:00 Sat: None to Sun: None to Holidays: 8:30 to 3:00

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brenda L Cavanagh, President

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

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

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

Name: N/A Telephone: N/A

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: Enteral Products, LLC dba: EPL Diabetic

Physical Address: 1760 Moriah Woods Blvd Suite 2-B Memphis, TN 38117
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11333 Greenstone Ave, Suite A

City: Santa Fe Springs State: CA Zip Code: 90670

Telephone: (877) 863-9266 Fax: (901) 260-5202

E-mail: enteralsproducts@twinmed.com Website: www.twinmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 4pm Tue: 10am to 4pm Wed: 10am to 4pm Thu: 10am to 4pm
Fri: 10am to 4pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Greg Nuckles

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

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

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

Name: _____ Telephone: _____

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

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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: Nestle HealthCare Nutrition, Inc.

Physical Address: 12500 Whitewater Drive, Minnetonka, MN 55343
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12500 Whitewater Drive

City: Minnetonka State: MN Zip Code: 55343

Telephone: 952-848-6000 Fax: 952-848-6319

E-mail: N/A Website: www.nestlehealthscience.us

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Thomas A. Dold

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" 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: See attached Telephone: _____

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: Personal Support Medical Suppliers

Physical Address: 262 Geiger road Philadelphia, PA 19115
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 262 Geiger road

City: Philadelphia State: PA Zip Code: 19115

Telephone: 215 464 7304 Fax: 267 672 8060

E-mail: dhatooka@pshme.com Website: www.pshme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Hatooka

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** | <input checked="" 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: Jessica Bustamante Telephone: 702-301-4807

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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change See Attachment A
(Please provide current license number if making changes: <u>MP</u> or MW <u>00412</u>)	
<input checked="" 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 1,2,3,5	<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: Rochester Medical Corporation

Physical Address: One Rochester Medical Drive, Stewartville, MN 55976
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as Physical Address.

City: _____ State: _____ Zip Code: _____

Telephone: 507-533-9600 Fax: 507-533-9725

E-mail: Jim.jeche@crbard.com Website: www.rocm.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00AM to 5:00PM Tue: 8:00AM to 5:00PM Wed: 8:00AM to 5:00PM Thu: 8:00AM to 5:00PM

Fri: 8:00AM to 5:00PM Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James E. Jeche

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

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

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

Name: N/A Telephone: N/A

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: 215 Surgery Center
Physical Address: 6120 S. Fort Apache Rd. Ste. 200 Las Vegas, NV 89148
Mailing Address: 6120 S. Fort Apache Rd. Ste. 100
City: Las Vegas State: NV Zip Code: 89148
Telephone: _____ Fax: _____
Toll Free Number: N/A
E-mail: N/A Website: N/A
Managing Pharmacist: Mary Grear License Number: 106087

Hours of Operation:

Monday thru Friday	<u>7:00</u> am <u>5:00</u> pm	Saturday	_____ am _____ pm
Wednesday	<u>12:00</u> pm <u>5:00</u> 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 type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" 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
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 type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02721</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: MAH Pharmacy, L.L.C. dba CHD Pharmacy

Physical Address: 6225 Annie Oakley Drive, Suite 300, Las Vegas, NV 89120

Mailing Address: 6225 Annie Oakley Drive, Suite 300, Las Vegas, NV 89120

City: Las Vegas State: NV Zip Code: 89120

Telephone: 702-436-8802 Fax: (702)436-8766

Toll Free Number: 888-466-2838

E-mail: thomas_beranek@express-scripts.com Website: www.express-scripts.com

Managing Pharmacist: Thomas Leo Beranek License Number: 10227

Hours of Operation:

Monday thru Friday 4:00 am 11:30 pm

Saturday am pm

Sunday am pm

24 Hours x 24/7 Pharmacist
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

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SUSAN MARIE BLAIR, RPH

Certificate of Registration No. 17494,

WALGREENS #11227

Certificate of Registration No. PH02513-C,

Respondents.

) **CASE NO. 13-039-RPH-N**

) **CASE NO. 13-039-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 at the time of the events alleged herein, respondent Susan Marie Blair was a registered pharmacist with the Board, and respondent Walgreens Pharmacy #11227 (Walgreens) was a pharmacy registered with the Board.

II.

On or about October 15, 2012, Dr. Z saw patient AJ and prescribed thirty (30) zolpidem 10mg tablets with instructions to take one tablet at bedtime. Dr. Z authorized two refills on the prescription. Walgreens filled and dispensed the medication (Rx 257094).

III.

On February 1, 2013, Dr. Z faxed a new zolpidem 10mg prescription for AJ authorizing one refill to Walgreens (Rx 21996). That same day, Walgreens faxed a return message to Dr. Z informing her that new Federal Drug Administration (FDA) guidelines for women recommended a maximum strength of zolpidem 5mg. Dr. Z concurred and faxed a new prescription for

zolpidem 5mg, quantity thirty, authorizing one refill (Rx 278437). Walgreens subsequently closed the zolpidem 10mg prescription (Rx 21996) without filling it.

IV.

On April 7, 2013, Walgreens faxed Dr. Z's office a request to refill the zolpidem 5mg prescription. Dr. Z denied the request based on a review of AJ's prescription monitoring report which indicated an excessive amount of zolpidem fills.

V.

During the investigation, the Board Investigator reviewed AJ's prescription monitoring report. The review revealed no unauthorized or excessive zolpidem use. AJ had elected to receive fifteen tablets every two weeks versus thirty tablets once a month.

VI.

On April 10, 2013, the closed prescription from February 1, 2013 (Rx 21996 Zolpidem 10mg, quantity 30) was scanned by pharmaceutical technician MT, and issued a new prescription number (Rx 292637). The prescription was partially filled with fifteen (15) Zolpidem 10mg tablets and verified as accurate by Ms. Blair. The prescription was partially filled (15 tablets) again on May 7, 2013, June 5, 2013, and June 30, 2013. Walgreens did not obtain prescriber authorization to fill or refill the 10mg strength of zolpidem.

VII.

In a written statement, Ms. Blair indicated "that the refill authorized from 4/10/13 for 10mg zolpidem was stored rather than closed when authorization was given to change the dosage to 5mg." In a subsequent interview, Ms. Blair admitted to reopening the closed zolpidem prescription and assigning it a new prescription number (292637-11227). She also admitted to not contacting the prescriber for authorization. Ms. Blair could provide no reason for opening and dispensing the closed prescription without prescriber authorization.

FIRST CAUSE OF ACTION

VIII.

In filling an unauthorized prescription (Rx 292637) and three subsequent unauthorized refills for AJ, namely zolpidem 10mg tablets, Respondent Susan Marie Blair, 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) and/or (11) and/or (12), or alternatively under NRS 639.255.


SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Walgreens #11227 violated NAC 639.945(1)(d) and/or (i), and is statutorily responsible for respondent Blair's actions pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

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

Signed this 31st day of January, 2014.


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,)	
	)	CASE NO . 13-039-RPH-N
Petitioner,)	
v.)	
	)	STATEMENT TO THE
SUSAN MARIE BLAIR, RPH	)	RESPONDENT NOTICE
Certificate of Registration No. 17494,	)	OF INTENDED ACTION
	)	AND ACCUSATION
Respondent.	)	RIGHT TO HEARING
	/	

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

I.

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

II.

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


III.

The Board has reserved Wednesday, March 5, 2014, 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 31st day of January.


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 _____, 2014.

Susan Marie Blair, R.Ph.

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 _____, 2014.

Print or Type name

For WALGREENS PHARMACY #11227

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RICHARD LEE YEP, R.Ph.

Certificate of Registration No. 09596

Respondent

CASE NO. 14-002-RPH-O

**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 and this respondent because Richard Lee Yep, Certificate of Registration No. 09596, is a pharmacist licensed by the Board.

II.

On or about October 29, 2013, the Board Office received a renewal application for Respondent Yep's pharmacist license (Exhibit 1). Mr. Yep disclosed on the application that he has been the subject of a board citation or an administrative action in Oregon and California since the last renewal period.

III.

On or about September 9, 2011, Mr. Yep pled guilty and was convicted in the U.S. District Court, Western District of Washington, Seattle (Case No. 2:11-cr-00062-RSL-1) of Interstate Transportation of Stolen Goods. From approximately 2002 through September 2008, Mr. Yep stole glucose test strips from his employer (Kaiser Permanente) and sold them for substantial personal profit. Mr. Yep was sentenced to one year and one day in federal prison, and three years' supervised release upon completion of his prison confinement. Mr. Yep was also ordered to pay restitution to Kaiser Permanente in the amount of \$480,000.

IV.

On August 9, 2012, the Oregon State Board of Pharmacy (Oregon Board) entered a Consent Order (Case No. 2011-0397) regarding Mr. Yep, which is attached hereto as Exhibit 2, and is incorporated herein by this reference as though it was fully set out herein. The Order cites violations of unprofessional conduct related to Mr. Yep's felony conviction. In the Consent Order signed by Mr. Yep on June 28, 2012, Mr. Yep voluntarily surrendered his Oregon pharmacist license.

V.

On March 16, 2013, Mr. Yep petitioned the Oregon Board for reinstatement of his pharmacist license. The Oregon Board denied the request (Exhibit 3).

VI.

On September 4, 2013, the California State Board of Pharmacy (California Board) adopted a Proposed Decision (Case No. 4196) regarding Mr. Yep, which is attached hereto as Exhibit 4, and is incorporated herein by this reference as though it was fully set out herein. In the Decision, the California Board revoked Mr. Yep's California pharmacist license for unprofessional conduct related to Mr. Yep's felony conviction.

VII.

On September 18, 2013, Mr. Yep petitioned the California Board for reconsideration of the Board's decision. The California Board denied Mr. Yep's petition for reconsideration (Exhibit 5).


FIRST CAUSE OF ACTION

VIII.

In receiving discipline against his license in Oregon and California for actions that would be grounds for discipline, suspension or revocation of his license in Nevada, Respondent Richard Lee Yep is subject to discipline to parallel the Oregon and California actions pursuant to NRS 639.210(1), (4), (7) and (14), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of respondent Richard Lee Yep.

Signed this 31st day of January, 2014.


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,

v.

RICHARD LEE YEP, R.Ph.

Certificate of Registration No. 09596

Respondent

) **CASE NO . 14-002-RPH-O**
)
)
) **STATEMENT TO THE RESPONDENT**
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**
)
)

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

I.

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

II.

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


III.

The Board has reserved Wednesday, March 5, 2014, 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 31st day of January, 2014.



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. 14-002-RPH-O
)	
Petitioner,)	
v.)	
	)	ANSWER AND
RICHARD LEE YEP, R.Ph.	)	NOTICE OF DEFENSE
Certificate of Registration No. 09596)	
)	
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 January, 2014.

Richard Lee Yep, R.Ph.



DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy - Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2013 to October 31, 2015

Cashier's Check or Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2013) OR \$320.00 (postmarked after 10/31/2013)

LICENSE #: 09596

Richard Lee Yep

2930 SE 141ST AVE

Portland, OR 97236

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES ACCEPTED
6. NO SIGNATURE STAMPS ACCEPTED

<OR>

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications" then, "License Renewal"
3. Use **USER ID:**

YEPFAMILY@YAHOO.COM

PASSWORD: *****

New Users: once logged in, when asked for OLD password, use the above password, then change

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) 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? ☐ Yes ☒ No1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ Yes ☒ No2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ☒ Yes ☐ No3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☒ Yes ☐ No

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

Board Administrative Action:	State	Date:	Case #:
Surrender Revocation	CA	8/9/12 10/4/13	2011-0397 4196
Criminal Action:	State	Date:	Case #:
	CA		
	County		Court

Section 2:

Yes No

Are you the subject of a court order for the support of a child? ☐ Yes ☒ NoIf you marked YES to the question above, are you in compliance with that court order? ☐ Yes ☒ NoSection 3: Please check ONE box ONLY (Fees apply to either status) (see colored insert for details)Active - ☒ By checking this box you certify that you have completed ALL required CE Hours due for the 13/15 Renewal period. (Dated from Nov. 1, 11 - Oct. 31, 13; 1.25hrs per mo.). The exemption period is 2yrs after graduation only. If none owed, please check Active box.Inactive - ☐ By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4:

A licensee is not required to have a Nevada State Business license, however, if you do, please provide the #:

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: [Signature]Date: 10/24/2013

To SH 10/29/13

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the
Pharmacist License of

Case No. 2011-0397

RICHARD LEE YEP, R.PH.,

CONSENT ORDER

Licensee

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice") regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice are true, that the licensee's conduct, as admitted, violated the statutes cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. Licensee agrees to voluntarily relinquish all privileges to practice pharmacy in Oregon and to surrender his Oregon pharmacist license with this signed consent.

2. Licensee may request reinstate after one year from the date this Consent Order becomes final or upon documentation of an unencumbered license with California.

3. This order becomes final when signed by the Board.

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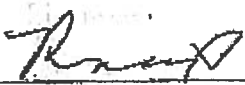
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CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice of Proposed Disciplinary Action; Answer Required and the terms of the Consent Order. I agree to the Board entering the Consent Order.


Richard Lee Yep
Licensee (License No. RPH-0009489)

6/28/12
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON


Gary Miner, R.Ph.,
Compliance Director

8/9/12
Date

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BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2011-0397
Pharmacist License of)
RICHARD LEE YEP, R.PH.) NOTICE OF PROPOSED
ANSWER REQUIRED
Licensee)

The Oregon Board of Pharmacy proposes to revoke your license and impose a civil penalty pursuant to ORS 689.445, 689.405, 689.135, and 689.145, because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as alleged below:

From on or about 2002 through September 2008, you stole glucose test strips from Kaiser Permanente locations in California.

On or about 9/9/2011, you pled guilty and were convicted of Interstate Transportation of Stolen Goods 18 U.S.C. § 2314. You were sentenced to be imprisoned 1 year and 1 day and, upon release from imprisonment, be on supervised release for 3 years. You are to pay restitution of \$480,000.

The above conduct is in violation of, and grounds for discipline, pursuant to ORS 689.405(1)(a) and (e)(A).

Based on these alleged violations, the Board proposes to revoke your pharmacist license and impose a civil penalty of \$1,000 per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 21-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 21 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual matter alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

Hearing Request and Answers: Consequences of Failure to Answer 855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

10/17/11
Date

DATE OF MAILING 10/18/2011



Oregon

John A. Kitzhaber, MD, Governor

Exhibit 3

Board of Pharmacy

800 NE Oregon Street, Suite 150

Portland, OR 97232

Phone: 971/673-0001

Fax: 971/673-0002

Email: pharmacy.board@state.or.us

Web: www.pharmacy.state.or.us

April 18, 2013

Richard Lee Yep
2930 SE 141st Ave
Portland, OR 97236-2604

RE: Case No. 2013-0105

Pursuant to your written petition for reinstatement dated March 16, 2013, the Board considered your written testimony and your case file at their April 2013 Board Meeting. Based on the information available, the Board hereby denies your request for reinstatement.

If you have any questions, or if I can be of further assistance, please contact me at Gary.Miner@state.or.us. Please provide me with your name, your preferred contact method and information, case number as it appears above, and your concerns. Alternatively, you may contact me at the address and phone number listed above.

Sincerely,

Gary Miner, R.Ph.
Compliance Director

GM/ag





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

Exhibit 4

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

September 4, 2013

CERTIFIED MAIL

Richard Lee Yep
2930 SE 141ST Ave
Portland, OR 97236

RE: Administrative Case No. 4196

Dear Mr. Yep:

Attached is the Board of Pharmacy's Decision regarding the Proposed Decision signed by Administrative Law Judge Diane M. Vorters. Your attention is directed to page 9 of the Decision.

Effective October 4, 2013, Pharmacist License, RPH 41007 issued to Richard Lee Yep is revoked.

Government Code section 11521 permits the Board to reconsider its decision, on its own motion or on petition of any party. If you wish to file such a petition, it must be received in the Board offices no later than five (5) days prior to the effective date of the decision.

Please return your license to the board on or before the effective date of this decision.

If you have any questions concerning this matter, you may contact Lisa Chullino, Enforcement Analyst, at (916) 574-7921.

Sincerely,

VIRGINIA K. HEROLD
Executive Officer

By

Susan Cappello
Enforcement Manager

SC:lc
Enclosure

cc: Lorrie M. Yost, DAG
Ronald S. Marks, Esq.
Dian M. Vorters, ALJ

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

RICHARD LEE YEP

Portland, Oregon 97236

Pharmacist License No. RPH 41007

Respondent.

Case No. 4196

OAH No. 2012100053

DECISION AND ORDER

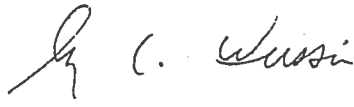
The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on October 4, 2013.

It is so ORDERED on September 4, 2013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

RICHARD LEE YEP
Portland, Oregon 97236

Pharmacy License No. RHP 41007

Respondent.

Case No. 4196

OAH No. 2012100053

PROPOSED DECISION

This matter was heard before Dian M. Vorters, Administrative Law Judge, Office of Administrative Hearings, State of California, on June 3, 2013, in Sacramento, California.

Lorrie M. Yost, Deputy Attorney General, represented Virginia Herold (Complainant), Executive Officer, Board of Pharmacy (Board), Department of Consumer Affairs.

Ronald S. Marks, Attorney at Law,¹ represented Richard Yep (respondent), who was present.

Evidence was received and the matter was submitted on June 3, 2013.

FACTUAL FINDINGS

1. Complainant made and filed the Accusation in her official capacity.
2. On August 14, 1987, the Board issued Original Pharmacist License Number RPH 41007 to respondent to practice pharmacy in California. The original pharmacy license was in effect at all times relevant to this matter. Respondent's license was suspended from January 10, 2012, to September 29, 2012, pursuant to Business and Professions Code section

¹ Ronald S. Marks, Attorney at Law, 21900 Burbank Boulevard, Suite 300, Woodland Hills, California 91367.

4311, subdivision (a).² His license will expire on August 31, 2013, unless renewed or earlier revoked.

3. On September 9, 2011, respondent was convicted in the United States District Court, Western District of Washington, Seattle, in Case Number 2:11-cr-00062-RSL-1, Title 18, United States Code, Section 2314 (Interstate Transportation of Stolen Goods), a felony. The court entered judgment against respondent on the basis of his guilty plea and sentenced him to one year and one day in federal prison and three years' supervised release upon completion of term of confinement. Along with other standard conditions of supervision, respondent was also ordered to pay restitution to Kaiser Permanente in the amount of \$480,000.

