



Nevada State Board of Pharmacy

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

June 2, 2014

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 11, 2014 at 9:00 am. The meeting will continue, if necessary, on Thursday, June 12, 2014 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, Nevada

Please Note

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

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◆ 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 April 16-17, 2014, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Advanced Pharmacy – Greenville, SC
 - B. Biocure LLC – Houston, TX
 - C. Complete Medical Homecare, Inc. – Lenexa, KS
 - D. EZ Scripts – Holland, OH
 - E. Guardian Pharmacy – San Bernardino, CA
 - F. JustRx – Lake Mary, FL
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| C. | Walgreens #02474 | (13-070-PH-N) |
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| J. | Brian E. Chambers, R.Ph | (14-021-RPH-O) |

5. Request for Intern Registration – Appearance for Possible Action:

Brianne L. Chin

6. Requests for Pharmaceutical Technician Registration – Appearance for Possible Action:

- A. Scott Kearney
- B. Jessica E. Marsh

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Presentation of Expedited Licensure for Veterans:
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- A. Personnel Evaluation
- B. Executive Secretary Evaluation

13. General Counsel Report for Possible Action

14. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
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- E. Board Related News
 - 1. Pharmacy Job Market
 - 2. California SB 493
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- F. Activities Report

15. Next Board Meeting:

July 23-24, 2014 – Las Vegas

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July 23-24, 2014 – Las Vegas

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

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

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

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

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

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



Nevada State Board of Pharmacy

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MINUTES

BOARD MEETING

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

April 16 – 17, 2014

Board Members Present:

| | | | |
|---------------|-----------------|------------------|-------------|
| Kam Gandhi | Leo Basch | Cheryl Blomstrom | Jack Dalton |
| Kevin Desmond | Tallie Pederson | Kirk Wentworth | |

Board Staff Present:

| | | | |
|----------------|---------------|--------------|-------------------------|
| Larry Pinson | Dave Wuest | Paul Edwards | Shirley Hunting |
| Ray Seidlinger | Daniel Garcia | Ken Scheuber | Christine Guerici-Nyhus |

1. Public Comment

No public comment.

Mr. Pinson introduced Christine Guerici-Nyhus, Deputy Attorney General. Ms. Guerici-Nyhus will be representing the Board at this meeting in place of Rose Marie Reynolds, who is absent due to a prior commitment.

2. Approval of March 5, 2014, 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. Arriva Medical LLC – Lakeland, FL
- B. Advanced Infusion Solutions – Ridgeland, MS
- C. Distinguished Pharmacy – Houston, TX
- D. Isomeric Pharmacy Services – Salt Lake City, UT
- E. Maxor Correctional Pharmacy Services – Franklin, TN
- F. Maxor Pharmacies – Amarillo, TX
- G. My Favorite Pharmacy LLC – Tamarac, FL
- H. National Animal Hospital – Kihei, HI
- I. Norwood Pharmacy, LLC – Maryland Heights, MO
- J. SS Pharmacy – Irving, TX

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

- K. Access Compounding Pharmacy – McLean, VA
- L. America's Compounding Center – Newton, MA
- M. American Integrative Pharmacy – Lomita, CA
- N. Century Pharmacy – Lowell, MA
- O. Cottage Pharmacy & Surgical, Inc. – Woodbury, NY
- P. Darjen Inc. – Palm Beach Gardens, FL
- Q. Destrehan Discount Pharmacy – Destrehan, LA
- R. Entracell Pharmacy – Los Angeles, CA
- S. Frannill Pharmacy & Surgical – Hollis, NY
- T. GenRx – Scottsdale, AZ
- U. Injured Workers Pharmacy, LLC – Phoenix, AZ
- V. Lumicera Health Services, LLC – Madison, WI
- W. MedExpress – Perris, CA
- X. National Wellness Supply – Ambridge, PA
- Y. NBJ Pharmacy, Inc. – Richmond, TX
- Z. Pharmaceutical Specialties Express – Bogart, GA
- AA. Pinnacle Compounding LLLP – Missoula, MT
- BB. Rx To Go Pharmacy, LLC – Fort Myers, FL
- CC. Safe Pharmacy – Mesquite, TX
- DD. Scripte Corporation – Burbank, CA
- EE. SmartPractice Allergan Bank – Phoenix, AZ
- FF. Specialty Care Pharmacy – Boca Raton, FL
- GG. Women's International Pharmacy, Inc. – Madison, WI

Applications for Out-of-State Wholesaler – Non Appearance

- HH. Cardinal Health – Zanesville, OH
- II. Chelsea Therapeutics, Inc. – Charlotte, NC
- JJ. DPT Laboratories, Ltd. – San Antonio, TX
- KK. Ivesco – Iowa Falls, IA
- LL. Kuehne + Nagel Inc. – Pharr, TX

- MM. Lifeline Pharmaceuticals, LLC – Miami, FL
- NN. McKesson Medical-Surgical Inc. – Kansas City, MO
- OO. OraPharma, Inc. – Bridgewater, NJ
- PP. Vetoquinol USA, Inc. – Fort Worth, TX

Applications for Nevada Pharmacy – Non Appearance

- QQ. A to Z Specialty Pharmacy – Las Vegas
- RR. Sunset Pharmacy LLC – Las Vegas

Applications for Out-of-State MDEG – Non Appearance

- SS. Bayer Healthcare LLC – Milpitas, CA
- TT. Breg, Inc. – Plainfield, IN
- UU. Promed Medical Supplies – Culver City, CA

The Board requested clarification on the Application for Out-of-State Pharmacy License for Item 3 B (Advanced Infusion Solutions). The application indicates a change of ownership and location, but the "New Pharmacy" box is not checked. The Board also requested a signed Affidavit be submitted by the applicant attesting that they will not be shipping compounded sterile products into Nevada.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval with the exception of Item 3. B. Advanced Infusion Solutions – Ridgeland, MS.

Second: Leo Basch

Action: Passed Unanimously

Following the Board's action, Mr. Wuest reported that he contacted Advanced Infusion Solutions. Advanced Infusion Solutions requested the application be tabled at this time.

4. Discipline Cases

- | | | |
|----|--------------------------|------------------|
| A. | Rossitza Mirtcheva, R.Ph | (13-022-RPH-A-S) |
| B. | Barry Cohen, R.Ph | (13-022-RPH-B-S) |
| C. | Spectrum Pharmacy | (13-022-PH-S) |

Rossitza Mirtcheva, pharmacist, Barry Cohen, pharmacist, Steve Carlton, managing pharmacist, and Claudia Rincon, pharmaceutical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Rincon was subpoenaed to appear as a witness and is not named as a respondent in this case.

Mr. Edwards moved to have Exhibits 1 through 20 admitted. He noted that the Respondents have reviewed and stipulated to admit the Exhibits.

President Gandhi admitted Exhibits 1 through 20 into the record.

Mr. Edwards summarized the facts in this case. He noted that the Respondents are not contesting the facts in this matter. Each Respondent admitted in writing to each of the Causes of Action alleged against them.

Mr. Edwards explained that Spectrum Pharmacy compounded a prescription with approximately 19,005 mcg of liothyronine per capsule rather than the 25 mcg of liothyronine per capsule that was prescribed to patient LS. LS ingested, as directed, one capsule daily of the erred medication. She was admitted to the hospital approximately five days later. The cause of her hospitalization was diagnosed as thyrotoxicosis. Subsequent lab testing of the compounded capsules determined that each capsule contained approximately 760 times greater the amount of liothyronine than prescribed.

Ms. Mirtcheva was the pharmacist who entered the liothyronine prescription data into the pharmacy computer system and performed the calculations for the 25 mcg liothyronine capsules. Mr. Cohen verified Ms. Mirtcheva's calculations, but he did not detect the error in the amount of liothyronine. Pharmaceutical technician Rincon filled the capsules based on the calculations and weight as verified on the worksheet by Ms. Mirtcheva and Mr. Cohen. Mr. Cohen verified the final product.

Mr. Edwards called witness Ken Scheuber, Board Investigator.

Ken Scheuber appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Scheuber addressed questions from Mr. Edwards regarding the Exhibits related to the investigation in this case.

The Respondents answered questions posed by Mr. Edwards and the Board Members.

Mr. Carlton stated that he accepts full responsibility as owner and pharmacist in charge at the time of the incident. He stated that based on this incident, Spectrum Pharmacy has ceased to compound oral capsules. All current (oral) compounding prescriptions were transferred to local pharmacies. Mr. Carlton said that Spectrum Pharmacy has been purchased by Pharmerica effective January 1, 2014.

Ms. Mirtcheva said that she admits to the violations in the Accusation and apologized to the Board. She indicated that she has taken measures to improve her process to avoid errors and comply with pharmacy law.

Mr. Cohen apologized to the Board, admitting to the error and accepts responsibility. Mr. Cohen said that he contacted the patient and doctor when the mistake was discovered. He expressed remorse and indicated that he has taken steps to improve his verification process.

Ms. Rincon stated that the pharmacy staff had not compounded capsules prior to this incident. Capsules were compounded by their sister pharmacy which was located in Colorado. The Colorado pharmacy transferred all of its compounding records (including LS' prescriptions) to Spectrum Pharmacy. Ms. Rincon believes the error occurred due to the lack of proper training.

Based on the findings of fact and admission of guilt by the Respondents, Mr. Edwards recommended a finding of guilt in the First Cause of Action for failing to follow LS' physician's instructions.

Board Action:

Motion: Leo Basch moved to find Rossitza Mirtcheva, Barry Cohen and Spectrum Pharmacy guilty in the First Cause of Action based on the testimony provided.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards stated that the facts presented and admitted to support a finding of guilt in the Second Cause of Action for failing to provide written information or a toll-free telephone number regarding a new mail-order prescription.

After discussion, the general consensus of the Board was that the evidence supports that a toll-free telephone number was provided on the prescription label. The facts presented indicates that written instructions were not included with the prescription. The Board agreed to remove the allegation regarding the toll-free telephone number.

Mr. Edwards pointed out that if the specific point as to the telephone number was not proven, the overall violation of the statute is supported by the lack of documentation going into the packaging.

Board Action:

Motion: Cheryl Blomstrom moved to find Rossitza Mirtcheva and Spectrum Pharmacy guilty in the Second Cause of Action with respect to the fact

that written documentation was not provided to the patient for the new prescription.

Second: Kevin Desmond

Action: Passed Unanimously

Mr. Edwards stated that the evidence supports the finding in the Third Cause of Action that the Respondents compounded and dispensed a drug that is commercially available.

Board Action:

Motion: Cheryl Blomstrom moved to find Rossitza Mirtcheva, Barry Cohen and Spectrum Pharmacy guilty in the Third Cause of Action.

Second: Kevin Desmond

Ayes: Blomstrom, Pederson, Dalton, Desmond

Nays: Wentworth, Basch

Action: Motion Carried

Mr. Edwards stated that the facts presented and admitted to support a finding of guilt in the Fourth Cause of Action for failing to establish policies and procedures for compounding drug products.

Board Action:

Motion: Leo Basch moved to find Spectrum Pharmacy guilty in the Fourth Cause of Action based on the exhibits and testimony provided.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Because Spectrum Pharmacy has been found responsible in the First, Second, Third and Fourth Causes of Action, Mr. Edwards stated that the Fifth Cause of Action becomes moot and moved for dismissal.

President Gandhi dismissed the Fifth Cause of Action.

Board discussion ensued regarding the penalty recommendations presented by Mr. Edwards.

Board Action:

Motion: Kirk Wentworth moved to accept Mr. Edward's recommendations. Ms. Mirtcheva shall pay a fine of \$3,250.00 and an administrative fee of \$250.00 within ninety (90) days, and complete twenty (20) hours of live USP based compounding training at her own expense within six (6) months before she is permitted to compound oral capsules again. Ms. Mirtcheva's pharmacist license shall be placed on probation for a period of two (2) years.

Mr. Cohen shall pay a fine of \$2,500.00 and an administrative fee of \$250.00 within ninety (90) days, and complete twenty (20) hours of live USP based compounding training at his own expense within six (6) months before he is permitted to compound oral capsules again. Mr. Cohen's pharmacist license shall be placed on probation for a period of two (2) years.

Spectrum Pharmacy will complete and submit to Board Staff for approval policies and procedures regarding all compounding in its pharmacy; pay a fine of \$5,000.00; reimburse the Board Office \$2,500.00 in ARL Laboratory testing fees; pay an administrative fee of \$1,000.00. Fees and fines are to be paid within ninety (90) days. Spectrum Pharmacy may continue to compound products it has been compounding in the ordinary course of its business, but it cannot compound (a) additional products that are not presently part of its ordinary course of business, (b) oral capsules, or (c) products for out-patient use, without first obtaining specific Board approval. Spectrum Pharmacy's certificate of registration shall be placed on probation for a period of two (2) years.

Second: Tallie Pederson

Action: Passed Unanimously

D. Albert Oganessian, PT

(13-077-PT-S)

Mr. Edwards advised the Board that Mr. Oganessian was not present. The Notice of Intended Action and Accusation was mailed to Mr. Oganessian via U.S. Postal Service certified mail. Mr. Edwards presented the Certified Mail Receipt marked Exhibit 5. Mr. Edwards noted that Mr. Oganessian did not submit an Answer and Notice of Defense to the Board Office.