4. As stated in the plea agreement signed by respondent on February 25, 2011, respondent admitted the following facts:

a. Donald Alan Pepin owned and operated First Medical Resources, Inc., a Florida corporation, with offices located in Jupiter, Florida. First Medical Resources, Inc. was engaged in, among other things, the acquisition and distribution of human insulin and diabetic test strips for further sale.

b. Donald Pepin created a scheme to purchase human insulin and diabetic test strips from individuals who stole these items from hospitals, pharmacies, and other companies. For example, Donald Pepin contacted defendant Richard Yep via e-mail regarding the purchase of glucose test strips.

c. [Respondent] admits that he stole glucose test strips from his employer. [Respondent] would then ship these items in interstate commerce to Donald Pepin and/or First Medical, Inc. as well as McDistributors in Boca Raton, Florida. From on or about September 6, 2008, to September 31, 2008, [Respondent] sent three shipments of glucose test strips to Donald Pepin and, in turn, received \$7,676.00 received [sic] in payment. Ultimately, Donald Pepin paid [respondent] \$360,103.75 for glucose test strips products.

5. Respondent testified at hearing. He stated that his wife developed gestational diabetes while pregnant with their daughter who was born in November 2001. Glucose test strips are used to test blood glucose levels of diabetic patients. They are sold both over the counter (on the retail floor) without a prescription and with a prescription from behind the

² Any license issued by the board, or the holder thereof, shall be suspended automatically during any time that the person is incarcerated after conviction of a felony, regardless of whether the conviction has been appealed. (Bus. & Prof. Code, § 4311, subd. (a).)

secure pharmacy desk. When obtained through a prescription, the cost is less because the client's health insurance can be billed. The strips have an expiration date on the box after which they are presumably unreliable. In 2001 respondent began selling his wife's extra glucose strips on the internet. He evolved to stealing glucose strips from behind the secure pharmacy desk and selling them on the internet. After several months, he was contacted on "eBay" by Mr. Pepin, who represented himself to be from a medical supply company in South Florida. Respondent subsequently conspired to mail stolen glucose strips to Mr. Pepin and related medical supply companies in Florida, who in turn deposited money into respondent's PayPal account. Respondent transacted business with Mr. Pepin from approximately 2001/2002 to 2009.

6. According to a Kaiser audit, respondent stole over one million test strips from them. Respondent recalled earning "approximately \$250,000" while engaged in this scheme. PayPal records reflect that from 2001-2009, respondent received a total of \$566,916.35 from Mr. Pepin. Respondent when confronted stated that he did not realize the amount was that much. Further, respondent began selling stolen test strips several months prior to his affiliation with Mr. Pepin. Hence, his gross receipts were actually higher. Respondent stated that he followed the advice of his criminal attorney and reported his gains to the Internal Revenue Service (IRS) as income. Respondent did not present documentary evidence of the amount he reported to the IRS.

7. Respondent testified he stole and sold the strips to help his in-laws with medical expenses. In 2002, his father-in-law, wife's paternal grandmother, and wife's aunt were all diagnosed with kidney failure. His 71-year-old father-in-law was on dialysis and qualified for a kidney but was way down on the list. Respondent attempted to coordinate a kidney transplant from China. He submitted email correspondence between himself and Toney Lee, Senior Medical Care advisor, that discussed the process and cost for the procedure. The kidney transplant charge of \$60,000 USD included: "Pre-treatment (dialysis, medical cost, examination cost), Donor Kidney, One time kidney transplant, Post transplant medical care and drug [up to 40 days stay in transplant center], Bilingual service assistant, All the medical record will be translated to English format on return."

Respondent's in-laws lived in Oregon and their home was in disrepair. Respondent stated that he also helped them fix their roof. All three relatives are now deceased. Respondent stated, "I knew it was wrong but I was motivated to help." Respondent admitted that he was not legally obligated to pay his relative's medical bills. Respondent stated that he did not consider taking out a loan or paying for medical bills out of his assets. He added, "I ask myself [why] every single day."

8. Respondent deposited the money he received from Mr. Pepin into a savings account. When asked specifically what he used the money for, respondent disclosed that he spent approximately \$50,000 to \$75,000 on repairs to his in-laws' home, and \$10,000 to \$12,000 on their medical bills. He conceded that "There may have been some money left

over ... We were looking to save the rest for the kidney transplant." A difference of approximately \$480,000 is noted.³

9. In April 2012, respondent satisfied his \$480,000 restitution debt to Kaiser. He submitted proof of "Satisfaction of Criminal Monetary Judgment" filed in the District Court. He stated that he obtained the money to pay the judgment by selling his home of 18 years. It is not clear why he did not use the profits from his trafficking enterprise to pay restitution. According to the Presentence Report filed in the District Court, at the time of respondent's plea he had cash on hand of \$621,400 (\$615,000 in a Vanguard Individual Retirement Account, \$1,400 in a Kaiser IRA, and \$5,000 in checking).

10. At the time respondent learned that he was being criminally investigated, he was living in California with his wife who is also a pharmacist and their three children. He recalled receiving a second call from a Food and Drug Administration (FDA) agent in August 2009. They informed him they were investigating Mr. Pepin and that respondent's name had come up in the context of supplying test strips. Respondent resigned from Kaiser that same month. His family moved to Oregon a year later in August 2010. Respondent was convicted in September 2011 in the federal court for the Western District of Washington at Seattle. Respondent stated that they moved because his wife had a job opportunity with a retail grocery store chain. Another factor was the shame to him and his children associated with his pending prosecution.

11. After leaving Kaiser, respondent worked in California as a relief pharmacist for approximately six weeks in 2010. On advice of counsel, he left pharmacy, obtained a guard card from the State of California, and got a job as a security guard at Amgen in Fremont. After moving to Oregon, he resumed working as a pharmacist. Through "RX Relief" he worked at Costco, Albertsons, two County pharmacies, and Vibra Hospital (a transitional care tertiary hospital) for seven months, 40 hours a week. He also worked at a private pharmacy in Sheridan, Oregon. Respondent stated that his employers were aware of his pending criminal matter. In fact, he was offered a pharmacy director position but had to decline due to his pending prosecution.

Rehabilitation / Mitigation

12. Respondent is 51 years of age. He is married with three children ages 11, 15, and 17 years. He obtained his Bachelor of Science degree in biochemistry in 1983 from the University of California (UC) Riverside. He received his doctorate degree in pharmacy in 1987 from UC San Francisco. He became licensed in California in 1987. He began working at Kaiser Permanente as a student intern in 1983, and as a licensed pharmacist from 1987 to 2009.

³ PayPal records established \$566,916 in receipts by respondent from Mr. Pepin. Adjusting for respondent's stated expenditures on his in-laws of \$75,000 for home repairs and \$12,000 for medical expenses, the balance is \$479,916.

13. It is uncontroverted that before and after respondent began pilfering and trafficking insulin strips he was an accomplished and respected member of the pharmacy profession. He received accolades and promotions based on his industry knowledge and managerial skills. He was a respected leader at Kaiser Permanente. He submitted certificates of appreciation, plaques, and awards recognizing his exemplary managerial skills from 2000 through 2008.

14. Respondent submitted letters of recommendation from Chris Travis and Charles Jensen, his security guard supervisors in 2010. Mr. Travis described respondent in positive terms relative to his intelligence, ability to work with others, communication skills, knowledge and experience. Mr. Jensen recounted respondent's ability to learn, remain calm and courteous under stress, and treat others with respect. Respondent also attached his first quarter 2010 performance evaluation in which he met and exceeded expectations, certificates of completion of security training courses, and his Red Cross CPR and First Aid cards dated February 2010.

15. Respondent submitted several character letters in support of his abilities as a pharmacist. Most of the letters indicate some awareness of the discipline/punishment he suffered, but the extent is unclear. His former clients describe him generally as a knowledgeable and caring pharmacist. His volunteer activities include participation in Boy Scouts and at his children's schools. Divya Talajia is a sales manager for RX Relief, a Fresno based pharmacy staffing company. Ms. Talajia wrote a letter on September 21, 2011, in which she stated that having known respondent for two years, she found him to be responsible, resourceful, and able to build trust with his patients, customers, and co-workers.

16. While in federal custody, respondent served as a GED test prep tutor and taught English as a second language to other inmates. After his release, he worked for two months as a GED tutor at Southeast Works (SE Works), a job placement center in Oregon. SE Works also helped him to handle finding work as a convicted felon. Ton-Ja Todd is an employment services specialist at SE Works. He wrote a letter dated March 7, 2013, on respondent's behalf. Mr. Todd has known respondent for over a year and has provided job seeking advice. He described respondent as responsible, caring, and honest. He confirmed that respondent volunteered as a GED tutor and has sought opportunities to be of help at local non-profit organizations. He stated that respondent is "working hard to regain the confidence of others" and feels that respondent should be given the opportunity to re-engage as a pharmacist in the community.

17. Respondent was released early from custody for good behavior. He went first to a halfway house and then to his home with a detention anklet monitor for one month. He began seeing a counselor, Ariel Malia, MFT, to help him reintegrate with his family. He initially saw her bi-monthly but now sees her once a month and has made progress dealing with depression and guilt. Ms. Malia wrote a letter dated March 13, 2013, on respondent's behalf. At the time, she had been working with respondent for seven months. She described respondent as dedicated to the process of healing his strained relationships with his wife and children while experiencing financial stress, family role transition, reintegrating back into the

community, and concern for future job opportunities. She sees him as willing to build a stable environment for his family and accept positive change out of adversity.

18. Jill Yep is a pharmacist and respondent's wife. She did not testify but wrote a letter dated June 2, 2013, in which she described respondent's devotion to his family and the practice of pharmacy. Mrs. Yep believes respondent's expertise in pharmacy is far superior to others and that he should be able to continue to serve as a licensed professional. She reiterated respondent's stated position, that he was motivated to help his in-laws with their medical expenses. She stated that he experienced pain and scars relative to his mistake and "error in his choice." She wrote, "[Respondent's] drive to extend my father's life consumed him. Every effort was made and every dollar was spent to make this a reality." The evidence does not support this statement. (Factual Findings 7, 8 & 9.)

Costs

19. Complainant has requested costs of investigation and enforcement pursuant to Business and Professions Code section 125.3 in the total amount of \$2,805. This amount is comprised of 15.50 hours of attorney case work at \$170.00 per hour as of May 30, 2013, and an additional hour anticipated through hearing. The time spent is reasonable and the activities conducted appear to be necessary and appropriate to the development and presentation of the case. Respondent did not present evidence on his ability to pay costs.

LEGAL CONCLUSIONS

Applicable Laws

1. Business and Professions Code section 4301, states that the Board shall take action against any holder of a license who is guilty of unprofessional conduct. In relevant part, unprofessional conduct shall include, but is not limited to, any of the following:

(1) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter....

2. An administrative agency may not bar an individual from practicing a lawful profession unless the conduct at issue is substantially related to his or her fitness or competence to practice that profession. (*Cartwright v. Board of Chiropractic Examiners* (1976) 16 Cal.3d 762, 767.) The main purpose of license discipline is protection of the public and hence, does not require a showing of actual harm to patients. (*Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 772.)

3. For the purpose of denial, suspension, or revocation of a personal or facility license under the Business and Professions Code, "a crime or act shall be considered substantially related to the qualifications, functions, or duties of a licensee or registrant if to a substantial degree it evidences present or potential unfitness of a licensee or registrant to

perform the functions authorized by his license or registration in a manner consistent with the public health, safety, or welfare.” (Bus. & Prof. Code, § 475.)

4. It is uncontested that respondent’s act of stealing insulin strips from behind the pharmacy counter, which were only available by prescription, was substantially related to the pharmacy profession. Under common usage, the words “pharmacy” and “drugstore” connote a place where drugs are sold to the general public pursuant to a physician’s prescription as well as a place where other items are sold to the general public. (*Park Medical Pharmacy v. San Diego Orthopedic Associates Medical Group, Inc.* (2002) 99 Cal.App.4th 247, 254.) As part of the ordinary business of a pharmacy, medical supplies and drugs are “in stock” for the pharmacy’s legal business. (See *People v. Doss* (1992) 4 Cal.App.4th 1585, 1592.) As an employee of the pharmacy, a pharmacist is granted access to medical supplies and controlled substances with the intention of distributing them to persons holding valid prescriptions. A pharmacist must be trusted to assist clients in legitimate sales of medical products and pharmaceuticals and to not divert inventory for illegal distribution of stolen goods. Here, respondent violated that trust.

Cause for Discipline

5. Cause for discipline of respondent’s pharmacy license exists in that in September 2011, he was convicted in federal court of interstate transportation of stolen goods, a felony. He managed the theft of insulin test strips from his employer under color of his office as a staff pharmacist. As such, his offense constitutes unprofessional conduct pursuant to Business and Professions Code section 4301, subdivision (l).

Rehabilitation

6. The Board has developed guidelines for use in evaluating the rehabilitation of a pharmacy licensee who has been convicted of a crime, which are set forth in California Code of Regulations, title 16, section 1769, subdivision (b). Factors to consider include the nature and severity of the act or offense, total criminal record, the time that has elapsed since commission of the act/offense, compliance with the terms of probation, and evidence of rehabilitation.

7. In consideration of these guidelines, from 2001 through 2009, respondent participated in a financial arrangement whereby he stole over a million glucose test strips and forwarded them to a man in Florida for substantial personal profit. After pleading guilty to interstate transport of stolen goods, respondent was convicted and sentenced to one year in federal prison. He was incarcerated from September 2011 to approximately May 2012, and is currently on three years’ supervised release. Beyond the financial injury to Kaiser, there is no evidence of physical injury to any patient. He has complied with criminal probation and has paid court ordered restitution in the amount of \$480,000. However, compliance with the law when one is on court ordered release “does not necessarily prove anything but good sense.” (*Windham v. Board of Medical Quality Assurance* (1980) 104 Cal.App.3d 461, 473.) When a person is on criminal probation or parole, rehabilitation efforts are accorded

less weight, “[s]ince persons under the direct supervision of correctional authorities are required to behave in exemplary fashion...” (In re Gossage (2000) 23 Cal.4th 1080, 1099.)

8. Respondent initiated counseling upon release from custody in July 2012 and continues to attend. He volunteers at his children’s schools and clubs and with community organizations. He presented many letters in support of his pharmacy skills and client care. Unfortunately, only one year has passed since his release from federal prison and he has two more years of supervised release. Further, it continues to be unclear why he unlawfully hustled funds to help his in-laws when he had savings and equity that would have allowed him to help them in a legitimate way. He actually spent a relatively small proportion of the gains on his in-laws’ behalf. (Factual Finding 8.)

9. The issue in this case is whether respondent can be trusted to work in a pharmacy setting given his readiness to violate the trust of his employer and the public. Respondent was the only person to testify. Though he submitted awards and certificates earned from 2000-2008, it is noted that he received these accolades while concurrently defrauding his employer. (Factual Finding 13.) He did not adequately explain his motivation to steal and traffic stolen goods for eight years when he had access to legitimate financial resources. It is not enough for him to say that he asks himself this every day. (Factual Finding 7.) He must be able to provide an answer to the Board.

Conclusion

10. All of the evidence presented in this matter has been considered. Grounds for discipline exist pursuant to Legal Conclusion 5. Clear and convincing evidence establishes that respondent is presently unfit to practice as a pharmacist in a manner consistent with the public health, safety, or welfare. (Bus. & Prof. Code, §4301, subd. (1).) There is insufficient evidence of rehabilitation and it would be against the public interest to allow respondent to maintain his license or licensing rights as a pharmacist.

Cost Recovery Analysis

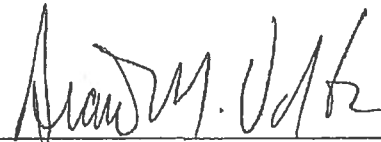
11. Business and Professions Code section 125.3, subdivision (a), authorizes the Board to recoup the reasonable cost of investigation and enforcement from “a licensee found to have violated the licensing act.” The purpose of cost reimbursement is to discourage meritless administrative proceedings and prevent groundless challenges to disciplinary proceedings. (*Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, 40.) *Zuckerman* sets forth factors to be considered in determining a reasonable cost assessment for disciplined licensees. Factors to be considered include whether the licensee had a “subjective good faith belief” in the merits of his or her position, whether the licensee raised a “colorable challenge” to the proposed discipline, and the extent of the licensee’s financial ability to make later payments. Further, full costs may not be assessed when a “disproportionately large investigation” was conducted given the circumstances of the case. Finally, the Board should consider the public interest in regulating the targeted conduct.

Respondent did not raise a colorable defense to the charges in this matter. He did not claim an inability to pay costs. The costs sought by the board in the amount of \$2,805, are reasonable. (Factual Finding 19.) The Board has a strong interest on behalf of the public in regulating criminal activity under color of license.

ORDER

The license issued to Richard Lee Yep (Original Pharmacy License No. 41007), is REVOKED.

DATED: July 9, 2013

A handwritten signature in black ink, appearing to read "Dian M. Vorters", is written over a horizontal line.

DIAN M. VORTERS
Administrative Law Judge
Office of Administrative Hearings

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 LORRIE M. YOST
Deputy Attorney General
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6 Telephone: (916) 445-2271
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 BEFORE THE
BOARD OF PHARMACY
9 DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
10

11 In the Matter of the Accusation Against:

Case No. 4196

12 RICHARD LEE YEP
2930 SE 141st Avenue
13 Portland, OR 97236

ACCUSATION

14 Pharmacist License No. RPH 41007
15 Respondent.

16
17 Complainant alleges:

18 PARTIES

- 19 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
20 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.
21 2. On or about August 14, 1987, the Board of Pharmacy issued Pharmacist License
22 Number RPH 41007 to Richard Lee Yep (Respondent). The Pharmacist License was in full force
23 and effect at all times relevant to the charges brought herein and will expire on August 31, 2013,
24 unless renewed.

25 JURISDICTION

- 26 3. This Accusation is brought before the Board of Pharmacy (Board), Department of
27 Consumer Affairs, under the authority of the following laws. All section references are to the
28 Business and Professions Code unless otherwise indicated.

1 FIRST CAUSE FOR DISCIPLINE

2 (Conviction of a Crime Substantially Related)

3 8. Respondent is subject to disciplinary action under section 4301 subdivision (l) in that
4 Respondent has been convicted of crimes substantially related to the qualifications, functions and
5 duties of a licensed pharmacist as follows:

- 6 a. On or about September 9, 2011, in the United States District Court Western District of
7 Washington at Seattle, Respondent was convicted on a plea of guilty of violating Title
8 18, United States Code sections 2314 (interstate transportation of stolen goods). The
9 circumstances are that from September 1, 2008 to September 30, 2008, Respondent was
10 knowingly involved in the transportation of stolen glucose strips from California to
11 Florida.

12 PRAYER

13 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
14 and that following the hearing, the Board of Pharmacy issue a decision:

15 1. Revoking or suspending Pharmacist License Number RPH 41007, issued to Richard
16 Lee Yep,;

17 2. Ordering Richard Lee Yep to pay the Board of Pharmacy the reasonable costs of the
18 investigation and enforcement of this case, pursuant to Business and Professions Code section
19 125.3;

20 3. Taking such other and further action as deemed necessary and proper.