President Gandhi admitted Exhibit 5 into the record.

Mr. Edwards called witness Shirley Hunting, Board Coordinator. Ms. Hunting testified that the Notice of Intended Action and Accusation was sent certified mail on February

19, 2014, to Mr. Oganessian's last known address on file with the Board Office. The U.S. Postal Service Return Receipt and the envelope containing the Accusation were not returned to the Board Office.

Mr. Edwards explained that Vons' Director of Pharmacy notified the Board Office that Mr. Oganessian had been terminated from his employment at Von's Pharmacy for diversion of controlled substances. Mr. Oganessian diverted approximately 55,000 hydrocodone/acetaminophen products during the period of January 2013 and October 2013.

Mr. Edwards stated that the evidence and testimony provided support the finding that service was attempted by Board Staff sending the Accusation via certified U.S. Postal Service to the Respondent.

Board Action:

Motion: Leo Basch moved to find that based on the evidence and testimony presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Mr. Oganessian.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Based on the finding that service occurred properly, Mr. Edwards recommended that the Board take default against the Respondent and revoke his pharmaceutical technician registration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Albert Oganessian's pharmaceutical technician registration.

Second: Kirk Wentworth

Action: Passed Unanimously

Mr. Edwards informed the Board that representatives from Safeway/Von's are in attendance to discuss the corrective measures that have been implemented regarding diversion control.

Kristy Moon, Safeway/Von's general counsel, informed the Board that the Safeway/Von's Corporation is working with the State of Nevada on the criminal charges associated with this matter. Mr. Oganessian has plead guilty to certain charges and will be sentenced for committing grand theft on April 28, 2014.

Edward Hightower, Safeway/Von's Pharmacy Information Analyst, stated that a pilot program has been implemented using a third party data aggregation tool called Supply Logics. Wholesalers will provide a weekly data feed of all Safeway/Von's controlled substance orders. The data is analyzed at the corporate level for potential inventory variances and reported to the district level for action.

Paul Knerr, Director of Pharmacy for the Von's Companies, stated that additional controls have been implemented at the store level. The pharmacist in charge must approve all drug orders prior to submission to the wholesaler(s). In addition, the pharmacist in charge reviews all invoices of drugs purchased.

E. Autumn Heaton, PTT

(13-079-PTT-S)

Mr. Edwards advised the Board that Ms. Heaton was not present.

Mr. Edwards moved to have Exhibits 1 through 5 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards explained that Board Staff received notification (Exhibit 3) from Mark Brunton, Kaplan College Pharmacy Technician Program Director, that during a random drug screen, Ms. Heaton tested positive for marijuana. Mr. Brunton provided a copy of Ms. Heaton's test results (Exhibit 4).

Mr. Edwards presented a copy of the returned certified envelope containing the Accusation which was returned to the Board Office by the U.S. Postal Services and labeled as "UNCLAIMED" (Exhibit 1). The Accusation was sent to Ms. Heaton's last known address. He also provided a copy of the letter sent regular mail to Ms. Heaton's last known address advising her of the Hearing (Exhibit 2).

Mr. Edwards stated that the evidence and testimony provided support the finding that service was attempted by Board Staff sending the Accusation via certified U.S. Postal Service to the Respondent.

Board Action:

Motion: Kirk Wentworth moved to find that based on the evidence and testimony presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Heaton.

Second: Jack Dalton

Action: Passed Unanimously

Based on the finding that service occurred properly, Mr. Edwards recommended that the Board take default against the Respondent and revoke her pharmaceutical technician in training registration.

Board Action:

Motion: Jack Dalton moved to revoke Autumn Heaton's pharmaceutical technician in training registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

F. Siovonne Sims, PT (14-014-PT-S)

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

Mr. Edwards advised the Board that Ms. Sims was not present.

Mr. Edwards moved to have Exhibits 1 through 5 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards explained that Board Staff received notification from Walgreens' Loss Prevention Manager that Ms. Sims was terminated from her employment as a pharmaceutical technician at Walgreens #05619. Ms. Sims was terminated for diversion of controlled substances. During an interview with a Walgreens' Loss Prevention Manager, and in a subsequent written statement (Exhibit 5), Ms. Sims admitted to diverting twenty-one (21) bottles of alprazolam 2 mg. tablets. Ms. Sims sold the bottles of alprazolam for personal financial gain.

Mr. Edwards stated that Board Staff served the Accusation on Ms. Sims by certified mail on March 4, 2014, at the address she had on record with the Board Staff. He presented a copy of the certified mail receipt and the certified mail return receipt (Exhibit 1) indicating that service occurred on March 27, 2014. He also provided a copy of the letter sent regular mail to Ms. Sims' last known address advising her of the Hearing (Exhibit 2). Ms. Sims submitted an Answer and Notice of Defense (Exhibit 3) admitting to the allegations in the Accusation.

Mr. Edwards stated that the evidence provided supports a finding of guilt.

Board Action:

Motion: Kevin Desmond moved to find Siovonne Sims guilty of the alleged violations in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards recommended revocation of Ms. Sims' pharmaceutical technician registration.

Board Action:

Motion: Jack Dalton moved to revoke Siovolle Sims' pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

G. Dawn M. Lee, PT (14-015-PT-S)

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

Mr. Edwards advised the Board that Ms. Lee was not present.

Mr. Edwards moved to have Exhibits 1 through 5 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards explained that Board Staff received written notification (Exhibit 3) from a Walgreens' Loss Prevention Manager that Ms. Lee was terminated from employment from Walgreens #12646 as a pharmaceutical technician. During an interview conducted by Walgreens' Loss Prevention Manager, and in a subsequent written statement (Exhibit 4), Ms. Lee admitted to using random customers' names to process fraudulent transactions through Walgreens' \$25 Prescription Transfer Bonus Promotion, and keeping the gift cards for herself. During an eighteen month period, Ms. Lee processed approximately thirty-six (36) fraudulent \$25 gift cards worth approximately \$900.00. She used the gift cards for personal purchases.

Mr. Edwards stated that Board Staff served the Accusation on Ms. Lee by certified mail on March 4, 2014, at the address she had on record with the Board Staff. He presented a copy of the certified mail receipt and the certified mail return receipt (Exhibit 1) indicating that service occurred on March 6, 2014. He also provided a copy of the letter sent regular mail to Ms. Lee's last known address advising her of the Hearing (Exhibit 2).

Mr. Edwards stated that there is sufficient evidence supporting a finding of guilt.

Board Action:

Motion: Leo Basch moved to find Dawn Lee guilty of the alleged violations in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

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

Board Action:

Motion: Leo Basch moved to revoke Dawn Lee's pharmaceutical technician registration.

Second: Jack Dalton

Action: Passed Unanimously

| | | |
|----|-----------------------------------|----------------|
| H. | Wendy K. Quach, R.Ph | (14-019-RPH-S) |
| I. | Coram Specialty Infusion Services | (14-019-PH-S) |

Wendy Quach, Managing Pharmacist, and Myron Fernandez, Vice President of Operations appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present as counsel representing Ms. Quach and Coram Specialty Infusion Services (Coram).

Mr. Edwards presented a Stipulation and Order regarding Ms. Quach and Coram for the Board's consideration. Ms. Quach and Coram admit that intern pharmacist, Venus Vedadi, worked at Coram without a current intern pharmacist registration for twenty-eight days during the time period November 11, 2013 to December 20, 2013.

Ms. Quach shall receive a public letter of reprimand from the Board Executive Secretary, pay a fine of \$250.00, and complete one hour of continuing education on the topic of managing pharmacist responsibilities. If such a course is not available, complete a one hour course on ethics.

Coram Specialty Infusion Services shall pay a fine of \$560.00, pay an administrative fee of \$500.00, and within thirty (30) days, report to the Board the cause of the violation and the actions to prevent future similar reoccurrences.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

| | | |
|----|---------------------------|----------------|
| J. | Tamara M. Masterson, R.Ph | (14-016-RPH-S) |
| K. | CVS Pharmacy #7251 | (14-016-PH-S) |

Tamara Masterson, pharmacist, and Matthew Ray, CVS District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present as counsel representing CVS Pharmacy only.

Mr. Edwards explained that Ms. Masterson is no longer employed by CVS Pharmacy; however, she was the managing pharmacist at CVS pharmacy #7251 during the time the violation occurred.

Mr. Edwards presented a separate Stipulation and Order for each Respondent for the Board's consideration. The factual basis for the alleged violations in the Stipulations and Orders are the same. Ms. Masterson and CVS Pharmacy #7251 admit that intern pharmacist, Venus Vedadi, worked at CVS Pharmacy #7251 without a current intern pharmacist registration for five days during the time period November 1, 2012 to May 24, 2013.

Ms. Masterson shall receive a public letter of reprimand from the Board Executive Secretary, pay a fine of \$250.00, and complete one hour of continuing education on the topic of managing pharmacist responsibilities. If such a course is not available, complete a one hour course on ethics.

CVS Pharmacy #7251 shall pay a fine of \$400.00, pay an administrative fee of \$500.00, and within thirty (30) days, report to the Board the cause of the violation and the actions to prevent future similar reoccurrences.

Board Action:

Motion: Cheryl Blomstrom moved to accept both Stipulations and Orders as presented.

Second: Tallie Pederson

Action: Passed Unanimously

5. Applications for Nevada Pharmacy

A. Ezyfast Pharmacy L.L.C. – Laughlin

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

Mr. Kesitilwe explained that Ezyfast Pharmacy will operate as a retail pharmacy. Ezyfast Pharmacy will not provide compounding services. The pharmacy drive through window is equipped with microphones for patient counseling. The pharmacist will request that patients who require in-depth counseling come into the pharmacy. Ezyfast Pharmacy currently has a location in Bullhead City, Arizona, which has been in operation for two years.

Board Action:

Motion: Cheryl Blomstrom moved to approve Ezyfast Pharmacy's Application for Nevada Pharmacy.

Second: Kevin Desmond

Action: Passed Unanimously

B. LV Pharmacy @ The Clinic – Las Vegas

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

Mr. Strebel explained that LV Pharmacy @ the Clinic will be located in an OB/GYN clinic. The dispensing physicians, who are currently practicing at the clinic, will discontinue dispensing once the pharmacy is opened. Mr. Strebel stated that his son is a practicing physician at the clinic.

The LV Pharmacy @ the Clinic will operate as a retail pharmacy. A minimal amount of estrogen/progesterone topical compounding products will be available. The pharmacy will not be doing any sterile compounding.

The Board questioned Mr. Strebel regarding the administrative action taken against his Utah pharmacist license and Park City Pharmacy @ the Clinic, which Mr. Strebel owned and was the managing pharmacist. The 2005 Emergency Order issued by The Division of Occupational and Professional Licensing of the Department of Commerce of the State of Utah alleged that Mr. Strebel committed insurance fraud, filled fraudulent prescriptions and committed bribery. Mr. Strebel was ordered to cease and desist from the practice of pharmacy, and the license of Park City Pharmacy @ the Clinic was suspended. Mr. Strebel admitted to the allegations in a Stipulation and Order dated January 4, 2007, and agreed to surrender his Utah pharmacist license.

Mr. Strebel explained that for the most part, the allegations were not actually true. He stated that he agreed to admit to the violations and sign the Utah Stipulation and Order to avoid criminal action.

The Board expressed concern with Mr. Strebel's explanation and reasoning regarding his admissions to the serious and alarming allegations in the Utah Stipulation and Order. Considering his history, the Board was not comfortable allowing Mr. Strebel to operate, unsupervised, in a similar setting as the pharmacy in Utah where the violations occurred.

Board Action:

Motion: Kirk Wentworth moved to deny LV Pharmacy @ The Clinic's Application for Nevada Pharmacy.

Second: Leo Basch

Action: Passed Unanimously

6. Applications for Out-of-State Compounding Pharmacy

A. Biomed California, Inc. – Inglewood, CA

Susan Woodman, Pharmacy Manager, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Woodman presented a letter from Mark Strollo, Senior Vice President, authorizing Ms. Woodman as the designated representative for Biomed California.

Ms. Woodman explained that Biomed in Pennsylvania is currently licensed in Nevada and would like to expand into California to service their patients who are located in the western region of the country. Biomed California is ACHC accredited. They are currently in the process of applying for a sterile compounding license in California.

Biomed's focus has primarily been hemophilia medications. Medications are patient specific and shipped directly to the patient. Biomed California will be expanding pharmacy services to include low and medium risk compounding upon approval of their California sterile compounding license. Pharmacy staff receive training via the on-line Critical Point program as well as in-house training annually.

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

Board Action:

Motion: Kirk Wentworth moved to approve Biomed California's Application for Out-of-State Pharmacy License.

President Gandhi pointed out that Biomed California is currently not prepared to compound. He recommended the Board consider conditioning the license until the pharmacy is fully equipped and inspected by California.

Mr. Wentworth withdrew his Motion.

Board Action:

Motion: Cheryl Blomstrom moved to approve Biomed California's Application for Out-of-State Pharmacy pending receipt of the Affidavit attesting that they will not be shipping sterile compounded products into Nevada. Approval to ship sterile compounded products into Nevada will be considered upon receipt by Board Staff of Biomed California's sterile compounding license and satisfactory inspection by the California Board of Pharmacy.

Second: Tallie Pederson

Action: Passed Unanimously

B. Cardinal Health 414, LLC – Indianapolis, IN

Keith Koontz, Managing Pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Koontz presented a letter from William Claunch, Vice President, authorizing Mr. Koontz as the designated representative for Cardinal Health 414.

Mr. Koontz explained that Cardinal Health 414 is a nuclear pharmacy which supplies Xofigo®, an alpha-emitting radioactive therapeutic agent indicated for the treatment of patients with prostate cancer. Cardinal Health in Denver is currently the only pharmacy in the country providing this treatment. Products are patient specific and shipped via Federal Express directly to the hospital or clinic for administration. The pharmacy was inspected eighteen months ago.

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

Board Action:

Motion: Leo Basch moved to approve Cardinal Health 414's Application for Out-of-State Pharmacy License.

Second: Kevin Desmond

Action: Passed Unanimously

C. Focus Rx – Holbrook, NY

Focus Rx requested postponement until the June 2014 meeting.

D. Leiter's Compounding – San Jose, CA

Paul Yamamoto, Vice President of Operations, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Yamamoto did not have a letter authorizing him to speak on behalf of Mr. Leiter. The Board permitted Mr. Yamamoto to describe the pharmacy's business model.

Mr. Yamamoto explained that Leiter's Compounding will specialize primarily in ophthalmology medications including intravitreal antibiotics for cataract surgery, topical agents and specialty eye drops. Products are patient specific. Pharmacy staff are trained via the on-line Critical Point program as well as in-house training by their quality team. The pharmacy was inspected on March 26, 2014.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve Leiter's Compounding Application for Out-of-State Pharmacy pending receipt of a copy of their most recent inspection and letter authorizing Mr. Yamamoto as a designated representative on behalf of Leiter's Compounding.

Second: Kirk Wentworth

Action: Passed Unanimously

E. Suncoast RadioPharmacy Services – Tampa, FL

Adria Jackson, Managing Pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Jackson presented a letter from John Gangemi, President, authorizing her to speak on behalf of Suncoast RadioPharmacy Services.

Ms. Jackson explained that Suncoast RadioPharmacy Services specializes in hormone replacement therapies for both men and women, including human growth hormone, testosterone and HCG weight loss plans. The pharmacy is 797 compliant. Each batch of product is tested for sterility, endotoxins and potency.

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

Board Action:

Motion: Kirk Wentworth moved to approve Suncoast RadioPharmacy Services' Application for Out-of-State Pharmacy License.

Second: Leo Basch

Action: Passed Unanimously

7. Applications for Nevada MDEG

A. Nevada Mobility – Las Vegas

Kevin McManus, owner/administrator, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. McManus explained that Nevada Mobility specializes in stair lifts, vehicle lifts, wheelchairs and scooters. The company is currently pursuing accreditation to become eligible to accept and bill insurance plans. Nevada Mobility has been in operation as a retail business since November, 2013. All sales have been on a cash basis only.

Dave Wuest clarified that Nevada Mobility currently sells products that do not require a prescription; therefore, a license was not required. Most insurance companies reimburse for prescription products only. Nevada Mobility is required to have a Nevada MDEG license if they sell prescription items.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve Nevada Mobility's Application for Nevada Medical Device, Equipment & Gases (MDEG).

Second: Leo Basch

Action: Passed Unanimously

B. Prism Medical Products, LLC – Henderson

Chris Cartwright, president/owner, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Cartwright explained that Prism Medical Products specializes in home delivery service of wound care, ostomy and urology supplies. Supplies are delivered directly to the patients via Federal Express. The company is JCAHO accredited.

The Board noted that the administrator information was not completed on page 1 of the application. Question 14 on the application, which asks if a personal license has ever been denied, is marked "Yes". Mr. Cartwright clarified that the North Carolina Board of Pharmacy denied an application because it was not complete. He stated that he has never had any action taken against his license. He stated that Katrina McKinney is the administrator.

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

Board Action:

Motion: Kirk Wentworth moved to approve Prism Medical Products' Application for Nevada Medical Device, Equipment & Gases (MDEG) pending a satisfactory inspection and receipt of an updated application.

Second: Tallie Pederson

Action: Passed Unanimously

8. Request for Controlled Substance License

Stuart Feldman, DPM

Stuart Feldman appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Dr. Feldman explained that he was prescribed pain medications for chronic back pain and developed dependency issues. Dr. Feldman was convicted of a gross misdemeanor for writing prescriptions for carisoprodol and hydrocodone in another individual's name who in turn had the prescriptions filled and gave them to Dr. Feldman for payment or other compensation. Dr. Feldman's license to practice medicine was suspended. The suspension was stayed pending his participation in the Nevada Professionals Assistance Program (NPAP). Dr. Feldman entered into NPAP in April 2010 and continues to participate in the program.

Dr. Feldman said that he has been sober for almost four years. He presented a letter from Peter Mansky, M.D., Executive Medical Director of NPAP. Dr. Mansky expressed his support of "Dr. Feldman's ability to practice podiatry safely and effectively on the basis of his recovery."

Dr. Feldman answered questions to the Board's satisfaction. The Board supported approval of Dr. Feldman's controlled substance registration with conditions.

Board Action:

Motion: Cheryl Blomstrom moved to approve Stuart Feldman's Controlled Substance Application subject to this participation in the Prescription Monitoring Program (PMP) for the entire time that he is licensed by this Board. Dr. Feldman is ordered to: 1) actively access the PMP, and review the patient profile of each patient that he prescribes a controlled substance to; 2) review his PMP profile monthly to verify that he in fact prescribed the prescriptions that have been written and filled under his name.

Second: Tallie Pederson

Action: Passed Unanimously

9. Request for Pharmaceutical Technician License

Angeli V. Domingo

Angeli Domingo appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Pinson explained that during a routine annual inspection of CVS Pharmacy #5942, the Board Inspector discovered that Angeli Domingo was working as a pharmaceutical technician without a valid registration. Ms. Domingo worked for sixty-seven (67) days as an unregistered pharmaceutical technician at multiple CVS pharmacies in Nevada from August 2013 to February 2014. Prior to that time, Ms. Domingo was employed as a pharmaceutical technician at a CVS pharmacy in Florida where she resides. Ms. Domingo was in Nevada on an extended vacation during the time she worked unregistered. CVS employees that have not worked in thirty (30) days are dropped from the CVS system. In order to maintain her employment, Ms. Domingo began working at CVS #5942.

On April 10, 2014, Board Staff served a Cease and Desist Order and Citation for the unlawful practice of pharmacy to Ms. Domingo. Ms. Domingo was assessed an administrative fine of \$1,340.00.

Ms. Domingo said that the managers of the various CVS pharmacies where she worked did not ask her for a copy of her registration. She admitted to working another shift after she was ordered by the Board Inspector to cease working until she was registered. Ms. Domingo claimed that she explained the registration situation when asked to work, but the managing pharmacist told her that it would be alright for her to work.

Ken Scheuber, Board Investigator, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Scheuber testified that on February 12, 2014, the Board Inspector ordered Ms. Domingo to cease working. On February 19, 2014, Mr. Scheuber telephoned CVS #2955 and discovered that Ms. Domingo was working. During the investigation, Mr. Scheuber interviewed the CVS district pharmacy manager and the managing pharmacist of CVS #5942. Both managers informed Mr. Scheuber that Ms. Domingo was interviewed in November 2013, and was told that a Nevada pharmaceutical technician registration was required. At that time, Ms. Domingo informed the managers that she had already submitted her technician registration application. Ms. Domingo's pharmaceutical technician application was not signed by her until February 21, 2014. The Board Office received her application on February 27, 2014.

The Board posed questions to Ms. Domingo. President Gandhi explained to Ms. Domingo that the Board's stance in the past has been that outstanding issues such as the cite and fine be resolved before the Board will consider approval of an application.

Board Action:

Motion: Cheryl Blomstrom moved to deny Angeli Domingo's Pharmaceutical Technician Application.

Second: Kirk Wentworth

Ayes: Blomstrom, Wentworth, Pederson, Desmond

Nays: Basch, Dalton

Action: Motion Carried

10. Executive Secretary Report

Mr. Pinson reported that Board Staff has conducted an audit of pharmacist continuing education units for the biennial period November 1, 2011, through October 31, 2013. Audit findings are currently being analyzed to determine compliance.

At the Board's request, Board Staff drafted potential questions and answers regarding non-sterile compounding for the Board's reference.

A. Financial Report

Mr. Pinson presented the financials to the Board's satisfaction.

B. Temporary Licenses

Two temporary licenses were issued since the last meeting.

C. Staff Activities

1. Presentations:

a. "Project Echo" through UNR School of Medicine

Mr. Pinson spoke to this group on the subject of substance abuse. The program was conducted via webinar to multiple sites within the state. Mr. Pinson was invited to repeat the program at a future date.

b. NABP Annual Meeting

Mr. Pinson was invited to speak at the annual meeting which will be held in Phoenix in May. He informed the Board that he is running for the NABP Executive Committee.

c. Washoe County Division Meeting

Mr. Pinson has been invited to speak at this meeting to a group which will include social workers.

d. APRN Association

Mr. Edwards will be speaking to the APRN Association in June in Reno. Mr. Pinson will present to the Las Vegas group in July.

D. Reports to Board

1. Legislative Commission of Regulations

Seven pharmacy regulations were approved at the March meeting.

2. Collaborative Efforts:

a. Botox (Metro; DA; DO Board)

b. Medi-Spas (BOME)

3. Coalition Meeting on Prescription Drug Abuse

Mr. Wuest attended the March meeting on behalf of Board Staff. Ms. Blomstrom and President Gandhi also were in attendance. Mr. Wuest acknowledged Ms. MacMenimen for her efforts in chairing this group.

Ms. MacMenimen thanked the Board and Board Staff for their assistance. She commented that Governor Sandoval has been appointed to lead the National Governors' Association's initiative on reducing prescription drug abuse, and he shares the same focus as the Coalition. The next meeting is scheduled for May.

4. PMP Task Force Meeting

Mr. Edwards chaired the meeting which was held in March.

Mr. Basch commented that he received positive comments from a pharmacy manager in a homecare pharmacy regarding the new PMP reporting tool.

5. FDA Inter-Governmental Meeting on Compounding

Discussed under Item 12.B. FDA Outsourcing Facilities

E. Board Related News

1. NABP Stakeholder Meeting

The Stakeholders Consensus Document on Prescribing and Dispensing Controlled Substances was included in the Board book for the Board's information.

F. Activities Report

11. General Counsel Report

Mr. Edwards said that representatives from Appriss may be at the June (Reno) and July (Las Vegas) meetings to present initial training on the NPLEEx program.

Mr. Edwards reported that the seven regulations that were recently adopted by the Board were approved at the last Legislative Commission meeting, and have been filed with the Secretary of State's office.

Mr. Edwards updated the Board on the Maryanne Phillips' case. Dr. Phillips filed a petition for judicial review, and a motion to stay enforcement of the Board's Order. The

court ordered a temporary stay while the parties brief whether the stay should remain in place pending the outcome of the review. Mr. Edwards will be filing a response to Dr. Phillips' motion for stay, and counter motion to lift the temporary stay within the next week.

12. Discussion and Determination:

A. Veterinary Medications

Mr. Wuest stated that there has been an increase in the number of telephone calls and complaints regarding veterinary medications. The complaints range from unlabeled medications found at pet and feed stores to medications entering into food sources. NRS 639.2345 states that any person who engages in the sale of veterinary prescription or nonprescription drugs must obtain a license from the Board of Pharmacy.

Board Staff met with Debbie Machen, Executive Director of the Board of Veterinary Medicine. It was determined that it would be in the State's best interest to form a workgroup to review and address how veterinary medications are stored, labeled and provided to the general public. The workgroup would include members and staff from the Board of Veterinary Medicine, Board of Pharmacy, State of Nevada Dairy Board, as well as representatives from feed stores, ranchers and large and small herd veterinarians.

The Board supported the formation of the workgroup. Ms. Blomstrom and Mr. Basch volunteered to participate in the workgroup.

B. FDA Outsourcing Facilities

Mr. Pinson reported that he and Mr. Wuest attended the 50-state meeting conducted by the FDA in March to discuss plans for the implementation and licensing of outsourcing facilities. The meeting included an overview of the compounding provisions in Section 503A and 503B of the Federal Food, Drug, and Cosmetic Act. The meeting also included discussions about federal and state communications, inspections of sterile compounding facilities and enforcement, regulating interstate distribution of compounded drugs, state adverse event reporting, and state enforcement priorities. The FDA will consider the states' input provided at the meeting, and continue to work with states in developing legislation for outsourcing facilities.

Mr. Pinson provided a copy of the 503A draft guidance and PowerPoint presentation from the meeting to the Board members.

Jerry Berndt, Omicare, expressed concern that 503B does not require pharmacist oversight of outsourcing facilities.

Mr. Wuest commented that the FDA has no issue with states implementing and enforcing requirements for outsourcing facilities. Nevada will require pharmacist oversight.

13. Public Hearing to Act Upon a Regulation

1. **Amendment of Nevada Administrative Code 453.530 Schedule III** The proposed amendment will define Ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in Schedule III.

President Gandhi opened the Public Hearing.