21
22 DATED: 5/25/12

23 Virginia Herold
24 VIRGINIA HEROLD
25 Executive Officer
26 Board of Pharmacy
27 Department of Consumer Affairs
28 State of California
Complainant

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BEFORE THE
BOARD OF PHARMACY
~~DEPARTMENT OF CONSUMER AFFAIRS~~
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 4196

RICHARD LEE YEP
Portland, Oregon 97236

OAH No. 2012100053

Pharmacist License No. RPH 41007

Respondent.

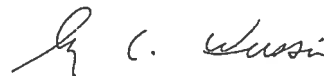
ORDER DENYING RECONSIDERATION

The Board of Pharmacy having read and considered respondent's petition for reconsideration of the board's decision effective October 4, 2013. NOW THEREFORE IT IS ORDERED that the petition for reconsideration is denied. The Board of Pharmacy's Decision and Order effective October 4, 2013, is the Board of Pharmacy's final decision in this matter.

Date: October 1, 2013

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

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www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

October 1, 2013

CERTIFIED MAIL

Richard Lee Yep
2930 SE 141st Avenue
Portland, OR 97236

Pharmacist License No. RPH 41007

Re: In the Matter of the Petition for Reconsideration
Richard Lee Yep, RPH 41007
Board of Pharmacy Case 4196

Dear Mr. Yep:

This is in regard to the above referenced case and your request for reconsideration received in our office on September 18, 2013.

Your request for reconsideration in the above matter is denied. Please see the attached Order Denying Reconsideration.

Effective October 4, 2013, pharmacist license no. RPH 41007, issued to Richard Lee Yep is revoked.

If you have any questions concerning this matter, you may contact Lisa Chullino, Enforcement Analyst, at (916) 574-7921.

Sincerely,

Virginia K. Herold
Executive Officer

By

Susan Cappello
Enforcement Manager

cc: Lorrie M. Yost, DAG
Ronald S. Marks, Esq.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MARYANNE PHILLIPS, MD

Certificate of Registration No. CS19260

Respondent.

CASE NO. 13-061-CS-S

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 and this respondent because respondent Maryanne Phillips has a Controlled Substance Registration, No. CS19260, issued by the Board.

II.

Procedural Background in California Case Revoking Dr. Phillips' Medical License

Effective August 26, 2013, the Medical Board of California, Department of Consumer Affairs, (CA Board) revoked respondent Maryanne Phillips' California Physician's and Surgeon's Certificate No. A-63753 (CA Certificate), in California Case No. 19-2010-211768 (OAH No. 2012060101), thereby revoking Dr. Phillips' privilege to practice medicine in the state of California.

III.

The CA Board revoked Dr. Phillips' CA Certificate after adopting the Proposed Decision of Administrative Law Judge Roy W. Hewitt (the ALJ), of the California Office of Administrative Hearings. See **Proposed Decision**, dated June 26, 2013, attached as **Exhibit A**

and incorporated herein by reference. The ALJ entered his Proposed Decision on June 26, 2013, after conducting an evidentiary hearing on the matter earlier that month. *Id.*

IV.

The CA Board “accepted and adopted” the ALJ’s Proposed Decision as its Decision and Order on July 17, 2013. *See Decision*, attached as **Exhibit B** and incorporated herein by reference. The CA Board made its Decision effective “at 5:00 p.m. on August 16, 2013.”¹

V.

On August 15, 2013, the CA Board entered an Order Granting Stay, which stayed the revocation of Dr. Phillips’ license until August 26, 2013. *See Order Granting Stay*, attached as **Exhibit D**. The CA Board stayed its Decision to allow time for it to review and consider a petition for reconsideration filed by Dr. Phillips. **Exhibit E**. The CA Board denied Dr. Phillips’ Petition for Reconsideration on August 23, 2013. *Id.* Dr. Phillips’ CA license to practice medicine in California was therefore revoked no later than August 26, 2013.

VI.

Summary of Findings and Conclusions in 2013 California Case

Following the June 2013 hearing in Case No. 19-2010-211768, The ALJ found, in relevant part, that:

1. Prior to having her CA Certificate revoked in August 2013, Dr. Phillips had been disciplined, including substantial periods of probation, by the CA Board, the Nevada State Board of Medical Examiners, the Nevada State Board of Pharmacy and the New Mexico Medical Board. *See Ex. A*, pp. 2-8. Those disciplinary actions occurred between August 2006, and entry of the ALJ’s June 2013 Proposed Decision. *Id.*

¹ On July 30, 2013, the CA Board entered an *Order Correcting Decision* in this matter correcting the ALJ’s *Proposed Decision* (Ex. A) to reflect Dr. Phillips’ correct Physician’s and Surgeon’s Certificate Number: A-63753, rather than A-89141. *See Order Correcting Decision*, attached as **Exhibit C**, and incorporated herein by reference.

Initial 2009 California Discipline

2. In a 2009 case, the CA Board revoked Dr. Phillips' Certificate in April 2009, then stayed the revocation and placed Dr. Phillips on probation for three years with certain terms and conditions. Ex. A, p.2, ¶5.

2009 Nevada Board of Medical Examiners Discipline

3. In May 2009, Dr. Phillips renewed her license to practice medicine with the Nevada State Board of Medical Examiners (BME). *Id.*, p.3, ¶6. In response to Question 9 on the BME's renewal application, which asked "[h]ave you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?", [Dr. Phillips] falsely answered . . . in the negative." *Id.*

4. Based on that false representation, the BME brought an accusation against Dr. Phillips. *Id.*, p.3, ¶7. Dr. Phillips and the BME settled that matter by agreeing that Dr. Phillips would receive a public reprimand, her Nevada medical license would be revoked. *Id.*, p.3, ¶¶6-8. The BME stayed the revocation and placed Dr. Phillips on probation until April 6, 2012. *Id.*

2010 Nevada Board of Pharmacy Discipline

5. In December 2010, the Nevada State Board of Pharmacy filed an accusation against Dr. Phillips alleging, in part, that Dr. Phillips had provided false information on her November 17, 2010 renewal application. Ex. A, p.3, ¶9. Dr. Phillips admitted in a February 2011 Stipulation and Order with this Board to "provid[ing] false information on her renewal application by failing to disclose the administrative actions taken against her and the administrative action that was still pending against her." *Id.*, p.3, ¶10.

6. As a result of Dr. Phillips' admissions, the Nevada Board of Pharmacy cancelled Dr. Phillips' Nevada Controlled Substance Registration and DEA Registration, effective March 1, 2011. *Id.* The Board allowed Dr. Phillips to apply for a new controlled substance registration reflecting her disciplinary actions. *Id.* The Board revoked that new registration, then stayed the revocation and placed Dr. Phillips on probation until February 2013. *Id.*

2011 New Mexico Medical Board Discipline

7. Based on the April 2009 California discipline, the New Mexico Medical Board (New Mexico Board) entered into an “agreed order” with Dr. Phillips, in which Dr. Phillips agreed to have her New Mexico medical license placed on probation until she completed the terms and conditions ordered by the CA Board and her California license had been fully restored. Ex. A, p.4, ¶11. One of the terms of that “Agreed Order” with the New Mexico Board was that Dr. Phillips would “provide quarterly affidavits to the [New Mexico] Board attesting to her compliance with the terms set forth in [the] Agreed Order.” *Id.*

8. In August 2011, the New Mexico Board filed an accusation against Dr. Phillips, and ultimately disciplined her for failing to provide the agreed upon quarterly affidavits, and for failing to inform the New Mexico Board that she was publicly reprimanded and placed on probation by the Nevada BME. *Id.*, p.4, ¶12. After Dr. Phillips failed to respond to that accusation, the New Mexico Board issued a Default Decision and Order revoking Dr. Phillips’ license to practice medicine in New Mexico. *Id.*, p.5, ¶13.

2011 Nevada Board of Medical Examiner’s Discipline

9. In January 2011, the BME filed another complaint against Dr. Phillips charging her with:

“One count of engaging in conduct intended to deceive . . . One count of violating a regulation adopted by the [Nevada] State Board of Pharmacy . . . One count of prescribing a controlled substance except as authorized by law . . . and one count of failure to maintain timely, legible, accurate and complete medical records related to the diagnosis, treatment and care of [a patient]. . . . (Exh.29).”

See Id., p.5, ¶13 (quoting January 28, 2011 BME Complaint).

10. Dr. Phillips settled that matter with the BME in April 2012. Pursuant to the parties’ “Settlement, Waiver and Consent Agreement”, Dr. Phillips agreed to accept a public letter of reprimand, her Nevada medical license was revoked, the revocation was stayed, and Dr.

Phillips was placed on probation for thirty-six (36) months. Ex. A, p.5, ¶¶15-16.

2013 California Medical Board Discipline and Revocation of Dr. Phillips' License

11. In the ALJ's June 2013 Proposed Decision, the ALJ found that Dr. Phillips had failed to comply with the terms of her California probation. *Id.*, pp.6-7, ¶¶17-21.

12. One of the terms of Dr. Phillips' California probation was that she would file quarterly declarations with the California Board declaring, under penalty of perjury, that she had answered the questions in the Quarterly Declaration Form truthfully. *Id.* The ALJ found that Dr. Phillips had not answered the questions in the Quarterly Declaration Form truthfully. *Id.*, p.7, ¶¶20-12. The ALJ found that Dr. Phillips failed to disclose (a) her February 2011 discipline and placement on probation by the Nevada Board of Pharmacy, and (b) her April 2012 discipline by the Nevada BME, including her public letter of reprimand and probation. *Id.*, p.6, ¶¶17-21.

13. The ALJ found that Dr. Phillips falsely represented those disciplines to the CA Board as "reciprocal" discipline, when they were truthfully each supported by independent grounds for discipline. *Id.*, p.7, ¶20-21.

14. The ALJ found that Dr. Phillips filed false Quarterly Declarations with the CA Board again in July 2011, by again failing to disclose and misrepresenting her discipline in Nevada. *Id.*

15. The ALJ described Dr. Phillips' testimony at the June 3, 2013 hearing regarding those false Quarterly Declarations as "merely serv[ing] to highlight the fact that [Dr. Phillips] plays fast and loose with the truth." Ex. A, p.7, ¶23.

16. The ALJ found that Dr. Phillips "engages in half-truths and slight of tongue to obfuscate the truth. In other words, [Dr. Phillips], by her own statements during the hearing . . . proved to be a consummate liar. *Id.*

17. The ALJ further stated

Based on [Dr. Phillips'] equivocations and misrepresentations to the court in the present action, and her seeming inability to distinguish truth from fiction, [her] testimony was completely discounted.

Id. at ¶25.

VII.

Based on the findings of fact in the Proposed Decision, The ALJ concluded that legal and factual grounds existed under California law for further discipline of Dr. Phillips. *Id.*, pp.8-9. Based on his conclusion that numerous violations of California law had occurred, The ALJ recommended to the CA Board the "outright revocation of [Dr. Phillips'] certificate to practice medicine in the state of California." *Id.*, p.9.

VIII.

The CA Board adopted the ALJ's recommendation and revoked Dr. Phillips' license on or about August 26, 2013. *See* Ex. B.

CAUSE OF ACTION

IX.

In receiving discipline against her license in California for actions that would be grounds for discipline, suspension or revocation of her license in Nevada, respondent Maryanne Phillips is subject, pursuant to NRS 639.210(14) and/or NRS 639.255, to discipline in Nevada to parallel the California action.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of respondent Maryanne Phillips.

Signed this 18th day of December, 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
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation and Petition to
Revoke Probation Against:

MARYANNE PHILLIPS, M.D.

Physician's and Surgeon's
Certificate No. A 63753,

Respondent.

Case No. 19-2010-211768

OAH No. 2012060101

PROPOSED DECISION

This matter came on regularly for hearing before Roy W. Hewitt, Administrative Law Judge (ALJ), Office of Administrative Hearings, in San Diego, California on June 3, 2013.

Deputy Attorney General Samuel K. Hammond represented complainant.

Maryanne Phillips, M.D. (respondent) represented herself.

MOTION TO CONTINUE TO OBTAIN COUNSEL

In her Notice of Defense respondent indicated she was represented in this action by Jess R. Marchese, Esq., a Nevada attorney. On the first day of hearing respondent notified the ALJ that she was being represented by Eric Chase, Esq., a California attorney, and that Mr. Chase had been hospitalized on Thursday, May 30, 2013, with the flu and was still ill and could not, therefore, represent her unless the matter was continued to a time when her attorney regained his health. The ALJ directed respondent to contact Mr. Chase's office to determine his current status and to further obtain an estimate as to when he would be available to represent respondent. The ALJ recessed the hearing so that respondent could make telephonic contact with Mr. Chase's office. After reconvening, respondent informed the ALJ that she could not get in contact with Mr. Chase; however, one of the witnesses, respondent's probation monitor, who was present to testify during the hearing, informed the ALJ that she was successful in contacting Mr. Chase during the recess and that Mr. Chase indicated to her that he was not sick and that he was not retained to represent respondent in the instant proceedings. Respondent's

probation monitor provided the ALJ with Mr. Chase's telephone number and the ALJ, in the presence of the parties, called Mr. Chase. Mr. Chase stated that he had never been retained to represent respondent during the instant hearing. Mr. Chase further stated that although he had been sick the week before the hearing, he was not currently ill. After the telephone conversation with Mr. Chase respondent attempted to clarify her position by telling the ALJ that she believed her Nevada attorney had hired Mr. Chase to represent her in these proceedings. Respondent's attempt to explain herself was unpersuasive. The ALJ concluded that respondent attempted to mislead the court by telling half-truths and the continuance motion was denied.

Oral and documentary evidence was received and the matter was submitted on June 3, 2013.

FACTUAL FINDINGS

1. The Accusation and Petition to Revoke Probation against respondent was filed by Linda K. Whitney (complainant), while acting in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, State of California (the Board).

2. On October 24, 1997, the Board issued respondent Physician's and Surgeon's Certificate No. A 63753.

Prior California Discipline

3. On August 21, 2006, David T. Thornton, then Executive Director of the Board, filed an accusation against respondent in Case number 09-2004-161866. The accusation alleged that respondent committed acts of gross negligence, repeated negligent acts, incompetence, violations of drug statutes, excessive prescribing, prescribing to an addict, prescribing without a good faith examination and in the absence of medical indication, and failed to maintain accurate records during her care and treatment of two patients.

4. On December 2, 2008, respondent signed a Stipulated Settlement and Disciplinary Order in Case number 09-2004-161866. In the Stipulated Settlement respondent admitted that complainant "could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 09-2004-1618666, and that she has thereby subjected her Physician's and Surgeon's Certificate No. A 63753 to disciplinary action." (Exh. 8)

5. Effective April 6, 2009, respondent's certificate was revoked, the revocation was stayed and respondent was placed on probation for three years on certain terms and conditions, including: obey all laws and rules; submission of quarterly reports; and, comply with the Board's probation unit.

2009 Nevada State Board of Medical Examiners' Complaint Against Respondent and the Resulting Discipline

6. After the April 6, 2009, discipline in California respondent moved to Nevada where she had been licensed since December 21, 1995. On May 8, 2009, respondent renewed her license with the Nevada State Board of Medical Examiners (Nevada Board). Question number 9 on the renewal application asked “[h]ave you had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?” Respondent falsely answered Question 9 in the negative.

7. On December 23, 2009, the Nevada Board filed a complaint against respondent alleging that respondent was subject to discipline because she obtained her renewed license to practice medicine by “misrepresentation or by [a] false, misleading, inaccurate or incomplete statement. . . .” (Exh. 14)

8. In January 2011, respondent entered into a settlement agreement with the Nevada Board. Pursuant to that agreement respondent received a public reprimand, her license was revoked, the revocation was stayed and respondent was placed on probation until April 6, 2012.

2010 Nevada State Board of Pharmacy Accusation Against Respondent and the Resulting Discipline

9. On December 8, 2010, the Nevada State Board of Pharmacy filed an accusation against respondent based, in part, on an allegation that respondent’s November 17, 2010, application for renewal of her controlled substance registration contained false information. In pertinent part, the accusation alleged the following:

On the renewal notice there are three questions that Respondent had to answer:

Since your last renewal or recent licensure have you:

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?
2. Been the subject of an administrative action whether completed or pending in any state?
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

To the first question Respondent Phillips answered, ‘no.’
To the second question Respondent Phillips answered ‘yes’ and

'no' and then wrote, 'Not since last renewal.' To the third question Respondent Phillips answered 'no.' In the administrative action section of the renewal application Respondent Phillips wrote, 'CA' and in the criminal action section she wrote 'none.'

¶ . . . ¶

On April 6, 2009, Respondent Phillips entered into a Stipulated Settlement and Disciplinary Order, File No. 09-2004-161866, with the Medical Board of California. On December 21, 2009, Respondent Phillips entered into an Agreed Order with the New Mexico Medical Board. On December 23, 2009, the Nevada Board of Medical Examiners filed a formal complaint against Respondent Phillips that is still pending. None of these administrative actions were disclosed by Respondent Phillips as is required by the renewal application. (Exh. 18)

10. In a February 2, 2011, Stipulation and Order by the Nevada State Board of Pharmacy respondent admitted that she provided false information on her renewal application by failing to disclose the administrative actions taken against her and the administrative action that was still pending against her. As a result of the stipulated settlement respondent's Controlled Substance Registration and DEA Registration were cancelled, effective March 1, 2011; however, respondent was allowed to apply for a new controlled substance registration reflecting her disciplinary actions. That registration was revoked, the revocation was stayed and respondent was placed on probation until February 2, 2013 (Exh. 18)

New Mexico Medical Board Actions Against Respondent

11. Based on the April 6, 2009, California discipline, the New Mexico Board issued an "Agreed Order." The Order, which respondent signed on November 18, 2009, placed respondent on probation in New Mexico "until she has successfully completed the terms and conditions set forth in the California Medical Board Order and her license has been fully restored in that state." (Exh. 21) One of the conditions of the New Mexico probation order was that respondent "will provide quarterly affidavits to the Board attesting to her compliance with the terms set forth in this Agreed Order."

12. On August 26, 2011, the New Mexico Board filed a Notice of Contemplated Action (an Accusation) against respondent. On September 2, 2011, the New Mexico Board amended the Accusation. The Amended Accusation alleged the following:

A. In December 2009 the Board approved an Agreed Order with Respondent which provided, in part, that Respondent

would provide quarterly affidavits to the Board attesting to her compliance with the terms set forth in the Agreed Order. To date, Respondent has submitted none of the affidavits required by the Agreed Order. . .