David Goldthorp, Forensic Lab Manager, Las Vegas Metro Forensics Controlled Substance Unit, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Goldthorp explained that the forensics laboratories requested this amendment that "ketamine HCL" be redefined in the regulation as "ketamine." HCL is the salt form. Removing the HCL will include all salts, bases and isomers.

President Gandhi closed the Public Hearing.

Board Action:

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

Second: Leo Basch

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code NAC 639.748 Identification of person to whom controlled substance is dispensed.** The proposed amendment will define the identification requirements to obtain controlled substance medications.

President Gandhi opened the Public Hearing.

Mr. Pinson commented that it is not the Board Staff's intent that the identification requirement be mandatory for mail order facilities, since the patient's identification is obtained through their third party payer.

There was discussion regarding the necessity of documenting the identification number. Law enforcement has expressed that it would be helpful in investigations if the identification is obtained. The general consensus of the Board was to require some type of documentation of the identification number.

Dennis McAllister, Senior Director of Regulatory Affairs for Express Scripts, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. McAllister also submitted written public comment which was included in the Board's meeting book.

Mr. McAllister commented that Express Scripts supports positive identification at the pickup point of controlled substance prescriptions. The concern is applying this requirement to mail order (home delivery) prescriptions. The patient is not aware that identification is required when the prescription is given to the pharmacy nor does the prescriber have the patient's government issued identification information. He requested that controlled substance prescriptions dispensed by mail be excluded from the requirement, since the pharmacy has obtained the patient's identification through their insurance plan.

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 she agrees with Mr. McAllister. She also recommended that hospice and group home entities be excluded from the identification requirement. Ms. MacMenamin said that she supports the amended language which gives the pharmacy options on documenting and maintaining patient identification information.

Jerry Berndt, Omnicare, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Berndt commented when delivering medications to long term care facilities, a valid identification may not be accessible, particularly for new admissions. The prescriptions for pain medications are legitimate, and the admission sheet from the hospital is available. He requested that home health and long term care facilities be carved out of the identification requirement.

Karen DiStefano, CVS/Caremark, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. DiStefano asked for clarification regarding an "international" identification for those individuals traveling to the United States from another country who may need a controlled substance prescription filled.

Board Staff clarified that a federally issued identification is not limited to one that has been issued in the United States. A government issued identification from another country is valid.

President Gandhi closed the Public Hearing.

After Board discussion, changes were recommended to the proposed language. Board Staff will incorporate the changes and bring the proposed amendment back to Public Hearing.

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

President Gandhi opened the Public Hearing.

Mr. Goldthorp said that the amendment will add newly identified synthetic drugs to Schedule I, including the addition of fluorinated APINACA as discussed at the January, 2014 Workshop.

President Gandhi closed the Public Hearing.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

14. Next Board Meeting:

June 11-12, 2014 – Reno

15. Public Comment

There was no public comment.

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

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 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: Advanced Pharmacy

Physical Address: 350-D Feaster Road Greenville, SC 29615

Mailing Address: 350-D Feaster Road

City: Greenville State: SC Zip Code: 29615

Telephone: 770-339-1190 Fax: 864-558-0085

Toll Free Number: 855-240-3968 (Required per NAC 639.708)

E-mail: kchapin@advanceddiabeticsolutions.net Website: advanceddiabeticsolutions.net

Managing Pharmacist: Heather Alford License Number: SC 10733

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,

66655

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ 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: BIOCURE LLC

Physical Address: 8700 COMMERCE PARK DR SUITE 241 HOUSTON TX 77034

Mailing Address: 8700 COMMERCE PARK DR SUITE 241

City: HOUSTON State: TX Zip Code: 77034

Telephone: 713-340-2100 Fax: 713-340-2105

Toll Free Number: 855-497-7956 (Required per NAC 639.708)

E-mail: KATHY.KIMMALL@BIOCURELLC.COM Website: _____

Managing Pharmacist: KATHLEEN KIMMALL-DOYLE License Number: 20081

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,**

66201

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

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

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

Application must be printed legibly or typed

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- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input 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: Complete Medical Homecare, Inc.

Physical Address: 14309 W. 95th St.

Mailing Address: 14309 W. 95th St.

City: Lenexa State: Kansas Zip Code: 66215

Telephone: 913-422-1666 Fax: 1-800-624-1666

Toll Free Number: 1-800-505-1625 (Required per NAC 639.708)

E-mail: fcarroll@globalmeddirect.com Website: completemedicalhomecare.com

Managing Pharmacist: Jeff Hinchey License Number: 1-11310

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 type="checkbox"/> Other: _____ | <p>Yes/No</p> <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 type="checkbox"/> Other Services: _____ |
|--|--|

Yes/No

****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
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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: EZ SCRIPTS

Physical Address: 7015 SPRING MEADOWS DR W, STE 204

Mailing Address: 7015 SPRING MEADOWS DR W, STE 204

City: HOLLAND State: OH Zip Code: 43528

Telephone: 855-729-3939 Fax: 855-879-4949

Toll Free Number: 855-729-3939 (Required per NAC 639.708)

E-mail: mail@EZScriptsInc.com Website: WWW.EZScriptsMail.com

Managing Pharmacist: Karen Newberg License Number: (OH) 032178512

| 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 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: _____ |

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

66202

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

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☐ 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: Guardian Pharmacy

Physical Address: 1823 Commercenter West

Mailing Address: 1823 Commercenter West

City: San Bernardino State: CA Zip Code: 92408

Telephone: 909 570-2339 Fax: 877-220-0199

Toll Free Number: 855-321-1155 (Required per NAC 639.708)

E-mail: info@guardianrx.us Website: www.guardianrx.us

Managing Pharmacist: Bhavesh Desai License Number: RPH 53625

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,

66519

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: SKymed Orlando; DBA: JustRX

Physical Address: 765 Primera Blvd #1021

Mailing Address: SAME

City: Lake Mary State: FL Zip Code: 32714

Telephone: (866)-398-2148 Fax: (866)-398-2149

Toll Free Number: SAME AS ABOVE (Required per NAC 639.708)

E-mail: Rebecca.Welch@skymedjustrx.com Website: www.skymedjustrx.com

Managing Pharmacist: Robert Edwards License Number: PS34399

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,

66321

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)

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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: Raindrop Pharmacy Inc

Physical Address: 2705 N. Sepulveda Blvd, Manhattan Beach, CA 90266

Mailing Address: 1121 Military Tr., #175

City: Deerfield Bch State: 71 Zip Code: 33442

Telephone: 424-237-2420 Fax: 424-247-8142

Toll Free Number: 1888 959 9430 (Required per NAC 639.708)

E-mail: lisa@raindroppharmacy.com Website: www.raindroppharmacy.com

Managing Pharmacist: Lisa Johnson License Number: NV12533
CA 48482

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: Quarterly Review of Surgery Center

**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

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 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: J. R. Simplot Company d/b/a Western Stockmen's Pharmacy

Physical Address: 223 Rodeo Avenue

Mailing Address: P. O. Box 27, Boise, ID 83707, Attention: Janene Kattner, Paralegal

City: Caldwell State: ID Zip Code: 83605

Telephone: (208) 780-4904 Fax: (208) 780-4905

Toll Free Number: 1-800-704-7403 (Required per NAC 639.708)

E-mail: jason.komoda@simplot.com Website: www.simplot.com

Managing Pharmacist: Jason Komoda License Number: P5939 (ID)

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,**

66583

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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| | |
|--|--|
| <input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____) | |
| Check box below for type of ownership and complete all required forms. | |
| <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 |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: White Drug #41

Physical Address: 706 30th Street NW Unit A Fargo, ND 58102

Mailing Address: 6055 Nathan Ln N Ste 200 Plymouth, MN 55442

City: _____ State: _____ Zip Code: _____

Telephone: 701-893-9050 Fax: 701-893-9053

Toll Free Number: 1-866-903-5720 (Required per NAC 639.708)

E-mail: POB1@thriftywhite.com Website: www.thriftywhite.com

Managing Pharmacist: Tanya Schmidt License Number: rph4706

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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: Specialty

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

66471

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

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

Application must be printed legibly or typed

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Aspirar Pharmacy
Physical Address: 135 PARKWAY OFFICE CT., Ste. 105
Mailing Address: 135 PARKWAY OFFICE CT., Ste. 105
City: Cary State: NC Zip Code: 27518
Telephone: 919.977.9011 Fax: 855.382.7700
Toll Free Number: 855.396.1491 (Required per NAC 639.708)
E-mail: pick@ASPIRARPHARMACY.COM Website: WWW.ASPIRARPHARMACY.COM
Managing Pharmacist: PRASHANT DIWAN License Number: 21882

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 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 checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <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,**

66630

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

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 or ☒ Ownership Change (Provide current license number if making changes: PH 02653)
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: Belleuve Pharmacy

Physical Address: 212 Millwell Dr Suite A Maryland Heights MO 63043

Mailing Address: Same

City: Maryland Heights State: MO Zip Code: 63043

Telephone: 314-7278787 Fax: 800 458 9182

Toll Free Number: 800 728 0288 (Required per NAC 639.708)

E-mail: info@belleuverx.com Website: belleuverx.com

Managing Pharmacist: Mitch Braunman License Number: 2011021856

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,

66382

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 01887**)

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: BiologicTx

Physical Address: 1057 Gayley Avenue

Mailing Address: 1057 Gayley Avenue

City: Los Angeles State: CA Zip Code: 90024-3401

Telephone: 800-404-1963 Fax: 800-404-4595

Toll Free Number: 800-404-1963 (Required per NAC 639.708)

E-mail: ADharmaHaynes@biologictx.com Website: biologictx.com

Managing Pharmacist: Alice Haynes License Number: CA #RPH 46217

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 **** - non-compounded injectables only
☒ ☒ Parenteral (outpatient) non-compounded injectables only
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ **Sterile Compounding **** - will not dispense into Nevada
☒ ☐ Non Sterile Compounding
☐ ☒ **Mail Service Sterile Compounding **** - will not dispense into Nevada
☐ ☐ 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)

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| | |
|--|--|
| <input checked="" type="checkbox"/> New Pharmacy <input checked="" 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 <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| (Please provide current license number if making changes: PH _____) | |
| 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: CAPROCK DISCOUNT DRUGS

Physical Address: 2625 - 50TH ST

Mailing Address: _____

City: LUBBOCK State: TEXAS Zip Code: 79413

Telephone: 806-792-2715 Fax: 806-792-2789

Toll Free Number: 888-912-2616 (Required per NAC 639.708)

E-mail: caprockcompounding@hotmail.com Website: _____

Managing Pharmacist: CRISTINA ESCOBEDO License Number: 45892

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 type="checkbox"/> Other: _____ | <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** |
| | <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile |
| | Compounding ** |
| | <input type="checkbox"/> <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,**

66584

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

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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: Enclara Health

Physical Address: 1480 Imperial Way

Mailing Address: 1480 Imperial Way

City: West Deptford State: NJ Zip Code: 08066

Telephone: 856-879-2602 Fax: 866-640-6447

Toll Free Number: 866-640-6445 (Required per NAC 639.708)

E-mail: WValentine@Enclarahealth.com Website: Enclarahealth.com

Managing Pharmacist: Walter Valentine License Number: NJ 28R102282800

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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,**

66320

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

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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: Hall's IV & Institutional Pharmacy, Inc.

Physical Address: 704 Pennsylvanie Ave., Fort Worth, TX 76104

Mailing Address: PO Box 1900

City: Aledo State: TX Zip Code: 76008

Telephone: 844-207-0110 Fax: 817-441-5257

Toll Free Number: 844-207-0110 (Required per NAC 639.708)

E-mail: lock@rxpresspharm.com Website: N/A

Managing Pharmacist: Lewis Hall License Number: 20447

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,

66256

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: HAOEYOU PHARMACY

Physical Address: 38656 MEDICAL CENTER DRIVE SUITE C

Mailing Address: 38656 MEDICAL CENTER DRIVE SUITE C

City: PALMDALE State: CA Zip Code: 93551

Telephone: 661-538-1588 Fax: 661-266-8881

Toll Free Number: 855-566-9888 (Required per NAC 639.708)

E-mail: PHARMACY@HAOEYOURX.COM Website: WWW.HAOEYOURX.COM

Managing Pharmacist: ARTIN FAKHOR License Number: RPH 55238

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,**

66601

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 015991) |
| <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 LLC | <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: IV Solutions of Lubbock

Physical Address: 3706-A 20th Street

Mailing Address: 3706-A 20th Street

City: Lubbock State: Texas Zip Code: 79410

Telephone: 806-791-4663 Fax: 806-791-1918

Toll Free Number: 800-658-6046 (Required per NAC 639.708)

E-mail: ivsolutions@maxor.com Website: www.ivsolutions.com

Managing Pharmacist: Jessie Heaton License Number: 46341

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 type="checkbox"/> Parenteral ** |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Internet | <input type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear | <input type="checkbox"/> <input 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 type="checkbox"/> Other: _____ | <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** |
| | <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** |
| | <input type="checkbox"/> <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 PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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| | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy <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 <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|---|--|

(Please provide current license number if making changes: PH _____)
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: LENOXHILL PHARMACY, INC.

Physical Address: 1103 LEXINGTON AVENUE

Mailing Address: SAME AS PHYSICAL ADDRESS

City: NEW YORK State: NEW YORK Zip Code: 10075

Telephone: (212) 879-0910 Fax: (212) 879-2335

Toll Free Number: (844) 446-3088 (Required per NAC 639.708)

E-mail: gopeshvls@yahoo.com Website: www.newdrugloft.com

Managing Pharmacist: BANKIM SHETH License Number: 052073

| <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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Out of State Pharmacy</u> | | 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 type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** <input checked="" type="checkbox"/> <input 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

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 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: LITTLE YORK PHARMACY
Physical Address: 7404 AIRLINE DR. STE. E
Mailing Address: 7404 AIRLINE DR. STE. E
City: HOUSTON State: TX Zip Code: 77076
Telephone: 832-767-2139 Fax: 832-767-2520
Toll Free Number: 1-844-420-8071 (Required per NAC 639.708)
E-mail: MWPECKLE@AOL.COM Website: NA
Managing Pharmacist: KIM HOA VO License Number: 40316

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,

66653

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: Real Time Pharmacy Services, Inc d/b/a MedEnvios Healthcare

Physical Address: 7415 Corporate Center Drive Ste B Miami, FL 33126

Mailing Address: 7415 Corporate Center Drive Ste B

City: Miami State: FL Zip Code: 33126

Telephone: 786-536-5419 Fax: 786-536-9051

Toll Free Number: 800-635-0932 (Required per NAC 639.708)

E-mail: mgarcia@medenvios.com Website: _____

Managing Pharmacist: Luis Caban License Number: PS31202

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,**

66474

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

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

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

Application must be printed legibly or typed

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

| | |
|---|---|
| <input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|---|---|

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Old city pharmacy

Physical Address: 210 Market St

Mailing Address: 210 Market St

City: Philadelphia State: PA Zip Code: 19106

Telephone: (215) 625-6668 Fax: 888-364-8994

Toll Free Number: 855-349-5941 (Required per NAC 639.708)

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

Managing Pharmacist: Douglas L. Smith License Number: RP442203

| 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 checked="" type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center | | <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service (To mail Rx only) |
| <input type="checkbox"/> <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| | | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** |
| | | <input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding |
| | | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** |
| | | <input type="checkbox"/> <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

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 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

DBA-Pharmaceutical
Solutions

Pharmacy Name: Pharmaceutical Care Solutions, Inc.

Physical Address: 5204 Jackson Road

Mailing Address: Same

City: Ann Arbor State: MI Zip Code: 48103

Telephone: 734-821-8000 Fax: 734-821-8001

Toll Free Number: 877-797-6567 (Required per NAC 639.708)

E-mail: info@PharmacySolutionsOnline.com Website: pharmacySolutionsOnline.com

Managing Pharmacist: Sahar Swidan License Number: 5302027563

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,

66517

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: Pharmetrics Specialty Group of Florida

Physical Address: 13022 NW 55th Street Sunrise Fl. 33351

Mailing Address: 11880 28th Street N St. Petersburg Fl 33716 (Corp office)

City: Sunrise State: Fl. Zip Code: 33351

Telephone: 727-302-8125 Fax: 727-800-6924

Toll Free Number: 855-650-6644 (Required per NAC 639.708)

E-mail: Kerry.nicklas@Pharmetricsrx.net Website: Pharmetricsrx.net

Managing Pharmacist: Peter Day License Number: PS 18276

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,**

66472

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: Pinnacle Pharmacy, LLC
Physical Address: 1766 Highway 77, Southside, AL 35907
Mailing Address: PMB 114, 3331 Rainbow Drive, Suite E
City: Rainbow City State: AL Zip Code: 35906
Telephone: (256) 467-6337 Fax: (256) 485-4543
Toll Free Number: 1-855-549-1716 (Required per NAC 639.708)
E-mail: billing@pinnaclecompounding.com Website: N/A
Managing Pharmacist: Derrick D. Austin License Number: 10984

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,**

66588

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PRIME PHARMACY SOLUTIONS, LLC

Physical Address: 1346 LINDBERG DRIVE SUITE 6 SLIDELL, LA 70458

Mailing Address: 1346 LINDBERG DRIVE SUITE 6 SLIDELL LA 70458

City: SLIDELL State: LA Zip Code: 70458

Telephone: 985-641-2200 Fax: 985-641-2300

Toll Free Number: 844-774-6300 (Required per NAC 639.708)

E-mail: CHRIS@PRIMEPHARMACY SOLUTIONS.COM Website: NONE

Managing Pharmacist: JOSEPH CAMPO License Number: LOUISIANA PST-009089

| 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,**

66631

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

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 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: National Compounding Company, Inc. d/b/a Soothe Compounding Pharmacy

Physical Address: 1824 59th Street West Bradenton, FL 34209

Mailing Address: 1824 59th Street West

City: Bradenton State: FL Zip Code: 34209

Telephone: 941-794-2444 Fax: 941-794-2446

Toll Free Number: 855-776-6843 (Required per NAC 639.708)

E-mail: cbachler@soothepharmacy.com Website: www.soothepharmacy.com

Managing Pharmacist: David Niemuth License Number: PS27450

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,**

66470

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

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 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: Longevity Drugs LLC DBA Tri-Vale Drugs

Physical Address: 101 N. Federal Hwy Lake Worth, FL 33400

Mailing Address: 101 N. Federal Hwy

City: Lake Worth State: FL Zip Code: 33460

Telephone: 561-585-4677 Fax: 561-588-8562

Toll Free Number: 800-304-3013 (Required per NAC 639.708)

E-mail: info@longevitydrugsrx.com Website: _____

Managing Pharmacist: Ryan Goodkin License Number: PS45058

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,

66473

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

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 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: Villa Pharmacy, LLC

Physical Address: 105 Avenue R

Mailing Address: Same as above

City: Winter Haven State: Florida Zip Code: 33881

Telephone: 863-229-5978 Fax: 863-662-3953

Toll Free Number: 1-855-588-1736 (Required per NAC 639.708)

E-mail: VillaPharmacy@yahoo.com Website: www.villapharmacy.com

Managing Pharmacist: Dwayne Jones License Number: PS39400

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,**

66671

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;">(Please provide current license number if making changes: PH _____)</div> <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 <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: VLS PHARMACY, INC.

Physical Address: 4402 - 5TH AVENUE

Mailing Address: SAME AS PHYSICAL ADDRESS

City: BROOKLYN State: NEW YORK Zip Code: 11220

Telephone: (718) 854-1384 Fax: (718) 854-4313

Toll Free Number: (844) 854-7427 (Required per NAC 639.708)

E-mail: gopeshvls@yahoo.com Website: www.vlsparmacy.com

Managing Pharmacist: GOPESH PATEL License Number: 036190

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 type="checkbox"/> <input checked="" type="checkbox"/> Mail Service |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Out of State Pharmacy</u> | <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding ** |
| | <input checked="" type="checkbox"/> <input 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,**

66592

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: Amatheon, Inc.

Physical Address: 4300 SW 73rd Avenue, Suite 110

Mailing Address: 4300 SW 73rd Ave, Suite 110

City: Miami State: FL Zip Code: 33155

Telephone: 305-668-5888 Fax: 305-668-2529

Toll Free Number: 800-399-8387

E-mail: ChrisYankana@amatheon.com Website: www.amatheon.com

Facility Manager: Christopher Yankana

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: Veterinarians

Type of Products to be handled or wholesaled be firm:

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

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Apotheca Supply, Inc
Physical Address: 3220 Hwy 31 S, Bldg B
Mailing Address: P.O. Box 5683, Decatur, AL 35601
City: Decatur State: AL Zip Code: 35601
Telephone: 256-350-2347 Fax: 256-350-2345
Toll Free Number: 866-580-6337
E-mail: Sales@apothecares.com Website: apothecares.com
Facility Manager: Shannon Sivley
Professional qualifications and experience of facility manager: Facility Mng for various corporations for over 10 years. ~~10 years~~

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.

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

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

GENERAL INFORMATION

Facility Name: AUSTARPHARMA, LLC
Physical Address: 18 MAYFIELD AVE
Mailing Address: 18 MAYFIELD AVE
City: EDISON State: NJ Zip Code: 08837
Telephone: 732 225 2930 Fax: 732 225 6334
Toll Free Number: N/A
E-mail: MICHAEL.FOUNTOLAKIS@AUSTARPHARMA.COM Website: WWW.AUSTARPHARMA.COM
Facility Manager: MICHAEL FOUNTOLAKIS

Professional qualifications and experience of facility manager: Director of QA
MBA Pharmaceutical Studies Program, BS Biology.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY
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 See Attachment B (Please provide current license number if making changes: WH 01614) |
|---|---|

| | |
|--|--|
| <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 1,2,3,5a,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: Boston Scientific Corporation

Physical Address: 55 Technology Drive, Lowell, MA 01851

Mailing Address: 55 Technology Drive

City: Lowell State: MA Zip Code: 01851

Telephone: 978-441-6202 Fax: 978-323-2222

Toll Free Number: 800-282-1332

E-mail: deborah.herrington@bsci.com Website: www.bostonscientific.com

Facility Manager: Deborah L. Herrington

Professional qualifications and experience of facility manager: See Attachment C

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: Breg, Inc.

Physical Address: 1551 S. Perry Road, Suite 179 Plainfield, IN 46168

Mailing Address: 2885 Loker Avenue East

City: Carlsbad State: CA Zip Code: 92010

Telephone: 317-268-5484 Fax: 317-839-2016

Toll Free Number: 877-848-0706

E-mail: kcocita@breg.com Website: www.breg.com

Facility Manager: Mike Neukam

Professional qualifications and experience of facility manager: attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY
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: Diversified Pharmaceutical Ingredients LLC
Physical Address: 5867 S. Garnett Road
Mailing Address: same as above
City: Tulsa State: OK Zip Code: 74146
Telephone: 918-615-0080 Fax: 918-615-3548
Toll Free Number: 1-877-842-4716
E-mail: curtis@dpipharmarx.com Website: www.dpi-pharmarx.com
Facility Manager: Curtis Cole
Professional qualifications and experience of facility manager: 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:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(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 checked="" 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: EPIC Fulfillment Inc

Physical Address: 8835 W 116th Circle, Ste F, Broomfield, CO 80021-2750

Mailing Address: 8835 W 116th Circle, Ste F

City: Broomfield State: CO Zip Code: 80021-2750

Telephone: 720-633-8900 Fax: 303-665-3060

Toll Free Number: N/A

E-mail: jreynolds@epicfulfillment.com Website: www.epicfulfillment.com

Facility Manager: Warren Merline

Professional qualifications and experience of facility manager: Over 20+ years
Pharmaceutical sales management experience and comprehensive 3PL expertise.
see attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: storage facilities + designated sales representatives

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: OTC 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.

☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: E.R. Squibb & Sons, LLC.

Physical Address: 5104 Eisenhower Blvd., Tampa, FL 33634

Mailing Address: 6400 William Keck Bypass, Bldg 210

City: Mt. Vernon, IN 47620

State: IN

Zip Code: 47620

Telephone: 800-631-5244

Fax: 800-277-0988

Toll Free Number: 800-631-5244

E-mail: usdc@bms.com

Website: www.bms.com

Facility Manager: Freddy Morales

Professional qualifications and experience of facility manager: As all employers are subsidiaries of Bristol-Myers Squibb Company, he is an employee of Bristol-Myers Squibb for over 10 years, since 8/2003. As part of the management team he is responsible for all Customer Service, Accounts receivable, Credit decisions, and dispute resolutions with our Pharmaceutical drug wholesale customers.

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: FFF Enterprises, Inc.

Physical Address: 1601 Old Greensboro Rd., Kernersville, NC 27284

Mailing Address: (attached)

City: Kernersville State: NC Zip Code: 27284

Telephone: 951-296-2500 Fax: 951-296-2570

Toll Free Number: 800-843-7477

E-mail: ksinclair@fffenterprises.com Website: www.fffenterprises.com

Facility Manager: Jay Rich

Professional qualifications and experience of facility manager: Jay has been with FFF in the pharmaceutical distribution business since 1994 and serves as FFF's Facilities Manager with

responsibilities for facility maintenance, inventory control, shipping, and recordkeeping.

Types of licensed outlets or authorized persons firm will serve:

| | | | |
|--|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Pharmacies | <input checked="" type="checkbox"/> Practitioners | <input checked="" type="checkbox"/> Hospitals | <input type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Other: _____ | | | |

Type of Products to be handled or wholesaled be firm:

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

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66549

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: GEBAUER COMPANY

Physical Address: 4444 EAST 153 STREET

Mailing Address: 4444 EAST 153 STREET

City: CLEVELAND State: OH Zip Code: 44128

Telephone: 216-581-3030 Fax: 216-581-4970

Toll Free Number: 1-800-321-9348

E-mail: BRENT.SCHOENING@GEBAUER.COM Website: WWW.GEBAUER.COM

Facility Manager: SKIP SCHMIES

Professional qualifications and experience of facility 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: _____

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

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

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

☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☒ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: H2-Pharma, LLC

Physical Address: 2010 Berry Chase Place

Mailing Address: _____

City: Montgomery State: AL Zip Code: 36117

Telephone: 334-647-1947 Fax: 334-647-1949

Toll Free Number: _____

E-mail: info@h2-pharma.com Website: www.h2-pharma.com

Facility Manager: Brooke Tilley

Professional qualifications and experience of facility manager: MBA, business & administration / 10 years experience in generic pharmaceuticals

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.

☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: RGH Enterprises, Inc.

Physical Address: 4234 Surles Ct, Suite 100, Durham, NC 27703

Mailing Address: 7000 Cardinal Place, Attn: Keegan Chamberlain, OCLC 1L2242C

City: Dublin State: OH Zip Code: 43017

Telephone: 919-472-4030 Fax: 614-652-0282

Toll Free Number: 800-321-0591

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.edgepark.com; www.indemed.com

Facility Manager: Agnes Plourde

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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66628

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 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 1,2,3,5a,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: Smith & Nephew, Inc.

Physical Address: 2225 Cedars Road, Ste. A, Lawrenceville, GA 30043

Mailing Address: 7135 Goodlett Farms Parkway

City: Cordova State: TN Zip Code: 30043

Telephone: 770.280.0170 Fax: _____

Toll Free Number: 800.827.5700

E-mail: stephanie.stanton@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Steven Molini

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: Government Entities

Type of Products to be handled or wholesaled be firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(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 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 1,2,3,5a,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: Smith & Nephew, Inc.

Physical Address: 130 Forbes Boulevard, Mansfield, MA 02048

Mailing Address: 7135 Goodlett Farms Parkway

City: Cordova State: TN Zip Code: 38016

Telephone: 508-261-3600 Fax: 508-261-3778

Toll Free Number: 800-544-2330

E-mail: christine.nassif@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Christine Nassif

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors and government agencies

Type of Products to be handled or wholesaled be firm:

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

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 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 1,2,3,5a,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: Smith & Nephew, Inc.

Physical Address: 6409 E. Holmes Road, Memphis, TN 38141

Mailing Address: 7135 Goodlett Farms Parkway

City: Cordova State: TN Zip Code: 38016

Telephone: 901-399-6448 Fax: 901-396-7824

Toll Free Number: 800-821-5700

E-mail: gary.lynch@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Gary Lynch

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors and government agencies

Type of Products to be handled or wholesaled be firm:

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

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Unit Dose Services, LLC
Physical Address: 321 North Bryan Rd Dania Beach Fl 33004
Mailing Address: same
City: Dania Beach State: Florida Zip Code: 33004
Telephone: 305-690-4233 Fax: 954-251-2740
Toll Free Number: 1-800-921-3904
E-mail: carolina.thompson@unitdose.com Website: www.unitdose.com
Facility Manager: Scott E. Hopkins
Professional qualifications and experience of facility manager: 13 yrs sales and management of pharmaceutical wholesale distributor

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: _____

66611

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: Allied Home Medical Inc

Physical Address: 417 E. Broad ST Smithville TN 37166
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Po Box 119

City: Sparta State: TN Zip Code: 38583

Telephone: 615-215-1342 Fax: 931-520-8481

E-mail: linda.ahm@frontiernet.net Website: alliedhome medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 2 Tue: 8 to 2 Wed: 8 to 2 Thu: 8 to 2

Fri: 8 to 2 Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kristina Lewis

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>OTS orthotics</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: Kristina Lewis Telephone: 931-528-6199

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

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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: ALLIQUA BIOMEDICAL INC.

Physical Address: 2150 CABOT BOULEVARD WEST, SUITE B, LANGHORNE, PA 19047
(This must be a business address, we can not issue a license to a home address)

Mailing Address: C/O STATE LICENSE SERVICING, 321 ROUTE 94 SOUTH

City: WARWICK State: NY Zip Code: 10990

Telephone: 215-702-8550 Fax: 215-702-8535

E-mail: ALQ@SLSNY.COM Website: WWW.AQUAMEDINC.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30am to 5:00pm Sat: CLOSED to Sun: CLOSED to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: GREGORY ROBB

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>RX MEDICAL 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

66375

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

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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: Matheson Tri-Gas, Inc.

Physical Address: 1377 Cleveland Ave
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1916 2nd Street NW, Albuquerque, NM 87102

City: Santa Rosa State: CA Zip Code: 95401

Telephone: 707-546-6214 Fax: 707-546-4103

E-mail: rhamblen@mathesongas.com Website: mathesongas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: n/a to Sun: n/a to Holidays: n/a to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Hamblen

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

- | | |
|--|---|
| <input checked="" 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: _____ |

**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: Troy Olivieri Telephone: 775-359-5211

66674

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

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| | |
|---|--|
| <input type="checkbox"/> New MDEG | <input checked="" type="checkbox"/> Ownership Change |
| (Please provide current license number if making changes: MP or MW <u>MP 006471</u>) | |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 | <input type="checkbox"/> Partnership - Pages 1,2,3,6 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5 | <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: Rehab Medical, Inc

Physical Address: 6011 E. Hanna Ave. Ste. J. Indianapolis IN 46203-7115
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6365 Castleplace Dr

City: Indianapolis State: IN Zip Code: 46250-1901

Telephone: 317-813-4246 Fax: 877-270-7318

E-mail: laherne@rehabmedical.com Website: n/a

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: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Devin Clark, Office Manager

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

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

Telephone: 702-248-6847

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)

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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 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: RGH Enterprises, Inc.

Physical Address: 4234 Surles Ct, Suite 100, Durham, NC 27703

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

Mailing Address: 7000 Cardinal Place, Attn: Keegan Chamberlain, OCLC 1L2242C

City: Dublin State: OH Zip Code: 43017

Telephone: 919-472-4030 Fax: 614-652-0282

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.edgepark.com; www.indemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30am to 5:30pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Agnes Mae Plourde

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" 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: 24-hour emergency number

Telephone: 800-321-0591

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)

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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: Sound Health Medical Supply

Physical Address: 2811 S. 12th St. Tacoma WA 98405
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2811 S. 12th St.

City: Tacoma State: WA Zip Code: 98405

Telephone: 253-274-5000 Fax: 253-572-3111

E-mail: olivia@soundhealthmedical.com Website: www.soundhealthmedical.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: 8 to 4 Sun: Closed to Holidays: Government Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Casey Tebbs

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

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

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

Name: _____ Telephone: _____

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

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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 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: UPS Supply Chain Solutions, Inc.
Physical Address: 1840 Outer Loop Rd, Louisville, Ky 40219
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 211 Lake Drive, Ste F
City: Newark State: DE Zip Code: 19702
Telephone: 502-961-2203 Fax: 502-961-2220
E-mail: Slowell@ups.com Website: www.ups.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 6pm Tue: 8am to 6pm Wed: 8am to 6pm Thu: 8am to 6pm
Fri: 8am to 6pm Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Stephen Lowell

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 Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>See Attachment</u> |

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

Name: _____ Telephone: _____

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

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| | | | |
|--|--|---|--|
| <input type="checkbox"/> New Pharmacy | <input checked="" type="checkbox"/> Ownership Change | <input checked="" type="checkbox"/> Name Change | <input type="checkbox"/> Location Change |
| (Please provide current license number if making changes: PH 01189) | | | |

| | |
|---|--|
| <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: Campus Pharmacy Mojave

Physical Address: 4000 E. Charleston Blvd., Suite B130, Las Vegas, NV 89104

Mailing Address: same

City: Las Vegas State: NV Zip Code: 89104

Telephone: 702-968-4038 Fax: 702-968-4033

Toll Free Number: n/a

E-mail: tkosut@medicine.nevada.edu Website: www.medicine.nevada.edu/pharmacy

Managing Pharmacist: Timothy Edward Kosut License Number: 14802

Hours of Operation:

Monday thru Friday 8 am 4:30 pm

Saturday am pm

Sunday am pm

24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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Application must be printed legibly or typed

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| | | | |
|---|--|---|--|
| <input type="checkbox"/> New Pharmacy | <input checked="" 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>00849</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: Campus Pharmacy Reno

Physical Address: 1664 N. Virginia Street, MS 0197

Mailing Address: same

City: Reno State: NV Zip Code: 89557-1097

Telephone: 775-784-6799 Fax: 775-784-1016

Toll Free Number: n/a

E-mail: pharmacy@unr.edu

Website: www.medicine.nevada.edu/pharmacy

Managing Pharmacist: Karen Throp License Number: 11093

Hours of Operation:

Monday thru Friday 9 am 5:30 pm

Saturday am pm

Sunday am pm

24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

NEVADA STATE BOARD OF PHARMACY
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)

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| | | | |
|---|---|---|--|
| <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>00746</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: Coram Healthcare Corporation of Nevada dba Coram CVS/specialty Infusion Services

Physical Address: 1951 Ramrod Avenue, Suite 110, Henderson, NV 89014-2401

Mailing Address: 555 17th Street, Suite 1500

City: Denver State: CO Zip Code: 80202

Telephone: (702) 453-4546 Fax: (702) 453-0204

Toll Free Number: 800.697.1667

E-mail: N/A Website: www.coramhc.com

Managing Pharmacist: Wendy Quach License Number: 14793

Hours of Operation:

Monday thru Friday 830 am 500 pm Saturday 24hr am call pm

Sunday 24hr am call pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

| | |
|--|---|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input checked="" type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input checked="" type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input 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 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: Nevada Surgical Suites

Physical Address: 2809 West Charleston Blvd #100

Mailing Address: same as above

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702 476-9999 Fax: 702 946-1343

Toll Free Number: _____

E-mail: david L@nvcpc.com Website: www.nvcpc.com

Managing Pharmacist: Mary Grear License Number: 10687

Hours of Operation:

Monday thru Friday 8 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

| | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> 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 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: Sunset Ridge Surgery Center, LLC

Physical Address: 8352 W Warm Springs Rd Suite 110

Mailing Address: Same as above

City: Las Vegas State: NV Zip Code: 89113

Telephone: 702 917 3333 Fax: N/A

Toll Free Number: N/A

E-mail: rriedel@sunsetridgesc.com Website: N/A

Managing Pharmacist: Leo Basch License Number: 12431

Hours of Operation:

Monday thru Friday 7 am 5 pm Saturday _____ am _____ 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 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

mp01219

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 Branch Office

☒ 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: Bennett Medical Services

Physical Address: 200 West 5th Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Winnemucca State: NV Zip Code: 89445

Telephone: 775-623-4443 Fax: 775-623-4404

E-mail: Winnemucca@bennettmedical.com Website: Bennettmedical.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 (MDEG administrator application required)

Name: Douglas B Bennett

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

☒ Medical Gases** ☒ Assistive Equipment
☒ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
☐ Diabetic Supplies Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Aubrey Parker Telephone: 775-623-4443

66376

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.

| | | | |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New MDEG | <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Location 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 1,2,3,5a,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 to be completed by all types of ownership

MDEG Name: Saint Mary's Medical Equipment

Physical Address: 235 West 6th Street, Reno, NV 89503
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 235 West 6th Street, Reno, NV 89503

City: Reno State: NV Zip Code: 89503

Telephone: (775) 770-7110 Fax: (775) 770-7105

E-mail: NA Website: NA

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Steve Estipona, RN, BSN

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input 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: Steve Estipona, RN, BSN Telephone: (775) 772-3364

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

V.

MARY JANE LOHROFF, R.P.H.
Certificate of Registration No. 14546,

MIKE'S PHARMACY
Certificate of Registration No. PHC01108,

Respondents.

CASE NO. 14-001-RPH-N

CASE NO. 14-001-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 alleged conduct, Respondent Mary Jane Lohroff, Certificate of Registration No. 14546 (Ms. Lohroff), was a registered pharmacist with the Board and Respondent Mike's Pharmacy, Certificate of Registration No. PHC01108, located at 1007 North Curry Street, was a pharmacy registered with the Board.

II.

On December 4, 2013, the Board entered a Stipulation and Order (Order) in Mike's Pharmacy Case No. 12-058-PH-N. In the Order, the Board placed Mike's Pharmacy's certificate of registration on probation for a period of twelve (12) months, starting December 4, 2013. The Order requires that during the probationary period, Mike's Pharmacy must self-report all of its violations of pharmacy law or regulations to the Board Office.

III.

On January 6, 2014, the Board Office received a consumer complaint regarding Mike's Pharmacy.

IV.

On or about January 15, 2014, Mike's Pharmacy reported to the Board Office a dispensing error related to the consumer complaint.

V.

On January 4, 2014, patient GB picked up a prescription refill for metoprolol ER 100 mg. tablets from Mike's Pharmacy. The next morning, GB started to take her morning dose. She discovered that the tablets differed in shape, size and markings from her usual metoprolol tablets. GB was concerned that she had received the wrong medication, and therefore did not ingest a dose.

VI.

GB contacted her daughter, who is a physician. Her daughter confirmed that the tablets dispensed were metformin 1000 mg. tablets and not the prescribed metoprolol 100 mg. tablets.

VII.

Pharmaceutical technician Jennifer Roper (Ms. Roper) initiated the processing of GB's refill request for metoprolol tablets. Ms. Roper entered the required data into the pharmacy's computerized tracking system. The refill order was then sent to a Parata Robotic Dispensing System (RDS) at Mike's Pharmacy for counting, bottling and labeling.

VIII.

The Parata RDS indicated an exception and failed to complete the automated fill.

IX.

A function of the Parata RDS is that an exception error in the automated system also disables scan verification at the filling station until the error is cleared.

X.