B. In January 2011, Respondent entered into a Settlement Agreement with the Nevada Board of Medical Examiners pursuant to which she was, among other things, to receive a public reprimand and be placed on probation. . . . Respondent failed to inform the Board of the action by the Nevada Board. (Exh. 22)

13. Respondent failed to provide a defense to the allegations of the Accusation so, on November 10, 2011, the New Mexico Board issued a Default Decision and Order revoking respondent's New Mexico license to practice medicine. (Exh. 22)

2011 Nevada Board, Investigative Committee's, Complaint Against Respondent and the Resulting Discipline

14. On January 28, 2011, the Investigative Committee filed a Complaint against respondent charging her with engaging in conduct that is grounds for discipline pursuant to the Nevada Medical Practice Act. The Complaint charged respondent as follows:

One count of engaging in conduct intended to deceive One count of violating a regulation adopted by the State Board of Pharmacy One count of prescribing a controlled substance except as authorized by law. . . and one count of failure to maintain timely, legible, accurate and completed medical records related to the diagnosis, treatment and care of [a patient]. . . (Exh. 29)

15. On April 17, 2012, respondent signed a "Settlement, Waiver and Consent Agreement" in the Nevada matter.

16. As a result of the Settlement/Consent Agreement respondent's license was revoked, the revocation was stayed, respondent was issued a public letter of reprimand and was placed on thirty-six (36) months of probation. The Public Letter of Reprimand summarized the disciplinary action as follows:

In Accordance with its acceptance of the Agreement, the Board has entered an Order finding that you engaged in conduct intended to deceive . . . and that you failed to maintain timely, legible, accurate and complete medical records related to the diagnosis, treatment and care of a patient. . . . The Order calls

for your license to be revoked and that the revocation be stayed and that you be placed on thirty-six (36) months probation . . . (Exh. 29)

Respondent's Lack of Compliance With the Terms and Conditions of Her California Probation

17. Probation condition number 8 of the Board's Decision and Order in Case No. 09-2004-161866 required that "Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. . . ." (Exh. 8).

18. The Quarterly Declarations signed and submitted by respondent contained the following oath:

I hereby submit this Quarterly Declaration as required by the Medical Board of California and its Order of probation thereof and declare under penalty of perjury under the laws of the State of California that I have read the foregoing declaration and any attachments in their entirety and know their contents and that all statements made are true in every respect and I understand and acknowledge that any misstatements, misrepresentations, or omissions of material fact may be cause for further disciplinary actions. (Exh. 5)

19. Question number 10 the Quarterly Reports submitted by respondent asks: "Have you been denied, had a license or certificate to practice a business or profession suspended, revoked, or surrendered or otherwise disciplined by any other federal , state, government agency or other country?" Question number 10 is followed by two boxes; one box labeled "yes*" with an asterisk, and one box labeled "no." In bold print beneath the questions section of the application is the following explanation of the asterisk attached to the number 10 question's "yes" answer: **"*IF YOU ANSWERED YES, to the above question numbers 1 through 10 . . . , you must explain in detail, on an attached sheet of paper."** (Exh. 5, emphasis in original) Therefore, if respondent checked the "yes" box she was required to provide a detailed explanation.

20. On March 30, 2011, respondent failed to check either the "yes" or "no" boxes in response to Question 10. Following Question 10, respondent wrote "reciprocal probation- New Mexico and Nevada." The information provided by respondent was false, misleading, and was not "true in every respect." Respondent failed to check the "yes" box and disclose the following disciplines: on February 2, 2011, the Nevada State Board of Pharmacy disciplined her DEA Registration and Nevada Controlled Substance Registration by placing her Nevada Controlled Substances Registration on probation for two years; and the Nevada Board imposed disciplinary action on her Nevada medical license by publicly reprimanding

her and placing her Nevada Medical License on probation. Furthermore, respondent failed to “explain in detail” that the Nevada Pharmacy and Medical Boards imposed the discipline(s) based on the fact that respondent provided false information in her renewal applications. (Exh.5, AGO 0082) They were not “reciprocal” disciplines, she was disciplined in those states for her acts of dishonesty when completing those states’ renewal applications. This conduct violated condition 8 of respondent’s California probation.

21. On July 10, 2011, respondent again failed to check either the “yes” or “no” boxes in response to question 10. Near the “yes” and “no” boxes respondent wrote: “recently renewed Nevada Lic” (Exh. 5, AGO 0085) Again, respondent failed to disclose her Nevada disciplines and failed to provide a “detailed explanation” of the Nevada disciplines. Again, respondent violated condition 8 of her California probation.

Respondent’s Testimony Concerning Her Failure to Comply With Condition Number 8 of Her California Probation

22. In essence, respondent testified that although she did not check the “yes” or “no” box on her March 30, 2011 and July 10, 2011, California quarterly reports she did write information on the quarterly reports that should have alerted her probation monitor to the Nevada and New Mexico disciplinary actions. As previously noted, on the March 30, 2011, quarterly report respondent noted “reciprocal probation-New Mexico and Nevada,” however, this statement was not accurate. Respondent’s disciplinary actions in Nevada and New Mexico were not “reciprocal probations” based on respondent’s California discipline. Rather, the Nevada and New Mexico actions were based on false information respondent provided on her applications and her failure to disclose the Nevada actions to the New Mexico Board. On respondent’s July 10, 2011, quarterly report, respondent wrote “recently renewed Nevada Lic.” However, respondent conveniently left out the fact that as a result of a Settlement/Consent Agreement respondent’s license was revoked, the revocation was stayed, respondent was issued a public letter of reprimand and was placed on thirty-six (36) months of probation.

23. Respondent’s testimony merely served to highlight the fact that she plays fast and loose with the truth. Respondent engages in half-truths and slight of tongue to obfuscate the truth. In other words, respondent, by her own statements during the hearing, both during the motion phase of the hearing and during the substantive phase of the hearing, proved to be a consummate liar.

Respondent’s Testimony Concerning the Nevada and New Mexico Disciplinary Actions

24. During her testimony respondent attempted to explain how she was railroaded in the Nevada and New Mexico disciplinary proceedings. According to respondent she was represented by several attorneys during the course of the Nevada and New Mexico proceedings and the attorneys were inept. For example, one of the attorneys did not hire a hand-writing expert to examine the prescriptions/scripts that formed the basis of some of the

improper prescribing allegations respondent faced. It was explained to respondent during the hearing that she was bound by the findings and the discipline imposed by Nevada and New Mexico and could not collaterally attack those determinations in this action. (See *Arneson v. Fox* (1980) 28 Cal.3d 440, 449.)

25. Based on respondent's equivocations and misrepresentations to the court in the present action, and her seeming inability to distinguish truth from fiction, respondent's testimony was completely discounted.

LEGAL CONCLUSIONS

1. California Business and Professions Code section 2303 provides:

The revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter, shall constitute grounds for disciplinary action for unprofessional conduct against the licensee of this state.

2. California Business and Professions Code section 2261 provides that the following constitutes unprofessional conduct in California: "Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts."

3. Causes for discipline exist pursuant to California Business and Professions Code sections 2305 and 2261 for each individual instance which formed the bases for respondent's Nevada Medical Board, Nevada Pharmacy Board and New Mexico Medical Board disciplines.

4. Causes for discipline exist pursuant to California Business and Professions Code section 2305 for each of respondent's false answers on her March 30, 2011, and July 10, 2011, California quarterly probation reports.

5. Causes for revocation of respondent's probation exist based on respondent's failure to comport with condition 8 of her probation.

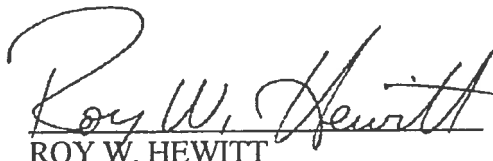
6. The grant of probation by a regulatory agency is an act of grace. One who is placed on probation should strictly adhere to the terms and conditions of the probation and not play fast and loose with the conditions. Respondent's conduct in California, Nevada and New Mexico, when viewed individually and cumulatively reveal that respondent did not appreciate the act of grace that was bestowed upon her by any of the jurisdictions. Instead of being

thankful for the chance to prove herself, respondent abused the privilege of being placed on probation and her abuses of probation provided evidence that she cannot be trusted to adhere to terms and conditions designed to ensure public protection. Consequently, the only action appropriate to protect the public is to revoke respondent's probation and, based on the revocation and the other independent bases for discipline, order the outright revocation of respondent's certificate to practice medicine in the state of California.

ORDER

Respondent Maryanne Phillips's California Physician's and Surgeon's Certificate No. A 89141 and all rights appurtenant thereto is/are revoked.

Dated: June 26, 2013.


ROY W. HEWITT
Administrative Law Judge
Office of Administrative Hearings

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation and)	
Petition to Revoke Probation)	
Against:)	
)	
MARYANNE PHILLIPS, M.D.)	Case No. D1-2004-161866
)	
Physician's and Surgeon's)	OAH No. 2012060101
Certificate No. A-63753)	
)	
Respondent.)	
_____)	

DECISION

The Proposed Decision of Roy W. Hewitt, Administrative Law Judge, dated June 26, 2013 is attached hereto. Said decision is hereby amended, pursuant to Government Code section 11517(c)(2)(C), to correct technical or minor changes that do not affect the factual or legal basis of the proposed decision. The proposed decision is amended as follows:

1. Page 1, Case No. 19-2010-211768 is stricken and replaced with Case No. D1-2004-161866.

The Proposed Decision as amended is hereby accepted and adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 16, 2013.

IT IS SO ORDERED July 17, 2013.

MEDICAL BOARD OF CALIFORNIA

By: Reginald Low
Reginald Low, M.D., Chair
Panel B

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation and)
Petition to Revoke Probation)
Against:)

MARYANNE PHILLIPS, M.D.)

Case No. D1-2004-161866

Physician's and Surgeon's)
Certificate No. A-63753)

OAH No. 2012060101

Respondent.)
_____)

ORDER CORRECTING DECISION

The Proposed Decision of Roy W. Hewitt, Administrative Law Judge, dated June 26, 2013 is attached hereto. Said decision is hereby amended, pursuant to Government Code section 11518.5(d), to correct technical or minor changes that do not affect the factual or legal basis of the proposed decision. The proposed decision is amended as follows:

1. Page 9, Physician's and Surgeon's Certificate No. A-89141 is stricken and replaced with Physician's and Surgeon's Certificate No. A-63753.

IT IS HEREBY ORDERED that the Physician's and Surgeon's Certificate No. on page 9, under the Order in the above-entitled matter be and hereby amended and corrected nunc pro tunc as of the date of entry.

IT IS SO ORDERED July 30, 2013.

MEDICAL BOARD OF CALIFORNIA

By: Reginald Low
Reginald Low, M.D., Chair
Panel B

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Exhibit D

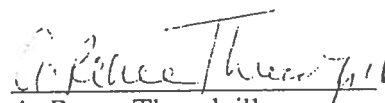
In the Matter of the Accusation and Petition to)	
Revoke Probation Against:)	
	)	MBC No. D1-2004-161866
MARYANNE PHILLIPS, M.D.)	
	)	OAH No. 2012060101
)	
Physician's & Surgeon's	)	ORDER GRANTING STAY
Certificate No. A-63753)	
	)	(Gov't Code Section 11521)
)	
_____ Respondent)	

Maryanne Phillips, M.D., has filed a Request for Stay of execution of the Decision in this matter with an effective date of August 16, 2013.

Execution is stayed until August 26, 2013.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: August 15, 2013


A. Renee Threadgill
Chief of Enforcement
Medical Board of California

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation and
Petition to Revoke Probation Against:

Maryanne Phillips, M.D.
Physician's and Surgeon's
Certificate No. A-63753

Petitioner

Case No. D1-2004-161866

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition filed by Maryanne Phillips, M.D. for the reconsideration of the decision in the above-entitled matter having been read and considered by the Medical Board of California, is hereby denied.

This Decision remains effective at 5:00 p.m. on August 26, 2013.

IT IS SO ORDERED: August 23, 2013



Dev Gnandev, M.D., Vice Chair
Panel B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MARYANNE PHILLIPS, MD

Certificate of Registration No. CS19260

Respondent

)

)

)

)

)

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)

/

CASE NO . 13-061-CS-S

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

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

II.

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


III.

The Board has reserved Wednesday, January 22, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 18th day of December, 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

MARYANNE PHILLIPS, M.D.,
Certificate of Registration No. CS19260

Respondent.

CASE NO. 13-061-CS-S

**MARYANNE PHILLIPS, M.D.'S
ANSWER AND NOTICE OF DEFENSE**



Respondent MaryAnne Phillips, M.D. ("Dr. Phillips"), by and through her counsel of record, the law firm of Gordon Silver, respectfully responds to the Notice of Intended Action and Accusation ("Accusation") filed in the above-entitled matter before the Nevada State Board of Pharmacy ("Nevada Pharmacy Board"), by submitting this Answer and Notice of Defense.

I. INTRODUCTION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada Pharmacy Board is seeking to have the Nevada Pharmacy Board summarily take disciplinary action with respect to Dr. Phillips' Nevada pharmacy license as a result of alleged misconduct in California, for which the Medical Board of California improperly revoked Dr. Phillips' medical license in California—as Dr. Phillips did not have requested legal representation or a meaningful defense at the California medical license revocation proceedings. As detailed below, the Nevada Pharmacy Board's attempts to summarily take disciplinary action, parallel to the procedurally deficient Medical Board of California action, are flawed.

II. STATEMENT OF PERTINENT FACTS

A. California Medical License Revocation Proceedings

On June 3, 2013, the Medical Board of California initiated medical license revocation proceedings against Dr. Phillips. See generally Proceeding Transcripts (select pages), attached hereto as Exhibit 1. At the onset of these proceedings, Samuel K. Hammond from the Office

of the California Attorney General informed the Medical Board of California that he had been informed by Dr. Phillips' Nevada counsel that the attorney who would be representing Dr. Phillips, Eric Chase, Esq., was very ill and would not be able to attend the hearing. See id. at pp. 8-9. Dr. Phillips' Nevada counsel telephonically appeared and confirmed this understanding. See id., at p. 10-11. Dr. Phillips confirmed that she was made aware during the week prior to the California medical license revocation proceedings that Mr. Chase was ill. See id., at p. 11. A record was made that it was indeed hard to reach Mr. Chase at his office telephone number. See id., at p. 13. Upon inquiry, Dr. Phillips confirmed that she had no success in contacting Mr. Chase since the week prior to medical license revocation proceedings. See id., at p. 14, 18. Given Mr. Chase's illness and Dr. Phillips' inability to contact Mr. Chase, Dr. Phillips was apparently unable to finalize her retention of Mr. Chase as her counsel for the California medical license revocation proceedings.

Despite Dr. Phillips' attempts to have legal representation, the Medical Board of California denied Dr. Phillips her entitlement to have legal representation—despite previous guarantees by the Medical Board of California—and forced Dr. Phillips to defend herself who was not prepared. See id., at pp. 12; 19. Dr. Phillips was indeed denied of her guaranteed entitlements to have legal representation and to have a meaningful defense.

The Medical Board of California ultimately revoked Dr. Phillips' license to practice medicine. Patient care¹ was never at issue in the Medical Board of California deciding to revoke Dr. Phillips' California medical license; revocation was based upon whether Dr. Phillips' alleged failure to disclose discipline in other jurisdictions. In any event, to date, there have been no actions by the Pharmacy Board of California to revoke Dr. Phillips' pharmacy license.

¹As revealed in the letter attached hereto as Exhibit 1, physicians in Dr. Phillips' local community believe Dr. Phillips to be outstanding physician.

B. Nevada Pharmacy Board Probation

Dr. Phillips previously faced certain disciplinary actions before the Nevada Board of Medical Examiners, Nevada Pharmacy Board and New Mexico Medical Board² and Medical Board of California. Dr. Phillips has already faced discipline for these proceedings. In fact, pertinent to the underlying Accusation, Dr. Phillips was in a probationary period with the Nevada Pharmacy Board until February 2013. It is uncontroverted that Dr. Phillips never violated the terms of this probation. As anticipated to be testified about at a forthcoming hearing upon the underlying Accusation, Dr. Phillips to date still follows all of her probationary terms and protocols in prescribing controlled substances to any patients. Patient care in the underlying Accusation is not at issue. The only issue is the Nevada Pharmacy Board's attempts to invoke parallel enforcement of Dr. Phillips' medical license revocation in California with disciplinary actions with regards to Dr. Phillips' pharmacy license in Nevada.

III. LEGAL ARGUMENT

A. Parallel Discipline Is Not Appropriate Given That The California Disciplinary Action Relied Upon In The Underlying Accusation Pertained To A Medical License And Not A Pharmacy License

The Nevada Pharmacy Board is relying upon NRS 639.210(14) and NRS 639.255 in seeking parallel discipline with Dr. Phillips' Nevada pharmacy license. This attempt to seek parallel discipline is flawed. NRS 639.210(14) essentially provides that the Nevada Pharmacy Board may suspend or revoke a pharmacy license if a holder or applicant had a pharmacy license suspended or revoked in another jurisdiction. As unequivocally apparent, Dr. Phillips has not had her pharmacy license suspended in any jurisdiction outside of Nevada. Given this, the Nevada Pharmacy Board may not rely upon NRS 639.210(14) in seeking to suspend or revoke

²As anticipated to be testified about at the forthcoming hearing upon the underlying Accusation, Dr. Phillips' medical license in New Mexico was never revoked, as this medical license was never renewed by Dr. Phillips prior to New Mexico Medical Board's attempts to revocation. Given this, any reliance upon the alleged disciplinary actions in New Mexico are not relevant.

Dr. Phillips' Nevada pharmacy license upon a revocation of a different professional license in another jurisdiction.

B. Efforts To Challenge The Medical Board of California's Revocation Of Dr. Phillips' Medical License Are Underway, And Based Upon The Failure To Allow Dr. Phillips To Have Legal Representation And A Meaningful Defense, Revocation Of Dr. Phillips' Medical License Should Not Be Grounds For Any Parallel Discipline By The Nevada Pharmacy Board

The undersigned has been informed and believes that Dr. Phillips has undertaken efforts to challenge the Medical Board of California's revocation of her medical license—as she was deprived of her entitlement to have legal counsel and a meaningful defense (given that Dr. Phillips was not prepared to provide her own defense at the revocation proceedings at issue). Thus, in addition to the aforementioned reasons, the Nevada Pharmacy Board should not rely upon any disciplinary actions in California, given that those actions were in violation of Dr. Phillips' guarantees and entitlements of having legal representation and a meaningful defense.