As a result of the exception error on the Parata RDS, pharmaceutical technician Barbara Battaglia (Ms. Battaglia) *manually* filled the prescription. Ms. Battaglia selected a stock bottle of 1000 mg. metformin from the shelf rather than the prescribed metoprolol 100 mg. tablets, and double counted thirty (30) tablets. She placed the tablets in the prescription bottle labeled as metoprolol. Ms. Battaglia wrote the middle four numbers of the National Drug Code (NDC) on the prescription label. She initialed the prescription label and added the letters “DC”, to indicate that that she had double counted the tablets. The finished product was then staged for a pharmacist’s review.

XI.

Ms. Lohroff was the verifying pharmacist for GB’s metoprolol prescription refill. During verification, the computer software failed to bring up an image for metoprolol on the computer screen. Ms. Lohroff asked Ms. Battaglia if the metoprolol prescription was a *Parata RDS fill*. Ms. Battaglia replied in the affirmative although Ms. Battaglia had *manually* filled the prescription. Ms. Lohroff initialed the prescription label as accurate and complete. She then bagged and staged the product for customer pickup.

XII.

Ms. Lohroff indicated to the Board Investigator that when Ms. Battaglia replied that the prescription was a Parata RDS fill, she felt confident that the fill was correct since the Parata RDS drug bins are bar-coded and uniquely sized for the specific drug. Ms. Lohroff could not recall taking any additional steps to visually verify that the tablets in the container were metoprolol 100 mg. tablets.

XIII.

Metformin 1000 mg. tablets are not loaded in the Parata RDS at Mike’s Pharmacy. The Parata RDS label is visually different from the labels that are generated manually.

FIRST CAUSE OF ACTION

XIV.

By filling and dispensing GB's prescription for metoprolol 100 mg. tablets with metformin 1000 mg. tablets, Mary Jane Lohroff 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), (11) and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

XV.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Mike's Pharmacy is responsible and therefore subject to discipline pursuant to NAC 639.945(1), (d), (i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.


THIRD CAUSE OF ACTION

XVI.

In being repeatedly negligent as evidenced by the separate incidents of misfilled prescriptions and other errors in Case No. 12-058-PH-N and the present action, Mike's Pharmacy violated NAC 639.945(1)(d), (i) and/or (2) which violations are grounds for action pursuant to NRS 639.210(4), (11), (12) and/or (16), and NRS 639.255.

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

Signed this 7th day of May, 2014.


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

NOTICE TO RESPONDENTS

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | | |
|--|---|------------------------------------|
| NEVADA STATE BOARD OF PHARMACY, |) | |
| |) | |
| v. |) | CASE NO. 14-001-RPH-N |
| |) | |
| MARY JANE LOHROFF Certificate of Registration No. 14546 |) | STATEMENT TO THE RESPONDENT |
| |) | NOTICE OF INTENDED ACTION |
| |) | AND ACCUSATION |
| Respondent. | / | RIGHT TO HEARING |

TO THE RESPONDENT ABOVE-SAMED: 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, June 11, 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 7th day of May, 2014.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | | |
|--|---|------------------------------|
| NEVADA STATE BOARD OF PHARMACY, |) | |
| |) | |
| Petitioner, |) | CASE NO. 14-001-RPH-N |
| v. |) | |
| |) | |
| MARY JANE LOHROFF, R.PH. |) | ANSWER AND |
| Certificate of Registration No. 14546 |) | NOTICE OF DEFENSE |
| |) | |
| 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 May, 2014.

MARY JANE LOHROFF, R.PH.

Blank

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

V.

MIKE'S PHARMACY

Certificate of Registration No. PHC01108

Respondent.

CASE NO. 14-001-PH-N

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

TO THE RESPONDENT ABOVE-SAMED: 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.

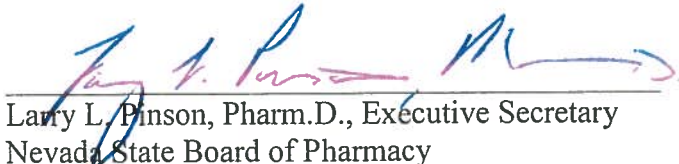
III.

The Board has reserved Wednesday, June 11, 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 7th day of May, 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, |) | |
| |) | |
| Petitioner, |) | CASE NO. 14-001-PH-N |
| v. |) | |
| |) | |
| MIKE'S PHARMACY |) | ANSWER AND |
| Certificate of Registration No. PHC01108 |) | NOTICE OF DEFENSE |
| |) | |
| 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 May, 2014.

Print or Type name

Authorized Representative For Mike's Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANDREW F. MANN, RPH

Certificate of Registration No. 18565,

ALEXANDRIA W. PARK, RPH

Certificate of Registration No. 14825,

WALGREENS #02474

Certificate of Registration No. PH01939,

Respondents.

CASE NO. 13-070-RPH-A-N

CASE NO. 13-070-RPH-B-N

CASE NO. 13-070-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 Andrew Mann (Mr. Mann), Certificate of Registration No. 18565, was a registered pharmacist with the Board, Respondent Alexandria Park (Ms. Park), Certificate of Registration No. 14825, was a registered pharmacist with the Board, and Respondent Walgreens Pharmacy #02474 (Walgreens), Certificate of Registration No. PH01939, was a pharmacy registered with the Board.

II.

On or about October 9, 2013, patient JP-H's physician phoned in a prescription to Walgreens for clomiphene 50 mg tablets. JP-H picked up the prescription from Walgreens the following day.

III.

On October 11, 2013, JP-H ingested two capsules per the pharmacist's instructions. Within a few hours, she began to experience dizziness, shortness of breath, dilated pupils, nausea, stomach pain, diarrhea and insomnia. JP-H examined the label on the prescription bottle and discovered that clomipramine 50 mg. capsules (an antidepressant) had been dispensed instead of the prescribed clomiphenes 50 mg. tablets (fertility medication).

IV.

Mr. Mann was the pharmacist who retrieved the telephonic prescription for JP-H. Mr. Mann transcribed the prescription and staged it for data entry.

V.

Pharmaceutical technician in training Bree Donnelly (Ms. Donnelly) entered the required data into the pharmacy's computerized prescription tracking system. When entering the product name, Ms. Donnelly inadvertently selected clomipramine 50 mg. capsules instead of the prescribed clomiphenes 50 mg. tablets. The prescription data was then forwarded to a pharmacist for review prior to filling.

VI.

Ms. Park was the pharmacist who performed the data entry review. Ms. Park failed to detect that clomipramine had been erroneously entered for clomiphenes. Ms. Park sent the prescription back to the queue to await filling.

VII.

Ms. Donnelly retrieved and filled the approved prescription the next day.

VIII.

Ms. Donnelly has no independent recollection of this particular fill. Her normal procedure is to print the label set, retrieve the stock bottle, count the product, place the product in a prescription bottle, label the bottle, and stage the final product, stock bottle and any additional labels for pharmacist verification prior to dispensing.

IX.

Mr. Mann performed the final review and verification of the prescription. During verification, Mr. Mann failed to detect that clomipramine had been provided rather than clomiphene.

X.

On October 10, 2013, JP-H picked up her prescription. During patient counseling, Mr. Mann again failed to detect that the prescription for clomiphene 50 mg. tablets had been erroneously filled with clomipramine 50 mg. capsules.

FIRST CAUSE OF ACTION

XI.

In failing to strictly follow the instructions of JP-H's physician by verifying and dispensing clomipramine 50 mg. capsules, rather than the clomiphene 50 mg. tablets that were prescribed, Respondents Andrew Mann, Alexandria Park, and Walgreens Pharmacy #02474 violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION

XII.

By failing to detect during counseling that the prescription was filled with clomipramine 50 mg. capsules rather than clomiphene 50 mg. tablets, Mr. Mann and Walgreens Pharmacy #02474 provided inadequate counseling in violation of NAC 639.707(1) and 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4) and 639.266(1).

THIRD CAUSE OF ACTION


XIII.

As the owner of the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Walgreens Pharmacy #02474 is responsible and therefore subject to

discipline pursuant to NAC 639.945(1)(d) and (i) and/or (2), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

WHEREFORE 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 8th day of May, 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, |) | CASE NO. 13-070-RPH-A-N |
| v. |) | |
| |) | |
| ANDREW F. MANN, RPH |) | STATEMENT TO THE |
| Certificate of Registration No. 18565, |) | RESPONDENT NOTICE |
| |) | OF INTENDED ACTION |
| Respondent. |) | 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 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, June 11, 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 8th day of May, 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, |) | |
| |) | |
| Petitioner, |) | CASE NO. 13-070-RPH-A-N |
| v. |) | |
| |) | |
| ANDREW F. MANN, RPH |) | |
| Certificate of Registration No. 18565, |) | ANSWER AND NOTICE |
| |) | OF DEFENSE |
| 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 _____, 2014.

ANDREW F. MANN, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | | |
|---|---|----------------------------------|
| NEVADA STATE BOARD OF PHARMACY, |) | |
| |) | |
| v. |) | CASE NO. 13-070-RPH-B-N |
| |) | |
| ALEXANDRIA W. PARK, RPH |) | STATEMENT TO THE |
| Certificate of Registration No. 14825, |) | RESPONDENT |
| |) | NOTICE OF INTENDED ACTION |
| Respondent. |) | AND ACCUSATION |
| | / | RIGHT TO HEARING |

TO THE RESPONDENT ABOVE-SAMED: 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, June 11, 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 8th day of May, 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, |) | |
| |) | |
| Petitioner, |) | CASE NO. 13-070-RPH-B-N |
| v. |) | |
| |) | |
| ALEXANDRIA W. PARK, RPH |) | |
| Certificate of Registration No. 14825, |) | ANSWER AND NOTICE |
| |) | OF DEFENSE |
| 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 _____, 2014.

ALEXANDRIA W. PARK, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | | |
|---|---|----------------------------------|
| NEVADA STATE BOARD OF PHARMACY, |) | |
| |) | |
| Petitioner, |) | CASE NO. 13-070-PH-N |
| v. |) | |
| |) | STATEMENT TO THE |
| WALGREENS #02474 |) | RESPONDENT |
| Certificate of Registration No. PH01939, |) | NOTICE OF INTENDED ACTION |
| |) | AND ACCUSATION |
| Respondent. |) | RIGHT TO HEARING |
| | / | |

TO THE RESPONDENT ABOVE-SAMED: 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, June 11, 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 8th day of May, 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, |) | |
| |) | |
| Petitioner, |) | CASE NO. 13-070-PH-N |
| v. |) | |
| |) | |
| WALGREENS #02474 |) | |
| Certificate of Registration No. PH01939 |) | ANSWER AND NOTICE |
| |) | OF DEFENSE |
| 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 _____, 2014.

Print or Type name

For WALGREENS PHARMACY #02474

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DELANE MARIE BLAIR, PT
Certificate of Registration No. PT11747,

Respondent.

) **CASE NO. 14-020-PT-N**

)
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**



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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because respondent Delane Marie Blair, PT, Certificate of Registration No. PT11747, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about January 27, 2014, Board Staff received notification from CVS Caremark's director of pharmacy regulatory compliance that CVS terminated Ms. Blair's employment as a pharmaceutical technician at CVS Pharmacy #9842, located at 1980 North Carson Street, Carson City, Nevada. CVS terminated Ms. Blair's employment for diversion of controlled substances.

III.

During an interview conducted by CVS Caremark Loss Prevention personnel, and in a written statement, Ms. Blair admitted to diverting approximately 25,200 hydrocodone/acetaminophen 10-325 tablets, 18,000 alprazolam 2 mg. tablets and three bottles of promethazine syrup during the period of August 2013, through February 2014. Ms. Blair sold the drugs for personal financial gain.


FIRST CAUSE OF ACTION

IV.

By diverting controlled substances, namely, 25,200 hydrocodone/acetaminophen 10-325 tablets, 18,000 alprazolam 2 mg. tablets and three bottles of promethazine syrup, Delane Marie Blair violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.338(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this 4th day of March, 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. 14-020-PT-N |
| |) | |
| Petitioner, |) | |
| v. |) | |
| |) | STATEMENT TO THE RESPONDENT |
| DELANE MARIE BLAIR, PT |) | NOTICE OF INTENDED ACTION |
| Certificate of Registration No. PT11747 |) | AND ACCUSATION |
| |) | RIGHT TO HEARING |
| Respondent. |) | |
| | / | |

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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, June 11, 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 4th day of March, 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. 14-020-PT-N |
| |) | |
| Petitioner, |) | |
| v. |) | |
| |) | |
| DELANE MARIE BLAIR, PT |) | ANSWER AND NOTICE |
| Certificate of Registration No. PT11747 |) | OF DEFENSE |
| |) | |
| 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 _____, 2014.

DELANE MARIE BLAIR, PT



BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | | |
|---|---|----------------------------------|
| NEVADA STATE BOARD OF PHARMACY, |) | |
| |) | |
| Petitioner, |) | CASE NO. 14-030-RPH-N |
| v. |) | |
| |) | NOTICE OF INTENDED ACTION |
| BRIAN THUY VU, R.PH. |) | AND ACCUSATION |
| Certificate of Registration No. 17718, |) | |
| |) | |
| Respondent. | / | |

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Brian Thuy Vu, Certificate of Registration No. 17718 (Mr. Vu), is a registered pharmacist with the Board.

II.