C. Dr. Phillips' Should Not Face Any Discipline By The Nevada Pharmacy Board Given That She Has Already Faced Discipline For The Prior Disciplinary Actions, Which Are Relied Upon As Grounds For Discipline In The Underlying Accusation

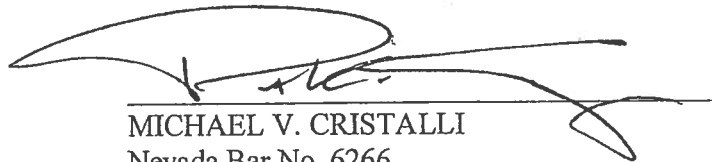
Dr. Phillips has faced discipline by various state entities since 2009. Patient care has not been at issue since concerns were initially raised as to the unfortunate circumstances surrounding the initial discipline, e.g., people stealing Dr. Phillips' prescription pads, which resulted in at least medical board seeking discipline for over prescription of controlled substances. Dr. Phillips has taken all precautions to prevent unnecessary prescriptions of controlled substances, in still following the probationary terms and protocols instituted by the Nevada Pharmacy Board in 2010. Dr. Phillips has already satisfied her probation in Nevada and has already faced discipline elsewhere. She has already been "penalized." Efforts to now seemingly suspend or revoke Dr. Phillips' Nevada pharmacy license are unnecessary, given that such a harsh "penalty" would be unduly cumulative and would amount to the Nevada Pharmacy Board re-penalizing her for something that she has been already been disciplined.

IV. CONCLUSION

Based upon the foregoing, Dr. Phillips respectfully requests that the Nevada State Board of Pharmacy not take any disciplinary action with respect to her license.

DATED this 14th day of February, 2014.

GORDON SILVER

A handwritten signature in black ink, appearing to read 'Michael V. Cristalli', written over a horizontal line.

MICHAEL V. CRISTALLI

Nevada Bar No. 6266

PUNEET K. GARG

Nevada Bar No. 9811

3960 Howard Hughes Pkwy., 9th Floor

Las Vegas, Nevada 89169

(702) 796-5555

Attorneys for MaryAnne Phillips, M.D.

EXHIBIT 1

EXHIBIT 1



01/27/14

To whom it may concern:

I have known Dr. MaryAnn Phillips in her private and professional life and have known her to be ethical and uphold standard of care in her practice. Like myself, she is interested in research and strives to be the best in her care of patients.

Divina Averilla, MD

Dr. Divina Averilla

Board Certified Family Practice and Anti-aging

1 BEFORE THE
2 MEDICAL BOARD OF CALIFORNIA
3 DEPARTMENT OF CONSUMER AFFAIRS
4 STATE OF CALIFORNIA
5 ROY W. HEWITT, ADMINISTRATIVE LAW JUDGE
6
7
8

IN THE MATTER OF:)

)

)

10 MARYANNE PHILLIPS,) CASE NO.

) 19-2010-211768

11) O.A.H. NO.

) 2012060101

12)

RESPONDENT.)

13)
14
15
16
17

18 TRANSCRIPT OF PROCEEDINGS, TAKEN
19 AT 1350 FRONT STREET, SUITE 3005,
20 SAN DIEGO, CALIFORNIA, COMMENCING
21 AT 9:04 A.M., ON MONDAY, JUNE 3,
22 2013, HEARD BEFORE ROY W. HEWITT,
23 ADMINISTRATIVE LAW JUDGE, REPORTED
24 BY SANDRA SOTELO, CSR NUMBER 13584.
25

1 APPEARANCES OF COUNSEL:

2
3 FOR THE DEPARTMENT:

4 DEPARTMENT OF CONSUMER AFFAIRS

BY: SAMMUEL K. HAMMOND, ESQ.

5 110 WEST "A" STREET

SUITE 1100

6 SAN DIEGO, CALIFORNIA 92101

619.645.2083

7
8
9 FOR THE RESPONDENT:

10 MARYANNE PHILLIPS, M.D.

10620 SOUTHERN HIGHLAND PARKWAY

11 SUITE 110-250

LAS VEGAS, NEVADA 89141

12 702.860.8965

MKBILLING@MGCI.COM

13 (IN PROPRIA PERSONA)

14

15

16

17

18

19

20

21

22

23

24

25

E X A M I N A T I O N S

WITNESS:	DIRECT	CROSS	REDIRECT	RECROSS
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N. ESTRADA	16H	33P		
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A. PIKSCHUS	36H	44P		
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M. PHILLIPS	51P	69H		
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H = MR. HAMMOND

P = MS. PHILLIPS

E X H I B I T S

DEPARTMENT'S	MARKED FOR IDENTIFICATION	RECEIVED IN EVIDENCE
1 - DOCUMENTS	20	21
2 - LICENSED CERTIFICATION	21	21
5 - [UNIDENTIFIED DOCUMENT]	34	34
8 - CERTIFIED COPY OF MEDICAL BOARD DECISION	21	21
13 - DRUG TEST	47	92
14 - COMPLAINT OF THE NEVADA BOARD OF MEDICAL EXAMINERS	22	22
15 - SETTLEMENT AGREEMENT	22	22
16 - COMPLAINT	23	23
17 - NEVADA PHARMACY LICENSE	48	48
18 - [UNIDENTIFIED DOCUMENT]	23	23
19 - RETURNED APPLICATION	48	48
20 - [UNIDENTIFIED DOCUMENT]	40	48
21 - [UNIDENTIFIED DOCUMENT]	40	48
22 - CERTIFICATION	24	24
23 - [UNIDENTIFIED DOCUMENT]	48	
24 - [UNIDENTIFIED DOCUMENT]	48	
25 - [UNIDENTIFIED DOCUMENT]	48	
26 - [UNIDENTIFIED DOCUMENT]	42	49
27 - [UNIDENTIFIED DOCUMENT]	49	

E X H I B I T S

DEPARTMENT'S	MARKED FOR IDENTIFICATION	RECEIVED IN EVIDENCE
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28 - SUPPLEMENTAL REPORT	28	49
29 - [UNIDENTIFIED DOCUMENT]	23	23
38 - C.D.	49	

E X H I B I T S

RESPONDENT'S	MARKED FOR IDENTIFICATION	RECEIVED IN EVIDENCE
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A - LETTER

[ADMINISTRATIVE HEARSAY]	67	68
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B - CORRESPONDENCE

[ADMINISTRATIVE HEARSAY]	68	68
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C - J.F.K. MEMORIAL

HOSPITAL LETTER

[ADMINISTRATIVE HEARSAY]	68	68
--------------------------	----	----

1 SAN DIEGO, CALIFORNIA, MONDAY

2 JUNE 3, 2013

3 9:04 A.M.

4
5 THE COURT: WE'RE ON THE RECORD IN THE
6 MATTER OF THE ACCUSATION AND PETITION TO REVOKE
7 PROBATION CONCERNING MARYANNE PHILLIPS, M.D. OFFICE
8 OF ADMINISTRATIVE HEARINGS CASE NUMBER 2012060101.

9 AND IF I COULD GET THE APPEARANCES FOR THE
10 RECORD, PLEASE.

11 MR. HAMMOND: SAMMUEL K. HAMMOND FROM THE
12 OFFICE OF THE ATTORNEY GENERAL IN SAN DIEGO, AND I'M
13 REPRESENTING LINDA K. WHITNEY, THE EXECUTIVE DIRECTOR
14 OF THE MEDICAL BOARD OF CALIFORNIA.

15 THE COURT: ALL RIGHT. AND DR. PHILLIPS IS
16 HERE THIS MORNING.

17 WE'VE HAD SOME CONTACT -- OR MR. HAMMOND
18 HAS HAD SOME CONTACT BY THE LAW OFFICE REPRESENTING
19 DR. PHILLIPS, AND HAS HAD A CONVERSATION WITH AN
20 ATTORNEY BY THE NAME OF MR. HOGAN -- H-O-G-A-N, I'M
21 PRESUMING, IS THE SPELLING -- AND APPARENTLY
22 MR. HOGAN IS ILL.

23 MR. HAMMOND: I'M SORRY. IF I MAY JUMP IN,
24 YOUR HONOR?

25 THE COURT: IT WASN'T WITH MR. HOGAN.

1 THAT'S RIGHT.

2 GO AHEAD.

3 MR. HAMMOND: OKAY. I APOLOGIZE.

4 THE COURT: NO. THAT'S GOOD.

5 MR. HAMMOND: MR. KEN HOGAN TOLD ME THAT
6 THE ATTORNEY WHO WOULD BE REPRESENTING DR. PHILLIPS,
7 AN ATTORNEY BY THE NAME OF ERIC CHASE, C-H-A-S-E, IS
8 VERY ILL AND WOULDN'T BE ABLE TO ATTEND THE HEARING.
9 I TOLD HIM I DIDN'T KNOW WHAT TO DO, BUT THAT I WOULD
10 PASS THAT INFORMATION TO THE COURT SO THE COURT COULD
11 MAKE A DETERMINATION AS TO WHAT TO DO.

12 THE COURT: ALL RIGHT. SO WHAT WE'RE GOING
13 TO BE DOING AT THIS JUNCTURE IS WE'RE GOING TO BE
14 MAKING A TELEPHONE CALL TO MR. HOGAN, I'M PRESUMING,
15 AND WE'LL SEE WHAT THE STATUS IS REGARDING MR. CHASE
16 AND SEE WHAT HIS -- WHAT HE WISHES TO DO.

17 WE DO HAVE THIS -- AS MR. HAMMOND HAS
18 POINTED OUT, THIS CASE HAS BEEN SET FOR FOUR DAYS OF
19 HEARING. MR. HAMMOND INDICATES THAT IT PROBABLY
20 WOULD ONLY TAKE ONE OR TWO DAYS.

21 SO IF MR. CHASE, IF IT LOOKS LIKE HE COULD
22 JOIN US WITHIN THE NEXT COUPLE OF DAYS, WE CAN JUST
23 CONTINUE IT OUT; GO DARK FOR A COUPLE DAYS AND THEN
24 DO THE HEARING. SO WE'LL JUST SEE WHAT THE STATUS IS
25 AND GO FROM THERE.

1 MR. HAMMOND: YOUR HONOR, MR. HOGAN'S
2 TELEPHONE NUMBER IS (702) 796-5555.

3 THE COURT: OKAY. WE'LL GO OFF THE RECORD
4 WHILE WE GET HIM ON THE PHONE.

5 (WHEREUPON, A RECESS WAS HELD
6 FROM 9:11 A.M. TO 9:14 A.M.)

7 THE COURT: ON THE RECORD.

8 ALL RIGHT. AND WE HAVE ON THE PHONE KEN
9 HOGAN, WHO IS AN ATTORNEY IN NEVADA, WHOM REPRESENTS
10 DR. PHILLIPS IN A NEVADA MATTER. HE HAS BEEN -- HAS
11 ANOTHER ATTORNEY HERE, IN CALIFORNIA, BY THE NAME OF
12 ERIC CHASE, WHO HAS -- HE'S BEEN COORDINATING THIS
13 CASE WITH.

14 AND MR. HOGAN, LET ME GET YOU TO -- WE'VE
15 COME IN THIS MORNING AND THE REPRESENTATION IS THAT
16 THERE'S -- MR. CHASE IS ILL AND CAN'T BE HERE TODAY.
17 AND SO DR. PHILLIPS IS HERE THIS MORNING ON,
18 BASICALLY, PRO PER, REQUESTING A CONTINUANCE.

19 MR. HOGAN: THAT IS CORRECT, YOUR HONOR.

20 MR. CHASE IS ILL AND IS UNABLE TO ATTEND
21 TODAY. WE ARE UNCLEAR ON, YOU KNOW, WHAT THE
22 RECOVERY/PROGNOSIS MIGHT BE IN TERMS OF RESETTING.
23 BUT IF THE COURT WOULD BE WILLING TO GRANT A 30-DAY
24 CONTINUANCE, WE BELIEVE THAT WOULD BE APPROPRIATE
25 UNDER THE CIRCUMSTANCES.

1 THE COURT: WHEN DID THE ISSUE OF MR. CHASE
2 BECOMING ILL FIRST COME TO YOUR ATTENTION?

3 MR. HOGAN: I THINK IT WAS IN THE MIDDLE OF
4 THIS PAST WEEK. SO PROBABLY WEDNESDAY, MAY BE
5 THURSDAY OF LAST WEEK.

6 THE COURT: OKAY. AND I KNOW THAT
7 DR. PHILLIPS WAS TRYING TO MAKE CONTACT WITH HIS
8 OFFICE AND WAS NOT GETTING THROUGH.

9 AND THEN MY UNDERSTANDING IS THAT HER
10 HUSBAND, WHO IS AN, YOU KNOW, OUTSIDE ACQUAINTANCE OF
11 MR. CHASE AND HAS A PERSONAL RELATIONSHIP WITH
12 MR. CHASE, FINALLY DID ACTUALLY GET A HOLD OF HIM.
13 AND I DON'T KNOW THE TIMING OF THAT, BUT I DID SPEAK
14 TO HER HUSBAND THIS MORNING AND HE SAID THAT HE HAD
15 CONFIRMED THAT MR. CHASE WAS ILL AND WAS UNABLE TO
16 GET DOWN THERE TODAY.

17 THE COURT: SO THE FIRST CONFIRMATION OF
18 THE ILLNESS WAS THIS MORNING?

19 MR. HOGAN: YES, SIR, TO ME ANYWAY.

20 THE COURT: RIGHT.

21 AND DR. PHILLIPS, WHEN DID YOU FIRST BECOME
22 AWARE OF THE ILLNESS OF THE ATTORNEY?

23 MS. PHILLIPS: ON THURSDAY OF LAST WEEK.
24 AND I BELIEVE IT WAS -- HE WAS HOSPITALIZED WITH THE
25 FLU OR SOMETHING LIKE THAT, SOME INFECTIOUS

1 TYPE-THING.

2 THE COURT: ALL RIGHT. AND MR. HAMMOND,
3 WHY DON'T WE GET YOUR INPUT IN TERMS OF THE MOTION,
4 FOR A 30-DAY CONTINUANCE.

5 MR. HAMMOND: YOUR HONOR, I'M AWARE THAT
6 THIS IS A SERIOUS CASE INVOLVING A DOCTOR'S LICENSE,
7 AND SHE'S ENTITLED TO REPRESENTATION IF SHE HAS ONE,
8 ATTORNEY REPRESENTATION IF SHE HAS ONE. MY ONLY
9 PROBLEM IS THAT I WASN'T MADE AWARE OF THE ILLNESS
10 EARLY ENOUGH TO CONTACT THE COURT, SO WE HAVE TO
11 CONVENE HERE TODAY.

12 BUT, YOU KNOW, IN ALL EQUITY, IT PROBABLY
13 WOULD BE APPROPRIATE TO CONTINUE THE MATTER FOR A
14 SHORT PERIOD OF TIME. I'M NOT SURE ABOUT 30 DAYS,
15 BECAUSE I'M NOT SURE ABOUT MY CALENDAR.

16 BUT IF I CAN PRESS THE ISSUE OF POSSIBLY
17 CONVENING MAYBE ON WEDNESDAY OR THURSDAY, TO HAVE THE
18 MATTER HEARD IF IT'S POSSIBLE, THAT MR. CHASE WILL BE
19 AVAILABLE TO ATTEND. THIS IS BECAUSE WE HAVE THE
20 HEARINGS SCHEDULED FOR FOUR DAYS AND, AS I'VE
21 INDICATED, IT'S UNLIKELY THAT WILL LAST FOR MORE THAN
22 A DAY.

23 THE COURT: THE ONLY PROBLEM, OF COURSE, WE
24 HAVE, MR. HAMMOND, WITH THAT IS THE ABILITY TO GET IN
25 TOUCH WITH MR. CHASE.

1 MR. HAMMOND: YES.

2 THE COURT: AS MR. HOGAN INDICATES THAT HE
3 HAS E-MAIL ACCESS TO MR. CHASE. AND THERE IS A
4 TELEPHONE NUMBER, BUT APPARENTLY IT'S UNMANNED OR
5 UNPERSONED AT MR. -- AT MR. CHASE'S END, SO IT SOUNDS
6 LIKE IT'S RELATIVELY --

7 YES, DR. PHILLIPS.

8 MS. PHILLIPS: I MAY BE ABLE TO HAVE
9 CONTACT AND HAVE SOMEONE CALL HIM THAT HAS A PERSONAL
10 NUMBER FOR HIM. I BELIEVE HE IS AT HOME, SO IT MAY
11 BE POSSIBLE I COULD GET THE STATUS OF HIS ILLNESS.

12 THE COURT: OKAY. SO WHY DON'T WE SEE IF
13 WE COULD FIND OUT THE STATUS OF MR. CHASE'S ILLNESS.

14 AND MR. HOGAN, I DON'T NEED TO KEEP YOU ON
15 THE PHONE ANY LONGER. I THINK YOU PROVIDED ALL THE
16 INFORMATION.

17 MS. PHILLIPS: THANK YOU, YOUR HONOR. I
18 APPRECIATE THE OPPORTUNITY.

19 THE COURT: THANK YOU.

20 MR. HOGAN --

21 (INTERRUPTION IN PROCEEDINGS.)

22 PRESIDING JUDGE: JUDGE HEWITT, MAY I TALK
23 TO YOU FOR JUST A SECOND?

24 THE COURT: LET'S GO OFF THE RECORD.

25 ///

1 (WHEREUPON, A RECESS WAS HELD
2 FROM 9:19 A.M. TO 9:37 A.M.)

3 THE COURT: WE'RE BACK ON THE RECORD.

4 AND DR. PHILLIPS WAS ABLE TO MAKE CONTACT
5 WITH SOMEONE, ALBEIT NOT WITH MR. CHASE.

6 MR. HAMMOND: BEFORE WE GO ON THE RECORD, I
7 WILL HAVE THE INVESTIGATOR BEHIND ME, MS. ESTRADA,
8 TALK ON THE RECORD ABOUT HER CONTACT WITH MR. CHASE.
9 BUT I WILL LET THE DOCTOR MAKE A RECORD AND THEN I'LL
10 HAVE MS. ESTRADA TESTIFY ABOUT WHAT MR. CHASE SAID TO
11 HER.

12 AND I BELIEVE THE COURT CAN CONTACT
13 MR. CHASE RIGHT NOW, IF THE COURT WANTS TO, AND HAVE
14 A CONVERSATION WITH MR. CHASE ABOUT THE STATUS.

15 THE COURT: OH, OKAY. ALL RIGHT.

16 ANYHOW, DR. PHILLIPS, YOU MADE AN ATTEMPT
17 TO GET WITH MR. CHASE AND HAD NO SUCCESS, BUT
18 SOMEBODY HAD TOLD YOU -- HAD CONFIRMED THAT HE HAD
19 BEEN ILL?

20 (MS. PHILLIPS NODDED.)

21 THE COURT: OKAY. AND MR. HAMMOND, YOU HAD
22 AN INVESTIGATOR WHO'S HAD CONTACT WITH MR. CHASE?

23 MR. HAMMOND: YES, YOUR HONOR.

24 WHILE DR. PHILLIPS WAS TRYING TO MAKE
25 CONTACT WITH MR. CHASE'S OFFICE, INVESTIGATOR

1 ESTRADA, WHO IS A PROBATION INSPECTOR, CONTACTED
2 MR. CHASE. THE PROBLEM IS MR. CHASE IS NOT ILL. AND
3 RATHER ME SPEAKING FOR HER, I WILL HAVE HER TESTIFY
4 AS TO WHAT MR. CHASE SAID TO HER.

5 IN ADDITION TO THAT, MR. CHASE GAVE HER HIS
6 TELEPHONE NUMBER SO THE COURT CAN CONTACT HIM RIGHT
7 NOW.

8 THE COURT: OKAY. LET'S GET THE TESTIMONY
9 AND THEN WE'LL GET IN TOUCH WITH MR. CHASE.

10 WHY DON'T YOU COME FORWARD HERE, PLEASE.
11 AND IF YOU'LL RAISE YOUR RIGHT HAND, THE COURT
12 REPORTER WILL ADMINISTER THE OATH.

13
14 NATALIE ESTRADA,
15 CALLED AS A WITNESS AND SWORN IN BY
16 THE COURT, WAS EXAMINED AND
17 TESTIFIED AS FOLLOWS:

18
19 COURT REPORTER: DO YOU SOLEMNLY SWEAR OR
20 AFFIRM THAT THE TESTIMONY YOU ARE ABOUT TO GIVE WILL
21 BE THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE
22 TRUTH?

23 THE WITNESS: YES.

24 THE COURT: ALL RIGHT. GO AHEAD AND HAVE A
25 SEAT.

1 AND IF YOU'LL STATE YOUR NAME FOR US AND
2 SPELL YOUR NAME FOR THE RECORD, PLEASE.

3 THE WITNESS: NATALIE ESTRADA,
4 E-S-T-R-A-D-A.

5 THE COURT: THANK YOU.

6 ALL RIGHT. MR. HAMMOND?

7
8 DIRECT EXAMINATION

9 BY MR. HAMMOND:

10 Q. MS. ESTRADA, HOW ARE YOU EMPLOYED?

11 A. I'M A PROBATIONER -- I'M SORRY -- PROBATION
12 INSPECTOR FOR THE CALIFORNIA MEDICAL BOARD.

13 Q. HOW LONG HAVE YOU BEEN A PROBATION
14 INSPECTOR FOR THE CALIFORNIA MEDICAL BOARD?

15 A. SINCE JULY 1ST, 2007.

16 Q. OKAY. WHEN WERE YOU FIRST EMPLOYED BY THE
17 MEDICAL BOARD OF CALIFORNIA?

18 A. JUNE 1ST, 2005.

19 Q. AND WHAT WERE SOME OF YOUR DUTIES AND
20 FUNCTIONS AS A PROBATION INSPECTOR?

21 A. MY FUNCTIONS ARE TO MONITOR A CASELOAD OF
22 PROBATIONERS ASSIGNED TO THE CALIFORNIA MEDICAL
23 BOARD'S PROBATION CASE. AFTER A SENTENCE OF
24 PROBATION THROUGH AN ACCUSATION DECISION, IT'S MY
25 RESPONSIBILITY TO MONITOR THE COMPLIANCE OF THE

1 ASSIGNED PROBATIONER.

2 Q. HAVE YOU BEEN THE PROBATION INSPECTOR FOR
3 DR. PHILLIPS?

4 A. YES, I HAVE -- IN 2009.

5 Q. AND SINCE SHE BECAME A PROBATIONER?

6 A. YES.

7 Q. OKAY. YOU'VE BEEN IN THIS COURTROOM SINCE
8 THE RECORD WAS OPENED; IS THAT CORRECT?

9 A. CORRECT.

10 Q. OKAY. AND DID YOU HAVE A CHANCE TO CONTACT
11 MR. ERIC CHASE ABOUT FIVE, TEN MINUTES AGO?

12 A. I DID.

13 Q. AND WHAT WAS THE PURPOSE OF YOUR ATTEMPT TO
14 CONTACT MR. CHASE?

15 A. I WANTED TO CONTACT MR. CHASE TO FIND OUT
16 WHEN I MIGHT BE ABLE TO GET SOME INFORMATION AS TO
17 WHEN HE MIGHT BE ABLE TO APPEAR IN HEARING.

18 Q. ALL RIGHT. AND WHAT DID MR. CHASE TELL
19 YOU?

20 A. HE STATED THAT HE IS NOT ASSIGNED TO
21 REPRESENT DR. PHILLIPS AND HAS NOT BEEN.

22 Q. AND DID MR. CHASE TELL YOU THAT HE WAS ILL?

23 A. HE STATED HE WAS NOT.

24 Q. DID MR. CHASE GIVE YOU HIS TELEPHONE SO
25 THAT THE COURT CAN CONTACT HIM IF THE COURT WANTED

1 TO?

2 A. HE DID.

3 Q. OKAY. AND WHAT TELEPHONE DID HE GIVE YOU?

4 A. THAT'S AREA CODE (818) 599-9526.

5 THE COURT: OKAY.

6 BY MR. HAMMOND:

7 Q. AND I REQUESTED YOUR PRESENCE TODAY TO

8 TESTIFY ON THE CONDUCT OF YOUR PROBATION OF

9 DR. PHILLIPS; CORRECT?

10 A. CORRECT.

11 Q. OKAY. YOU WILL HAVE A CHANCE TO DO THAT

12 LATER ON TODAY.

13 A. OKAY.

14 THE COURT: DR. PHILLIPS, DO YOU HAVE ANY

15 QUESTIONS YOU WANTED TO ASK?

16 MS. PHILLIPS: YEAH. I JUST WONDERED WHY

17 HE WAS NOT CALLING BACK. I MEAN, BECAUSE --

18 THE COURT: SHE MIGHT NOT KNOW THAT. BUT

19 ANY QUESTIONS YOU HAVE OF HER?

20 MS. PHILLIPS: OH, OKAY. YEAH, BECAUSE

21 I'VE BEEN TRYING TO GET AHOLD OF HIM AND FIND OUT

22 WHAT'S GOING ON. LIKE I SAID, I WAS TOLD HE HAD THE

23 FLU LAST WEEK. I DON'T KNOW HOW SERIOUS IT IS.

24 THE COURT: WELL, WE'RE GOING TO GET

25 MR. CHASE ON THE PHONE. THANK YOU VERY MUCH. YOU

1 MAY STEP DOWN.

2 LET'S GO OFF THE RECORD WHILE WE GET
3 MR. CHASE ON THE PHONE.

4 (WHEREUPON, A DISCUSSION WAS HELD
5 OFF THE RECORD.)

6 THE COURT: BACK ON THE RECORD.

7 I'VE HAD A DISCUSSION WITH MR. CHASE.

8 MR. CHASE INDICATES HE WAS SICK LAST WEEK, BUT THAT
9 HE APPARENTLY IS NOT ILL NOW. BUT IT'S IRRELEVANT
10 BECAUSE HE'S INDICATED THAT HE HAS NOT BEEN RETAINED
11 TO REPRESENT MS. PHILLIPS ON THIS MATTER.

12 WITH THAT REPRESENTATION, THE REQUEST FOR
13 CONTINUANCE IS DENIED AND DR. PHILLIPS WILL BE
14 REPRESENTING HERSELF.

15 MR. HAMMOND: THANK YOU, YOUR HONOR.

16 THE COURT: IN THESE PROCEEDINGS, WE'RE
17 GOING TO MOVE FORWARD WITH THE PROCEEDING.

18 LET'S GO OFF THE RECORD FOR JUST A MOMENT
19 SO THAT I CAN INFORM PRESIDING.

20 (WHEREUPON, A DISCUSSION WAS HELD
21 OFF THE RECORD.)

22 THE COURT: WE'RE BACK ON THE RECORD.

23 ALL RIGHT. MR. HAMMOND, ANY OPENING
24 STATEMENTS YOU WANT TO MAKE BEFORE THE PRESENTATION?

25 MR. HAMMOND: NO, YOUR HONOR, I DO NOT.

Blank

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

rec 1/17/14
fee in versa

Renewal Application – INTERN PHARMACIST

For the period of November 1, 2012 to October 31, 2014

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$60.00 (postmarked after 10/31/2012)

LICENSE: IN03221

VENUS VEDADI

75 N VALLE VERDE DR #521,

Henderson, NV 89074

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES OR STAMPS ACCEPTED



Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) 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?.. ☐ ☒

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

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

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

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

Board Administrative Action:	State	Date:	Case #:	
		/ /		
Criminal Action:	State	Date:	Case #:	County Court
		/ /		

Section 2: Yes No

Are you the subject of a court order for the support of a child?..... ☐ ☒

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

Section 3:

You **MUST** notify the board, in writing, of any change of residence or place of employment within 10 days.

A licensee is not required to have a Nevada State Business license, however, if you do, please provide the #: _____

Section 4: It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I certify that all statements made are true and correct.

Signature: 

Date: 01/16/2014



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

February 12, 2014

VIA CERTIFIED U.S. MAIL AND EMAIL

Venus Vedadi
75 N. Valle Verde Dr., #521
Henderson, NV 89074
vvedadi@student.roseman.edu

Re: **CEASE AND DESIST ORDER and CITATION: Unlawful Practice of Pharmacy**

Dear Ms. Vedadi:

As you know, your Nevada registration as an intern pharmacist (#IN03221) expired on October 31, 2012. The Nevada State Board of Pharmacy (Board) has confirmed, however, that you continued to work as an intern at various Nevada-licensed pharmacies without a current registration until January 2014. It is unlawful for anyone who is not properly registered with this Board to sell or dispense any prescription drug in this state. *See* NRS 639.100. Your work as an unregistered intern therefore violated Nevada law.

I am writing, first, to order you to CEASE and DESIST to work in any Nevada-licensed pharmacy in any capacity that requires a valid registration, including as an intern pharmacist. You may not return to work until your registration has been renewed.

Secondly, this letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for the unauthorized practice of pharmacy. The Board has assessed against you an administrative fine of \$500.00 in association with this citation. You shall pay this administrative fine within 30 days of receipt of this citation. Payment must be by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy." Send payment to the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509.

You have the right to appeal this citation. *See* NRS 639.2895(2). If you choose to appeal, you must submit a written request for a hearing to the Board not later than 30 days after receipt of this citation.

Please be aware that the forgoing Order and Citation do not take the place of a hearing before the Board to determine whether the Board will renew your registration. A hearing on that matter is scheduled to occur on Wednesday, March 5, 2014, at the Board's regularly scheduled meeting in Reno, Nevada. The hearing will be held at 10:00 am in the first floor conference room at the Hyatt Place, located at 1790 E. Plumb Lane in Reno.

Feel free to contact me if you have questions.

Best regards,

A handwritten signature in blue ink, appearing to read "S. Paul Edwards". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

NRS 639.289 Inspection of premises by Board. A member or any agent of the Board may enter any premises in this State where a person who holds a license, certificate or permit issued pursuant to the provisions of this chapter practices pharmacy and inspect it to determine whether a violation of any provision of this chapter has occurred, including, without limitation, an inspection to determine whether any person at the premises is practicing pharmacy without the appropriate license, certificate or permit issued pursuant to the provisions of this chapter.

(Added to NRS by 2013, 2236)

NRS 639.2893 Practicing or offering to practice without license: Reporting requirements of Board. Unless the Board determines that extenuating circumstances exist, the Board shall forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices or offers to practice pharmacy without the appropriate license, certificate or permit issued pursuant to the provisions of this chapter.

(Added to NRS by 2013, 2236)

NRS 639.2895 Practicing or offering to practice without license: Penalties. In addition to any other penalty prescribed by law, if the Board determines that a person has violated subsection 1 of NRS 639.100, subsection 1 of NRS 639.2813 or NRS 639.284 or 639.285, the Board may:

1. Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license, certificate or permit or otherwise demonstrates that he or she is no longer in violation of subsection 1 of NRS 639.100, subsection 1 of NRS 639.2813 or NRS 639.284 or 639.285. An order to cease and desist must include a telephone number with which the person may contact the Board.

2. Issue a citation to the person. A citation issued pursuant to this subsection must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this subsection. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

3. Assess against the person an administrative fine of not more than \$5,000.

4. Impose any combination of the penalties set forth in subsections 1, 2 and 3.

(Added to NRS by 2013, 2237)

NRS 639.300 Recovery of penalties; conduct of actions and prosecutions by district attorney.

1. The several penalties prescribed in this chapter may be recovered in any court having jurisdictions, by a civil action instituted by the Board, in the name of the State of Nevada, or by criminal prosecution upon complaint being made.

2. The district attorney of the county wherein violations of the provisions of this chapter occur shall conduct all such actions and prosecutions at the request of the Board.

[21:286:1913; 1919 RL p. 3153; NCL § 5100]

NRS 639.310 Penalty. Unless a greater penalty is specified, any person who violates any of the provisions of this chapter is guilty of a misdemeanor.

[15:286:1913; A 1951, 290]—(NRS A 1965, 544; 1967, 642, 1650; 1987, 1313)

NRS 639.100 Unlawful to manufacture, engage in wholesale distribution, compound, sell or dispense drug, poison, medicine or chemical; penalties; exceptions; application for license; pharmacists located outside State.

1. Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, engage in wholesale distribution, compound, sell or dispense, or permit to be manufactured, distributed at wholesale, compounded, sold or dispensed, any drug, poison, medicine or chemical, or to dispense or compound, or permit to be dispensed or compounded, any prescription of a practitioner, unless the person:

(a) Is a prescribing practitioner, a person licensed to engage in wholesale distribution, a technologist in radiology or nuclear medicine under the supervision of the prescribing practitioner, a registered pharmacist, or a registered nurse certified in oncology under the supervision of the prescribing practitioner; and

(b) Complies with the regulations adopted by the Board.

2. A person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

↪ and shall be punished as provided in NRS 193.130.

3. Sales representatives, manufacturers or wholesalers selling only in wholesale lots and not to the general public and compounders or sellers of medical gases need not be registered pharmacists. A person shall not act as a manufacturer or wholesaler unless the person has obtained a license from the Board.

4. Any nonprofit cooperative organization or any manufacturer or wholesaler who furnishes, sells, offers to sell or delivers a controlled substance which is intended, designed and labeled "For Veterinary Use Only" is subject to the provisions of this chapter, and shall not furnish, sell or offer to sell such a substance until the organization, manufacturer or wholesaler has obtained a license from the Board.

5. Each application for such a license must be made on a form furnished by the Board and an application must not be considered by the Board until all the information required thereon has been completed. Upon approval of the application by the Board and the payment of the required fee, the Board shall issue a license to the applicant. Each license must be issued to a specific person for a specific location.

6. The Board shall not condition, limit, restrict or otherwise deny to a prescribing practitioner the issuance of a certificate, license, registration, permit or authorization to prescribe controlled substances or dangerous drugs because the practitioner is located outside this State.

[Part 1:286:1913; A 1947, 667; 1949, 554; 1951, 290; 1953, 588; 1955, 307]—(NRS A 1960, 182; 1967, 1644; 1969, 909; 1971, 2040; 1975, 1308; 1979, 1685; 1983, 1506; 1987, 804, 1566; 1991, 1158; 1997, 1258; 1999, 239; 2013, 2020, 2238)

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January 20th 2014

Dear Board of Pharmacy,

I, Jaime Cordoba-Hernandez, would like to appear in front of the board March 5th or 6th to request the reinstatement of my pharmacist license# 17533

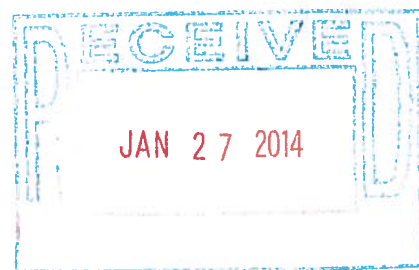
Thank you in advance for your cooperation.

Sincerely,



Jaime Cordoba-Hernandez

926 Alta Oaks Dr.
Henderson NV 89014
email:
Tel:



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	Case No. 12-056-RPH-S
v.)	
	)	FINDINGS OF FACT,
JAIME CORDOBA HERNANDEZ, RPH	)	CONCLUSIONS OF LAW AND
Certificate of Registration No. 17533,	)	ORDER
)	
Respondent.	/	

The Nevada State Board of Pharmacy (the "Board") heard this matter at its regular meeting on January 16, 2013, in Las Vegas, Nevada. Carolyn J. Cramer represented the Board in her capacity as its General Counsel. Respondent JAIME CORDOBA HERNANDEZ, RPH appeared and represented himself. Hernandez 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 Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. The Board received written notice from Smith's Pharmacy ("Smith's") in August 2012, indicating that it terminated Hernandez's employment. Smith's took that action after finding, through an internal investigation, that Hernandez created and filled fraudulent prescriptions for a friend, who is a cyclist and resident of Indiana (the "Patient").

2. Hernandez claimed that an Indiana physician, also a friend of his, initially called Smith's with a prescription for the Patient, for a quantity of 6 Procrit 4,000 unit vials. The patient was using Procrit to increase his endurance. At the time of Hernandez's conduct, the Patient was no longer seeing the physician in Indiana because the Patient was using the Procrit for endurance, not for a legitimate medical purpose. Hernandez subsequently admitted, and the Board finds, that Hernandez knew

of the purpose for which the Patient was using the drug, and that the Patient was not seeing a physician, but he continued to fill the prescriptions for the Patient.

3. Hernandez admitted, and the Board finds, that the physician did not authorize any refills, and that he (Hernandez) regenerated the refills himself based on the initial prescription.

4. The initial fill and first refill were for 6 Procrit 4,000 unit vials. The subsequent three refills were filled by substituting a quantity of 10 Epogen 4,000 unit vials, due to the unavailability of Procrit. Hernandez did not obtain authorization from the physician for the substitution or the increased quantity.

5. The pharmacy computer system automatically generates an electronic request for substitutions. Hernandez overrode the request and processed the refills as a new prescription.

6. Hernandez improperly used his personal Smith's discount card and/or coupons to buy the prescriptions in order to save his friend money. Those practices were unethical and violations of Smith's company policy, which Hernandez admits.

7. Hernandez admitted the allegations in the Notice of Intended Action and Accusation in his October 10, 2012 Answer and Notice of Defense.

8. The Board's findings are consistent with the allegations in the Notice of Intended Action and Accusation, and with Hernandez's admissions.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Hernandez was a pharmacist licensed by the Board at the time of the conduct set forth above.

2. In dispensing a dangerous drug without a legitimate medical need, and without a lawful prescription, Hernandez violated Nevada Revised Statute (NRS) 639.210(1), (4), (12), 454.221(1) and 454.311(3)(b). He also violated Nevada Administrative Code (NAC) 639.945(1)(h).

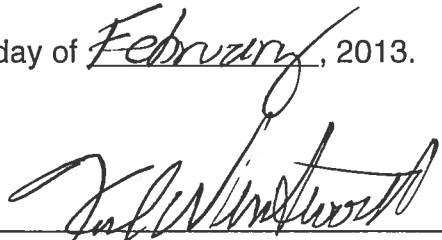
3. In dispensing a dangerous drug to a patient with whom the prescribing practitioner did not have a bona fide therapeutic relationship, Hernandez violated Nevada Revised Statute (NRS) 639.210(1), (4) and (12), and Nevada Administrative Code (NAC) 639.945(1)(h) and(3)(a).

ORDER

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

JAIME CORDOBA HERNANDEZ's license as a pharmacist (Certificate of Registration No. 17533) is revoked. Mr. Hernandez may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has applied to the Board for reinstatement of his pharmacist's license and the Board has reinstated the registration.

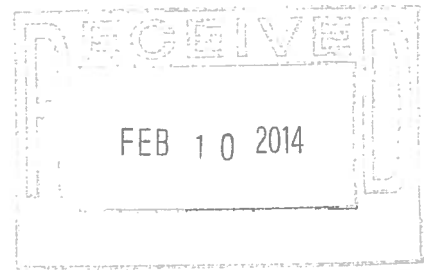
Signed and effective this 1 day of February, 2013.



Kirk Wentworth, Interim President
Nevada State Board of Pharmacy

January 16, 2014

William J. Mumbert
7000 Mae Anne Ave #1724
Reno, NV 89523



Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Dear Ms. Nally:

I would like to be added to the agenda for the upcoming Board of Pharmacy meeting in Reno scheduled for March 5-6, 2014.

My request for reinstatement of pharmacist licensure was tabled at the September 2013 board meeting. I am interested in following through with the reinstatement of my pharmacist license at this time.

Thank you for your assistance.

Sincerely,



William J. Mumbert

Code 3405

FILED

2014 JAN 27 PH 2: 03

JOEY CRISTINA HASTINGS
CLERK OF THE COURT

BY D. Jaramilla
DEPUTY

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

THE STATE OF NEVADA,
Plaintiff,

vs.

William Mumbert,
Defendant

) Criminal Case No. CR11-0787
) Department No. 7
)
)
)

PETITION AND ORDER OF DISMISSAL AND DISCHARGE AND SETTING ASIDE OF CONVICTION

To the Honorable Judge Patrick Flanagan of the Second Judicial District Court of the State of Nevada, in and for the County of Washoe.

The undersigned Lieutenant for the State of Nevada represents that, pursuant to an order entered by this Court on the 22nd day of July, 2011, and with the consent and election of the defendant, the above-named proceedings were suspended and the defendant placed on probation or otherwise supervised by a state-approved facility upon certain terms as more fully identified with said order.

The undersigned would represent that on 22nd day of January, 2014, this Court entered an order dismissing the above-entitled proceedings against the defendant, discharging the defendant from any further obligations therein and, where appropriate, setting aside any convictions entered by the Court.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person.



RM Tiran, DPS Lieutenant

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IT IS HEREBY ORDERED that the above entitled proceedings are dismissed per Court Order and the defendant
argued from any further obligations, and any convictions entered herein are set aside.

Patrick Flanagan
 Patrick Flanagan, District Judge

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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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: HM Compounding

Physical Address: 558 Kennedy Boulevard, Bayonne, NJ 07002

Mailing Address: 558 Kennedy Boulevard

City: Bayonne State: NJ Zip Code: 07002

Telephone: 201-471-7191 Fax: 888-670-3148

Toll Free Number: 800-419-2804 (Required per NAC 639.708)

E-mail: spencerm@hmcompound.com Website: _____

Managing Pharmacist: Matthew Bernstein License Number: 28RI03496100

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

- ☒ 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.

Alona Chervinsky

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

Alona Chervinsky

Print Name of Authorized Person

11/6/2013
Date

Board Use Only

Received: 12/24/13

Amount: 500-

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: HMX Services L.L.C.

Mailing Address: 558 Kennedy Boulevard

City: Bayonne State: NJ Zip: 07002

Telephone: 201-471-7191 Fax: 888-670-3148

Contact Person: Spencer Malkin

For any corporation non publicly traded, disclose the following:

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

a) Alona Chervinsky, 106 Willow Drive, Woodmere, NY 11598
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A (LLC)

3) What was the price paid per share? N/A (LLC)

4) What date did the corporation actually receive the cash assets? N/A (LLC)

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, Alona Chervinsky

Responsible Person of HMX Services L.L.C. (dba HM 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

Alona Chervinsky

Print Name of Authorized Person

11/6/2013
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

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- | | |
|---|--|
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(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: HM Compounding

Physical Address: 2478 McDonald Avenue, Brooklyn, NY 11223

Mailing Address: 2478 McDonald Avenue

City: Brooklyn State: NY Zip Code: 11223

Telephone: 800-419-2804 Fax: 800-419-2801

Toll Free Number: 800-419-2804 (Required per NAC 639.708)

E-mail: spencerm@hmcompound.com Website: www.hmcompound.com

Managing Pharmacist: Alex Chervinsky License Number: 043221

Hours of Operation:

Monday thru Friday 9 am 7 pm

Saturday 9 am 7 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 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 checked="" 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

Alex Chervinsky
Print Name of Authorized Person

12/23/2013
Date

Board Use Only

Received: 1/14/14

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: _____

Corporation Name: HMX Services, Inc.

Mailing Address: 2478 McDonald Avenue

City: Brooklyn State: NY Zip: 11223

Telephone: 800-419-2804 Fax: 800-419-2801

Contact Person: Spencer Malkin

For any corporation non publicly traded, disclose the following:

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

a) Alex Chervinsky, 106 Willow Drive, Woodmere, NY 11598
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 200

3) What was the price paid per share? \$0.01

4) What date did the corporation actually receive the cash assets? 12/16/2008

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, Alex Chervinsky

Responsible Person of HMX Services, Inc. (dba HM 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

Alex Chervinsky

Print Name of Authorized Person

12/23/2013
Date

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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- | | |
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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: Leiter's Compounding
Physical Address: 17 Great Oaks Blvd. San Jose, CA 95119
Mailing Address: 1700 Park Ave. Ste 30
City: San Jose State: CA Zip Code: 95126
Telephone: (408) 292-6772 Fax: (408) 288-8252
Toll Free Number: (800) 292-6772 (Required per NAC 639.708)

* E-mail: pharmacystaff@Leiterrx.com Website: www.Leiterrx.com
Managing Pharmacist: Charles Leiter License Number: 37852 - CA
08540 - NV

Hours of Operation:

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Other: _____

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 **
☐ ☒ Other Services: _____

****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-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

Charles Leiter

Print Name of Authorized Person

12/5/13

Date

Board Use Only

Received:

1/27/14

Amount:

\$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CA
Parent Company if any. None
Corporation Name: Leiter's Enterprises, Inc.
Mailing Address: 1700 park Ave. Ste 30
City: San Jose State: CA Zip: 95126
Telephone: (408) 292-6772 Fax: (408) 288-8252
Contact Person: Robyn Shelmsky

For any corporation non publicly traded, disclose the following:

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

a) Charles Leiter 1700 park Ave, Ste 30 San Jose,
Name Address CA 95126 (100% of the
shares)
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? Par Value per share of stock: \$200
4) What date did the corporation actually receive the cash assets? 12/2012
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

Charles Leiter - President
Morton Leiter - VP
Sue Leiter - Secretary

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Charles Leiter
Responsible Person of Leiter's 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

Charles Leiter
Print Name of Authorized Person

12/5/13
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

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

January 15, 2014

ROBYN SHALINSKY
LEITER'S COMPOUNDING
17 GREAT OAKS DRIVE
SAN JOSE CA 95129

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: LEITER'S COMPOUNDING

License Type: PHARMACY

License Number: PHY 51461

Status: ACTIVE

Issue Date: 01/07/14

Expiration Date: 01/01/15

Address of Record: 17 GREAT OAKS DRIVE SAN JOSE CA 95119

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

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<input checked="" type="checkbox"/> New Pharmacy <div style="text-align: right; font-size: small;">(Please provide current license number if making changes: PH _____)</div> <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 <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: Lone Peak Professional Pharmacy

Physical Address: 11724 S. State St. #102

Mailing Address: Same

City: Draper State: UT Zip Code: 84020

Telephone: 801-553-3426 Fax: 801-553-2540

Toll Free Number: 877-401-4317 (Required per NAC 639.708)

E-mail: info@lonepeakpharmacy.com Website: lonepeakpharmacy.com

Managing Pharmacist: Bryan Horne License Number: 7243847-1701

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding ** <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

****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-OFSTATE PHARMACY LICENSE

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- 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.

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

Jason Lang

Print Name of Authorized Person

1-18-14
Date

Board Use Only

Received:

2/4/14

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: Lone Peak Professional Pharmacy PLLC

Mailing Address: 11724 S. State St. #102

City, State Zip Code: Draper, VT 84020

Telephone Number: 801-553-3426 Fax Number: 801-553-2540

Contact Person: Jason Lang

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>Jason Lang</u>	<u>G</u>	<u>50</u>
<u>Bryan Horne</u>	<u>G</u>	<u>50</u>

List names of 4 largest partners and percentage of ownership:

Name: Jason Lang %: 50

Name: Bryan Horne %: 50

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____


Name: _____ %: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jason Lang
Responsible Person of Lone Peak Professional 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

Jason Lang
Print Name of Authorized Person

1-18-14
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 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: Suncoast RadioPharmacy Services
Physical Address: 3102 Cherry Palm Dr. Suite 120 Tampa, FL 33619
Mailing Address: Same as Physical Address
City: _____ State: _____ Zip Code: _____
Telephone: 813-662-0693 Fax: 813-662-2814
Toll Free Number: 866-662-0693 (Required per NAC 639.708)
E-mail: tjones@pharmacyrxsolutions.com Website: www.pharmacyrxsolutions.com
Managing Pharmacist: Adria Jackson License Number: PS16548

Hours of Operation:

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding ** <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile <input type="checkbox"/> <input checked="" type="checkbox"/> Compounding ** <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

****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-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

John Gangemi

Print Name of Authorized Person

11/25/13
Date

Board Use Only

Received: 1/23/14

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: Suncoast RadioPharmacy Services, Inc.
Corporation Name: Suncoast RadioPharmacy Services, Inc.
Mailing Address: 3102 Cherry Palm Dr., Suite 120
City: Tampa State: FL Zip: 33619
Telephone: 813-662-0693 Fax: 813-662-2814
Contact Person: Tammy Joiner

For any corporation non publicly traded, disclose the following:

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

a) John Gangemi 3147 Highland Lake View Circle Lakeland, FL 33619
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 500 ^{error} 10,000

3) What was the price paid per share? \$ 1.00

4) What date did the corporation actually receive the cash assets? 3/21/2003

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

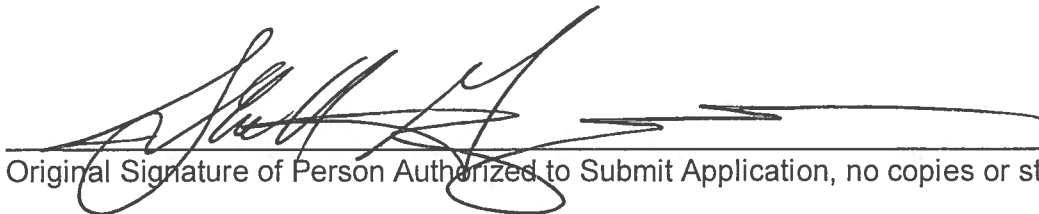
I, John Gangemi

Responsible Person of Suncoast RadioPharmacy Services, 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

John Gangemi

Print Name of Authorized Person

12/23/13

Date

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

December 11, 2013

Pharmacy RX Solutions
Tammy Joiner
3102 Cherry Palm Drive
Suite 120
Tampa, FL 33619

RE: License Certification for Pharmacy Rx Solutions Holding LLC

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH23133
ORIGINAL CERTIFICATION:	12/19/2007
EXPIRATION DATE:	02/28/2015
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Willie Gaines
Licensure Support Services

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations
4052 Bald Cypress Way, Bin C-10 • Tallahassee, FL 32399-3260
PHONE: (850) 245-4444 • FAX: (850) 245-4791

www.FloridasHealth.com

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fhdh

Created on 12/11/2013 1:50 PM

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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: ARJO HUNTLEIGH INC
Physical Address: 1360 Greg St. Suite 105, 106, 107, Sparks, NV 8943
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2349 W. Lake Street, Suite 250
City: Addison State: IL Zip Code: 60101
Telephone: 630-785-4885 Fax: NA
E-mail: brenda.ammonette@arjohuntleigh.com Website: www.arjohuntleigh.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Harry A. Boniface III

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Therapeutic Support Surfaces, hospital Beds, Mattress</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: person on call Telephone: 800-323-1245

65693

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:

ARIO HUNTLEIGH DOES NOT BILL 3rd parties -
no insurance, no medicare, no medicaid.

- 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? ^{No} 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.

Brenda Ammonette

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

Brenda Ammonette

Print Name of Authorized Person

11/15/2014

Date

Board Use Only

Received:

2/6/14

Amount:

\$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Getinge Group
Corporation Name: ARJO HUNTLEIGH INC.
Mailing Address: 2349 West Lake Street Suite 250
City: Addison State: IL Zip: 60101
Telephone: 630-785-4885 Fax: NA
Contact Person: Brenda Ammonette

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation? - No shares.

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. 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. NA
- 3) What was the price paid per share? NA
- 4) What date did the corporation actually receive the cash assets? NA
- 5) Provide a copy of the corporation's stock register evidencing the above information NA

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 12-20-2013

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 provides electric hospital beds; therapeutic support surfaces and long term care to hospitals

Nature of MDEG

ARJO HUNTLEIGH INC 1360 Greg Street Suits 105, 106, 107 Sparks NV 89431

Name and Address of Business for Which MDEG Administrator Is Requested

ARJO HUNTLEIGH INC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BONIFACE III HARRY A.
Last Name First Name Middle Name

NONE
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

11051 ZEOLITE DRIVE RENO NV 89506
Present Residence Address-Street or RFD City State/Zip

1360 GREG ST STE 105, 106, 107 DATES SPARKS NV 89431
Present Business Address City State/Zip

WORKING SUPERVISOR DATES MARCH 2004 - PRESENT
Present Position with the MDEG

Email address

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

55 M
Age Social Security Number Sex

HAZEL BROWN 215 5'9"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo - left back shoulder

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

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

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.

<u>November 2012</u>	<u>ARTCHUNTLEIGH, INC. 1360 GREG ST ^{Suites 106, 106, 107} SPARKS NV 89431</u>	<u>40/WK</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<u>Working Supervisor</u>	<u>Deliver, Pickup, Clean, REEQUIPMENT</u>	<u>Russ GELMAN</u>
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I, HARRY ANTHONY BOWEN III, 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

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

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

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

- a) Board Administrative Action:
b)

State: NEVADA

Date: AUGUST 2011

Case Number: UNKNOWN

- c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

of photograph 1-14-14

ator

Harry Boniface
1360 Greg Street
Suites 105, 106, 107
Sparks NV 89431
January 22, 2014

To whom this may concern,

In August 2011 I was cited for rolling through a stop sign in Carson City, NV. I failed to pay the fine on time which resulted in my driver's license being suspended in December 2011. In January 2012 I paid the fine in Carson City, NV and my license was re-issued.

Respectfully Submitted,

Harry A. Boniface III

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: ARJO HUNTLEIGH INC
Physical Address: 6265 South Valley View Blvd, Suite B+C, Las Vegas NV 89118
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2349 W Lake Street, Suite 250
City: Addison State: IL Zip Code: 60101
Telephone: 630-785-4885 Fax: NA
E-mail: brenda.ammonette@arjohuntleigh.com Website: www.arjohuntleigh.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Kenneth Juarez

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: Therapeutic Support Surfaces, hospital Beds, Mattresses

**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: person on call Telephone: 800-323-1245

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:

ARIO HUNTLEIGH DOES NOT BILL 3rd parties -
no insurance, no medicare, no medicaid.

- 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 ☒
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.

Brenda Ammonette

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

Brenda Ammonette
Print Name of Authorized Person

1/13/2014
Date

Board Use Only

Received: 1/27/14

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Getinge Group
Corporation Name: ARJO HUNTLEIGH INC.
Mailing Address: 2349 West Lake Street Suite 250
City: Addison State: IL Zip: 60101
Telephone: 630-785-4885 Fax: NA
Contact Person: Brenda Ammonette

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation? - No shares.
- a) _____
Name Address
- b) _____
Name Address
- c) _____
Name Address
- d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. 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. NA
- 3) What was the price paid per share? NA
- 4) What date did the corporation actually receive the cash assets? NA
- 5) Provide a copy of the corporation's stock register evidencing the above information NA

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 12-20-2013

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 provides electric hospital beds & therapeutic support surfaces to hospitals and long term care

ARJO HUNTLEIGH INC. Nature of MDEG 6265 South Valley View Blvd., Suite B+C, Las Vegas, NV 89118
Name and Address of Business for Which MDEG Administrator Is Requested

ARJO HUNTLEIGH INC.
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Juarez
Last Name

Kenneth
First Name

Mario
Middle Name

Ken Juarez

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

8992 RUSSELL WAY LAS VEGAS NV 89147

Present Residence Address-Street or RFD City State/Zip

6265 S. VALLEY VIEW BLVD Las Vegas NV 89118

Present Business Address Suite B4C City State/Zip

MANAGING SUPERVISOR Dates

Present Position with the MDEG

F

Email address: _____

Date of Birth

LOS ANGELES
Place of Birth (City, County, State)

52
Age

Social Security Number

MALE
Sex

BROWN
Color of Eyes

BLACK
Color of Hair

240
Weight

6'2"
Height

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

N/A

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

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

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.

NOV. 2012	ARJOHUNTVEIL 6265 S. VALLEY VIEW BLVD SUITE B 1C, LAS VEGAS NV 89118	40/WEEK
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
MANAGING SUPERVISOR- RUNS THE FACILITY		CHARLES GEIMAN
Title	Description of Duties	Name of Supervisor

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

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

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

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

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 1/3/2014

I, Kenneth Suarez, 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

Plant

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: Red Seal Medical, LLC

Physical Address: 8887 W. Flamingo Dr., Suite 101, Las Vegas, NV 89147
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8887 W. Flamingo Dr., suite 101

City: Las Vegas State: NV Zip Code: 89147

Telephone: 702-410-7783 Fax: 702-974-4447

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Joshua George Bulkley

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

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

**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: Joshua Bulkley Telephone: 702-410-7783

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:

N/A _____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐
- 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

Joshua Bulkley
Print Name of Authorized Person

2/6/14
Date

Board Use Only

Received: 2/10/14

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Robert Brough %: 50

Name: Robert Fallon %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: N/A

Mailing Address: 8887 W. Flamingo Dr., Suite 101

City: Las Vegas State: NV Zip Code: 89147

Telephone Number: 702-410-7783 Fax Number: 702-974-4447

Contact Person: Joshua Bulkley

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 2/6/14

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

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for Durable Medical Equipment
Nature of MDEG
8887 W. Flamingo Dr., Suite 101, Las Vegas, NV 89147
Name and Address of Business for Which MDEG Administrator Is Requested
Red Seal Medical, LLC
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bulkley
Last Name

Joshua
First Name

George
Middle Name

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

10567 Snow Lake Street
Present Residence Address-Street or RFD

Las Vegas
City

NV 89179
State/Zip

8887 W. Flamingo Dr., Ste 101 Dates 1/22/14
Present Business Address

Las Vegas
City

NV 89147
State/Zip

Manager Dates 1/22/14
Present Position with the MDEG

Phone: 702-410-7783

Fax: 702-974-4447

Email address: N/A

Date of Birth

Price, Carbon, Utah
Place of Birth (City, County, State)

34
Age

Social Security Number

Male
Sex

Brown
Color of Eyes

Brown
Color of Hair

210 lbs
Weight

5'9"
Height

Scars, tattoos or distinguishing marks and/or characteristics

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

If alien, registration No

If naturalized, certificate No

Date

Place (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

<u>Feb. 2010-present</u>	<u>Classic Sleepcare</u>	<u>Approx 7500</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

<u>Manager, Internet Sales</u>	<u>Help patients with mask & machine issues</u>	<u>Rob Brough</u>
Title	Description of Duties	Name of Supervisor

<u>Aug. 2008 - Aug. 2009</u>	<u>Petersen Medical / 1490 E. Foremaster Dr.</u>	<u>Approx 7500</u>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

<u>Service Tech</u>	<u>Repair Patients Medical wheelchairs</u>	<u>Jason Smith</u>
Title	Description of Duties	Name of Supervisor

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

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

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

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

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide

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



Date of photograph 2/6/14

I, Joshua George Bulkley, 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

Blank

TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses have been issued since the January 2014 board meeting.

Blank



National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site www.nabp.net

nabp

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: January 23, 2014

RE: The Drug Quality and Security Act

On November 27, 2013, the Drug Quality and Security Act (Act) was signed into law. This law removes the unconstitutional provisions from section 503A and adds a new section 503B to the federal Food Drug & Cosmetic Act. The law also provides for the Food and Drug Administration (FDA) to consult with a Pharmacy Compounding Advisory Committee prior to issuing certain regulations pertaining to outsourcing facilities.

The Committee will be comprised of 12 voting members including the chair, who are knowledgeable in the fields of pharmacy, pharmaceutical compounding, pharmaceutical manufacturing, medicine, and related specialties and will include representatives from NABP and the United States Pharmacopoeial Convention and may include a consumer organization member. The Committee may also include one or more non-voting industry interest members. Members will serve on overlapping terms of up to four years. Nominations must be submitted to FDA by March 14, 2014. The *Federal Register* notice that announced the nominating process is available at www.gpo.gov/fdsys/pkg/FR-2014-01-13/pdf/2014-00318.pdf

Additionally, pursuant to a draft guidance, the FDA is working with NABP to develop a standard Memorandum of Understanding (MOU) for use between the FDA and the States that will address the interstate distribution of inordinate amounts of compounded products and provide for appropriate investigation by a state agency of complaints relating to compounded products distributed outside that state. NABP anticipates that this MOU will be released by the end of the first quarter of 2014. The guidance is available at www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM377052.pdf

Lastly, NABP has received a variety of questions related to “outsourcing facilities,” as defined in the Act, related as to whether and how the states should be licensing these types of entities even if they are solely operating as an “outsourcing facility.” This is an issue that NABP is discussing with the states and FDA, specifically as to how the “outsourcing facilities” will be licensed at the state level.

NABP will be working closely with its member boards to ensure that all resulting regulations of the Act are in the best interest of the public health. If you have any questions, please contact NABP at exec-office@nabp.net, or call 847/391-4400.

cc: NABP Executive Committee

[Home](#) [Drugs](#) [Guidance, Compliance & Regulatory Information](#) [Compounding](#)

Drugs

Registered Outsourcing Facilities

Firms Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)
Updated as of 1/24/14

Information Concerning Outsourcing Facility Registration

Firm Name	Date of Registration as an Outsourcing Facility ¹	End Date of Last FDA Inspection Related to Compounding ²	Was a Form FDA-483 issued? ³	Other FDA Action, if Any, Based on Last Inspection ^{4,5}	Compounds Sterile Drugs From Bulk Drug Substances ⁶
Allergy Laboratories, Inc., Oklahoma City, OK	12/30/2013	4/26/2013	Yes ¹	Warning Letter - 9/4/2013 ²	Yes
Banner Health, Chandler, AZ	12/26/2013	Not yet inspected	N/A	N/A	No
Cantrell Drug Company, Little Rock, AR	12/16/2013	11/4/2013	Yes ³	Open	Yes
Kings Park Slope, Inc., Brooklyn, NY	12/23/2013	Not yet inspected	N/A	N/A	Yes
KRS Global Biotechnology, Inc., Boca Raton, FL	12/15/2013	Not yet inspected	N/A	N/A	Yes
Marlborough Hospital, Marlborough, MA	12/26/2013	Not yet inspected	N/A	N/A	Yes
Medi-Fare Drug & Home Health Center, Inc., Blacksburg SC	12/17/2013	1/18/2013	Yes ⁴	Warning Letter - 3/7/2013 ⁵	Yes
PharMedium Services, LLC, Memphis, TN	12/11/2013	3/22/2013	Yes ⁶	Open	No
PharMedium Services, LLC, Edlson, NJ	12/11/2013	2/28/2013	Yes ⁷	Open	No
PharMedium Services, LLC, Cleveland, MS	12/11/2013	2/22/2013	Yes ⁸	Open	No
PharMedium Services, LLC, Sugarland, TX	12/11/2013	2/27/2013	Yes ⁹	Open	No
Region Care, Inc., Great Neck, NY	12/24/2013	Not yet inspected	N/A	N/A	Yes
SCA Pharmaceuticals, Little Rock, AR	12/13/2013	Not yet inspected	N/A	N/A	Yes
US Compounding, Inc., Conway, AR	12/20/2013	Not yet inspected	N/A	N/A	Yes
Pharmagen Laboratories Inc., Stamford, CT	1/21/2014	8/23/2013	Yes ¹⁰	Open	Yes
JCB Laboratories, North Wichita, KS	1/21/2014	2/27/2013	Yes ¹¹	Open	Yes
Pharmakon Pharmaceuticals, Inc., Carmel, IN	1/23/2014	Not Yet Inspected	N/A	N/A	No
Edge Pharmacy Services LLC, Colchester, VT	1/21/2014	Not Yet Inspected	N/A	N/A	Yes
Triangle Compounding Pharmacy Inc., Cary, NC	1/24/2014	3/1/2013	Yes ¹²	Warning Letter - 1/14/2014 ¹³	Yes
Infusion Options, Brooklyn, NY	1/24/2014	Not Yet Inspected	N/A	N/A	No
Advanced Pharma, Inc., Houston, TX	1/22/2014	5/3/2006	No	No	No
Unique Pharmaceuticals, Ltd., Temple TX	1/24/2014	5/19/2004	No	No	Yes

Notes:

1. The date of registration is the date upon which the required registration information has been determined by FDA to be complete. This table will be updated weekly and will list outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

2. Inspections may take place over several days, weeks, or longer. The date of the inspection is the date a Form FDA-483 listing the investigators observations is issued or, if no FDA Form-483 is issued, the last day of the inspection.
3. An FDA Form 483 is issued when Investigators observe any significant objectionable conditions. It does not constitute a final Agency determination of whether any condition is in violation of the FD&C Act or any of our relevant regulations.
4. This table includes only FDA actions. It does not include actions, if any, by a State Board of Pharmacy. To determine whether a registered outsourcing facility has been the subject of a State enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites. For more information, please see *Compounding: Inspections, Recalls, and other Actions*¹⁴.
5. If the inspection has been closed without further action, the word "closed" will appear. If the inspection has not been closed, the word "open" will appear. Open does not mean that FDA has determined that further action will be taken. It means only that a determination has not yet been made. If an action has been taken, it will be listed. Possible FDA actions may include: warning letter; seizure; or injunction.
6. This column is based on information provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. If this column says "N/A", it is because the registered outsourcing facility has not provided this information. In the future, FDA intends to provide information about whether the outsourcing facility also intends to compound nonsterile drugs from bulk drug substances, but this information is not currently available to the Agency.

Information Concerning Outsourcing Facility Registration

1. How does registration as a human drug compounding outsourcing facility under section 503B work?
2. What happens after a facility first registers with FDA as an outsourcing facility under section 503B?
3. What does it mean to be registered as a human drug compounding outsourcing facility under section 503B?
4. If FDA has inspected a human drug compounding outsourcing facility, can I be sure that the drugs I purchase from that facility are safe?
5. If I purchase drugs from a company that has multiple facilities, how can I be sure about the quality of the specific compounded drugs I purchase?
6. What does an outsourcing facility do?
7. Is it safe for me to purchase drugs in shortage from a registered outsourcing facility?

1. How does registration as a human drug compounding outsourcing facility under section 503B work?

To register as an outsourcing facility, a compounder must send an email or use the electronic registration system to provide the following information: name; place of business; unique facility identifier; point of contact email address; an indication of whether the facility intends to compound products on FDA's drug shortage list; an indication of whether the facility compounds from bulk drug substances, and if so, whether it compounds sterile drugs from bulk drug substances.

When FDA receives a submission for registration, FDA will review the submission to determine whether the required information has been provided, and if so, the outsourcing facility will be considered registered. If the information is not complete, FDA will contact the registrant and ask that they provide the necessary information. A firm will not be considered registered until the information is complete.

Beginning October 1, 2014, outsourcing facilities will be required to pay a fee at the time of registration. The amount of this fee and directions for paying the fee will be published in the Federal Register in early August 2014. Facilities for which the proper fee has not been received on or after October 1, 2014 will not be considered to be registered and will be removed from this list of registered outsourcing facilities.

2. What happens after a facility first registers with FDA as an outsourcing facility under section 503B?

Once an outsourcing facility is registered, the facility is subject to inspection by FDA and will be added to the list of facilities FDA intends to inspect. Outsourcing facilities are to be inspected according to a risk-based schedule. Depending on the number of outsourcing facility registrants and other inspection priorities, FDA expects to inspect newly registered outsourcing facilities within two months of initial registration, if the facility has not been previously inspected. Subsequent inspections will depend on the findings from the first inspection and other factors including but not limited to: the compliance history of the outsourcing facility; the record, history, and nature of recalls linked to the outsourcing facility; the inherent risk of the drugs compounded at the outsourcing facility; the inspection frequency; and history of the outsourcing facility, including whether the outsourcing facility has been inspected within the last 4 years; and whether the outsourcing facility has registered as an entity that intends to compound drugs in shortage.

3. What does it mean to be registered as a human drug compounding outsourcing facility under section 503B?

Registration means *only* that FDA has received the information required to register the facility. It does *not* mean that the facility is making FDA-approved drugs and it does not mean it is in compliance with current good manufacturing practice requirements, the other conditions of section 503B, or other requirements in the Act. Approval of a drug requires the submission and approval of a new drug application or an abbreviated new drug application. Facilities registered as human drug compounding outsourcing facilities are required to comply with current good manufacturing practice requirements; report adverse events to FDA; label their products with certain information; and meet certain other requirements if they are to qualify for the exemptions from the new drug approval and adequate directions for use requirements of the Act. Outsourcing facilities that comply with the conditions for exemption under section 503B are not required to obtain new drug approvals. Listing of an outsourcing facility on this list does *not* mean that FDA has determined that the outsourcing facility is in compliance with these requirements or that it has met the conditions to qualify the exemptions under section 503B.

4. If FDA has inspected a human drug compounding outsourcing facility, can I be sure that the drugs I purchase from that facility are safe?

Drugs made by compounders, including those made at human drug compounding outsourcing facilities, are NOT FDA-approved. This means that they have not undergone the same premarket review as approved drugs. They lack an FDA review of safety and efficacy and of manufacturing quality. Therefore, when an FDA-approved drug is commercially available, FDA recommends that practitioners prescribe the FDA-approved drug rather than a compounded drug unless the prescribing practitioner has determined that a compounded product is necessary for the particular patient and would provide a significant difference for the patient as compared to the FDA-approved commercially available drug product.

Although the drugs will not be FDA approved, purchasers of drugs compounded at a registered outsourcing facility that has had a recent satisfactory FDA inspection will have some assurance that the conditions at that facility met applicable current good manufacturing practice standards at the time of the inspection, and the compounded drugs are labeled with the required information. It should be noted, however, that FDA inspections are just a snapshot in time. Conditions at the facility can change at any time. And FDA only reviews a small sample of the records available at a facility during an inspection and must draw conclusions about the conditions and practices at the facility from that small sample of records. Purchasers should look at other available information about the facility that can provide them with additional insight with regard to the facility's operations.

5. If I purchase drugs from a company that has multiple facilities, how can I be sure about the quality of the specific compounded drugs I purchase?

Registration and inspections are facility specific and do not apply to all facilities under common ownership and control. Before purchasing drugs from a corporate entity, you should determine that the specific facility in which the drugs are compounded is a registered outsourcing facility with a satisfactory inspection.

6. What does an outsourcing facility do?

Under section 503B, outsourcing facilities that compound human drugs may register and meet certain other requirements to qualify for the exemptions from the new drug approval requirements and the requirements for adequate directions for use. Under section 503B, an outsourcing facility is a facility that:

- Is engaged in the compounding of sterile drugs
- Has elected to register as an outsourcing facility
- Complies with all of the requirements of section 503B
- Is not required to be a licensed pharmacy, but compounding must be by or under the direct supervision of a licensed pharmacist
- May or may not obtain prescriptions for identified individual patients

When registering, an outsourcing facility must pay a fee. Registering as an outsourcer means that the compounding pharmacy will be inspected according to a risk-based schedule.

7. Is it safe for me to purchase drugs in shortage from a registered outsourcing facility?

Drugs compounded in registered outsourcing facilities that have had a satisfactory FDA inspection may have more assurance of safety than those made by other non-registered compounders because they are to be made in accordance with current good manufacturing practice standards. However, drugs made by compounders, including those made at human drug compounding outsourcing facilities, are NOT FDA-approved. This means that they have not undergone the same premarket review as approved drugs. They lack an FDA review of safety and efficacy and of manufacturing quality. Therefore, when an FDA-approved drug is commercially available, or an alternative FDA-approved drug can be used, the FDA recommends that practitioners prescribe the FDA-approved drug rather than a compounded drug unless the prescribing practitioner has determined that a compounded product is necessary for the particular patient and would provide a significant difference for the patient as compared to the FDA-approved commercially available drug product.

For drugs compounded by registered outsourcing facilities that are on the FDA Drug Shortage List¹⁵, the drug must be compounded after the drug is placed on the drug shortage list and may not be dispensed or administered to a patient after it has been removed from the drug shortage list. Therefore, compounders may place shorter beyond use or expiration dates on such products to ensure that they will be used within this period and compounders and purchasers will not be left with inventory of drugs that cannot be used because they are no longer in shortage.

Page Last Updated: 01/30/2014

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

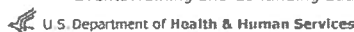
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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JANUARY 22-23, 2014 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 January, 2014 Board meeting.

Licensing Activity:

- 7 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 32 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state. One application was tabled pending further information.
- 5 licenses were granted for Out-of-State wholesalers.
- 6 applications were approved for Nevada pharmacies pending inspection.
- 1 license was granted for a Nevada MDEG license.
- 1 application for a pharmaceutical technician with past discipline was approved with conditions; 1 tabled pending more information; and 1 denied.

Disciplinary Action:

- Pharmacists MK and pharmacy WG were fined \$2K for misfilling a prescription for a fertility drug with an antipsychotic, pharmacy WG was fined \$750 for failure to counsel the patient, and required to review and correct the system that allowed a patient to leave the pharmacy without proper counseling. Pharmacist JK was dismissed from the case.
- Pharmaceutical technicians VC and JM were both revoked for diverting controlled substances.
- Pharmaceutical technician WM was revoked for testing positive on a random drug screen for a controlled substance.
- Pharmacist SR was fined \$2K for incorrectly compounding a medication that resulted in overmedicating the patient. Pharmacy GVD is closing and will surrender its license and DEA certificate the end of January.
- Pharmacist YK and pharmacist SN were put on probation to parallel discipline by the California Board of Pharmacy for diverting prescription drugs for personal profit. Neither practice in Nevada.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and daily reporting to the PMP.
- An appearance was made by MedAvail.
- Discussions were held on the Federal Drug and Security Act which addresses national legislation on compounding pharmacies, and on flu vaccine protocol.
- A collaborative practice agreement was approved for a TB Clinic in southern Nevada.

Workshop:

1. **Amendment of Nevada Administrative Code 453.510 Schedule I:** The proposed amendment will add certain substances to the controlled substances listed in Schedule I; and provide for other matters properly relating thereto.
2. **Amendment of Nevada Administrative Code 453.530 Schedule III:** The proposed amendment will redefine ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in schedule III; and provide for other matters properly related thereto.

Public Hearing:

1. **Amendment of Nevada Administrative Code 639.7425 Dispensing Technician: Requirements; application and fee for registration; provisional registration; issuance of certificate of registration.** This proposed amendment will add a mandatory law CE requirement for dispensing technicians, which is already a requirement for pharmaceutical technicians.
2. **Amendment of Nevada Administrative Code Chapter Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** This amendment is a technical change to an existing regulation that establishes certain data fields for controlled substance information that pharmacies must transmit to the Board's Prescription Monitoring Program pursuant to NRS 453.1545. This amendment will update and improve the scope and quality of the data available to practitioners and pharmacies through the PMP Program
3. **Amendment of Nevada Administrative Code Chapter 639 NEW LANGUAGE** To realize the purpose and intent of the 2013 Legislative Amendments to NRS Chapter 639 (SB 327) regarding telemedicine, electronic refill log and 90-day refills of dangerous drugs.
4. **Amendment of Nevada Administrative Code Chapter 453 NEW LANGUAGE** To realize the 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

5. **Amendment of Nevada Administrative Code Chapter 639.850, 639.854, 639.870, 639.879, 639.892** The proposed amendment will bring certain sections of NAC Chapter 639 relating to the advanced practice of nursing in line with the statutory amendments enacted by the Nevada Legislature through AB 170. The proposed amendments will replace the term “advanced practitioner of nursing” with “advanced practice registered nurse” and make various other changes to the provisions relating to the advanced practice of nursing.
6. **Amendment of Nevada Administrative Code Chapter 639.7105 Electronic transmission of prescription.** The proposed amendment will allow a pharmacist who receives an electronic prescription to keep a paper *or* electronic copy of the prescription at the pharmacy in a manner that is readily accessible for inspection by the Board, rather than requiring the pharmacist to print and keep on hand a paper copy of the electronic prescription.
7. **Amendment of Nevada Administrative Code Chapter 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.

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