On September 20, 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of Brian Thuy Vu (Case No. 12-040-RPH-N). The Board entered the Order based on the results of a random audit conducted by Board Staff which identified that Mr. Vu completed zero units of the required thirty (30) continuing education units (CEUs) for the biennial period November 1, 2009, to October 31, 2011.

III.

In the September 2012 Order, the Board ordered Mr. Vu to complete a total of one-hundred and five CEUs for the biennium ending October 31, 2013:

- thirty (30) CEUs for the renewal period of November 1, 2009 to October 31, 2011;
- seventy-five (75) CEUs for the renewal period of November 1, 2011 through October 31, 2013.

The Order stated that Mr. Vu's CEUs will be audited for the renewal period of November 1, 2011, through October 31, 2013, to verify compliance with the Board Order.

IV.

Board Staff conducted an audit of Mr. Vu's CEUs for the biennium ending October 31, 2013.

V.

Mr. Vu checked the box on his pharmacist license renewal application indicating that he had completed the required CEUs between November 1, 2011, and October 31, 2013.

VI.

Board Staff's CEU audit findings identified that Mr. Vu completed eighty-four and a half (84.5) of the Board-ordered one-hundred and five CEUs for the biennial period November 1, 2011, to October 31, 2013.

VII.

On February 12, 2014, Mr. Vu sent an email to Board Staff in response to the 2013 CEU audit. Mr. Vu indicated that he misinterpreted the September 2012 Board Order. Mr. Vu believed that he was ordered to complete only seventy-five CEUs.


FIRST CAUSE OF ACTION

VIII.

By failing to complete the one-hundred and five (105) CEUs ordered in the Board's September 20, 2012 Order, and by indicating on his renewal application that he had completed the required CEUs for the biennial period of November 1, 2011, to October 31, 2013, when he completed only eighty-four and a half (84.5) CEUs, Brian Thuy Vu violated Nevada Revised Statute (NRS) 639.281, and Nevada Administrative Code (NAC) 639.330 and 639.390, which violations are grounds for action pursuant to NRS 639.210(4), (9), (10), (12) and/or (17), and 639.2174 and NRS 639.255.

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

Signed this 7th day of May, 2014.


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


NOTICE TO RESPONDENTS

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

IV.

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

DATED this 7th day of May, 2014.



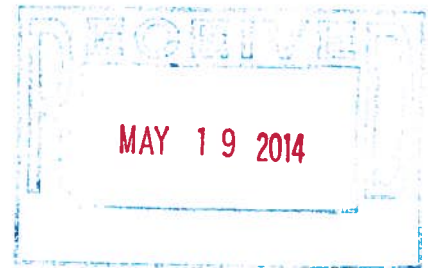
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | | |
|---------------------------------------|---|-----------------------|
| NEVADA STATE BOARD OF PHARMACY, |) | |
| |) | |
| Petitioner, |) | CASE NO. 14-030-RPH-N |
| v. |) | |
| |) | |
| BRIAN THUY VU, R.PH. |) | |
| Certificate of Registration No. 17718 |) | ANSWER AND |
| |) | NOTICE OF DEFENSE |
| 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").

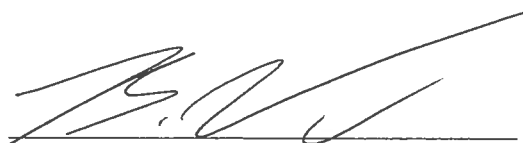


2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

See Attachment

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 19 day of May, 2014.


BRIAN THUY VU, R.PH.

May 19, 2014

Nevada Board of Pharmacy,

I, Brian T Vu, neither accept nor deny the charges issued by the Nevada Board of Pharmacy, however, would rather plea to a "no contest" as a result of a misinterpretation in regards to the written orders issued by the Nevada Board of Pharmacy.

From September 2012 Order;

- I. For the renewal period of November 1, 2009 through October 31, 2011, Mr. Vu shall complete 30 hours of continuing education. One of these units is to be a unit on ethics. Mr. Vu will not be given credit for any of the continuing education classes he completed prior to February 25, 2012.
- II. For the renewal period of November 1, 2011 through October 31, 2013, Mr. Vu will complete 75 units of CE. Mr. Vu's continuing education hours will be audited to verify that he has completed the 75 hours of continuing education required by this Order.

My discrepancy does not deny Order I; however from Order II, it was interpreted "For the renewal period of November 1, 2011 through October 31, 2013, Mr. Vu's continuing education will be audited to verify that he has completed the 75 hours of continuing education required by this order" as an order with verbs referencing future tense written action issued by the Nevada Board of Pharmacy.

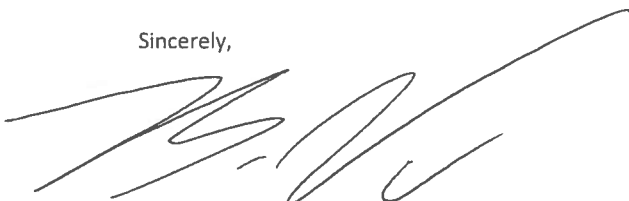
Further dissecting Order II; "Mr. Vu's continuing education hours," "will be audited to verify that he has completed the 75 hours of continuing education" and "required by this order," represents two predicates that interpret Order I (30 hours of CE with one unit on ethics) as an order that is allocated/included in Order II (75 CEs).

- ✓ "Mr Vu's continuing education hours" represent total continuing education hours from Order I and II
- ✓ "Audited and will verify that he has completed the 75 hours of continuing education;" meaning, "audited" and "verify" as the two verbs conducted by the Nevada BOP with future tense timeline of action coupled with the subject continuing education hours and its target of 75 CEs, ultimately, interpret to include the 30 hours of CE from Order I as represented following "Mr Vu's continuing education hours."
- ✓ "Required by this Order" interpret as Order II the inclusion of Order I as its total course line of action.

Therefore, I read and concluded that my direct order for the renewal period of November 1, 2011 through October 31, 2013 was to complete a total of 75 hours of CE; as the 75 hours of CE for this renewal period was to be audited and verified by the Nevada BOP in which was written, read and required by Order II.

I request to attend and present my argument before the Nevada State Board of Pharmacy on June 11, 2014 and request of the Nevada Board of Pharmacy to recognize this mistake not of negligence, but of miscommunication as directed by the written orders. In addition, I request the Nevada State Board of Pharmacy to recognize my "no contest" plea as I accept all reasonable disciplinary action(s) so long that my license is neither revoked nor suspended and as a result, I may have the opportunity to earn a "good standing" relationship with the Nevada Board of Pharmacy.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. T. Vu', with a long, sweeping horizontal stroke extending to the right.

Brian T Vu



BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | | |
|---|---|----------------------------------|
| NEVADA STATE BOARD OF PHARMACY, |) | |
| |) | |
| Petitioner, |) | CASE NO. 14-029-RPH-N |
| v. |) | |
| |) | NOTICE OF INTENDED ACTION |
| MARK RYAN CRUMBY, R.PH. |) | AND ACCUSATION |
| Certificate of Registration No. 17499, |) | |
| |) | |
| Respondent. | / | |

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Mark Ryan Crumby, Certificate of Registration No. 17499 (Mr. Crumby), is a registered pharmacist with the Board.

II.

Board Staff conducted a random audit of continuing education units (CEUs) for the biennium ending October 31, 2013.

III.

Mr. Crumby checked the box on his pharmacist license renewal application indicating that he had completed the required thirty (30) CEUs between November 1, 2011, and October 31, 2013.

IV.

Board Staff's continuing education (CE) audit findings identified that Mr. Crumby did not complete any CEUs for the biennial period November 1, 2011, to October 31, 2013.


FIRST CAUSE OF ACTION

V.

By failing to complete the required CEUs during the biennial period November 1, 2011, to October 31, 2013, and by indicating on his renewal application that he had completed 30 CEUs during the biennial period November 1, 2011, to October 31, 2013, when he completed zero hours of CEUs, Mark Ryan Crumby violated Nevada Revised Statute (NRS) 639.281 and Nevada Administrative Code (NAC) 639.330, 639.390, and/or 639.945(m), which violations are grounds for action pursuant to (NRS) 639.210(4), (9), (10), (12) and/or (17), and 639.2174 and NRS 639.255.

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

Signed this 7th day of May, 2014.



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


NOTICE TO RESPONDENTS

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

IV.

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

DATED this 7th day of May, 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, |) | |
| |) | |
| Petitioner, |) | CASE NO. 14-029-RPH-N |
| v. |) | |
| |) | |
| MARK RYAN CRUMBY, R.PH. |) | |
| Certificate of Registration No. 17499 |) | ANSWER AND |
| |) | NOTICE OF DEFENSE |
| 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 May, 2014.

MARK RYAN CRUMBY, R.PH.



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SHELDON BORSON, RPH
Certificate of Registration No. 11452

Respondent.

CASE NO. 14-026-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 Sheldon Borson, Certificate of Registration No. 11452 (Mr. Borson), is a pharmacist licensed by the Board.

II.

On or about October 30, 2013, the Board Office received a renewal application for Mr. Borson's pharmacist license. Mr. Borson disclosed on the application that he has been the subject of a board citation or an administrative action in California, and the subject of discipline for violation of pharmacy or drug laws since the last renewal period.

III.

On October 21, 2012, the California State Board of Pharmacy (California Board) adopted a Stipulated Settlement and Disciplinary Order (Case No. 3349) regarding Mr. Borson.

IV.

In the October 2012 Stipulated Settlement and Disciplinary Order (Order), Mr. Borson admitted to charges that he diverted controlled substances and dangerous drugs during his employment with Albertsons/Sav-On Pharmacy in 2007, and Costco Pharmacy in 2007-2008.

V.

The Order cites unprofessional conduct for violations related to furnishing to others prescription medications without a valid prescription; furnishing dangerous drugs and excessive amounts of controlled substances to himself and others without a valid prescription.

VI.

The California Board revoked Mr. Borson's pharmacist license, however, the revocation was stayed. Mr. Borson's license was placed on probation for a period of nine years with terms and conditions.


FIRST CAUSE OF ACTION

VII.

In receiving discipline against his license in California for actions that would be grounds for discipline, suspension or revocation of his license in Nevada, respondent Mr. Borson is subject to discipline to parallel the California action pursuant to NRS 639.210(14) and/or NRS 639.255.¹

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

Signed this 7th day of May, 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.

¹ The diversion of controlled substances to which Mr. Borson admitted in the Order are grounds for discipline, suspension or revocation of his Nevada license under NRS 453.321(1), NRS 453.331(1)(d), NRS 639.210(1), (4), (11) and (12) and NAC 639.945(1)(g) and (h).

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 7th day of May, 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, |) | |
| |) | |
| v. |) | CASE NO. 14-026-RPH-O |
| |) | |
| SHELDON BORSON, RPH |) | ANSWER AND |
| Certificate of Registration No. 11452 |) | NOTICE OF DEFENSE |
| |) | |
| 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 May, 2014.

SHELDON BORSON, R.Ph.


FIRST CAUSE OF ACTION

V.

In receiving discipline against his license in California for actions that would be grounds for discipline, suspension or revocation of his license in Nevada, respondent Mr. Walker is subject to discipline to parallel the California action pursuant to Nevada Revised Statute (NRS) 639.210(14) and/or NRS 639.255. The unlawful use of marijuana is grounds for discipline of Mr. Walker's Nevada license pursuant to NRS 453.336(1), which is grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12).

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

Signed this 7th day of May, 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, |) | CASE NO. 14-027-RPH-O |
| v. |) | |
| |) | STATEMENT TO THE RESPONDENT |
| CHARLES A. WALKER, RPH |) | NOTICE OF INTENDED ACTION |
| Certificate of Registration No. 07397 |) | AND ACCUSATION |
| |) | RIGHT TO HEARING |
| Respondent. | / | |

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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, June 11, 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 7th day of May, 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, |) | |
| |) | |
| v. |) | CASE NO. 14-027-RPH-O |
| |) | |
| CHARLES A. WALKER, RPH |) | ANSWER AND |
| Certificate of Registration No. 07397 |) | NOTICE OF DEFENSE |
| |) | |
| 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 May, 2014.

CHARLES A. WALKER, RPH.

V.

The Order cites unprofessional conduct for violations related to the diversion of controlled substances and furnishing excessive amounts of controlled substances to himself and others without a valid prescription.

VI.

On or about June 28, 2010, Mr. Jones was convicted in Monterey County Superior Court, Case No. SS100631A, for driving under the influence of alcohol and/or drugs. Mr. Jones was placed on probation for a period of five years (5) with terms and conditions.

VII.

The California Board revoked Mr. Jones pharmacist license, however, the revocation was stayed. Mr. Jones license was placed on probation for a period of five (5) years with terms and conditions.

FIRST CAUSE OF ACTION

VIII.

In receiving discipline against his license in California for actions that would be grounds for discipline, suspension or revocation of his license in Nevada, respondent Mr. Jones is subject to discipline to parallel the California action pursuant to NRS 639.210(14) and/or NRS 639.255.¹

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

Signed this 7th day of May, 2014.


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

¹ The diversion of controlled substances to which Mr. Jones admitted in the Order are grounds for discipline, suspension or revocation of his Nevada license under NRS 639.210(1), (4), (6), (7), (11) and (12). Mr. Jones' conviction for driving under the influence is grounds for discipline, suspension or revocation of his Nevada license pursuant to NRS 639.210(4).

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, |) | CASE NO. 14-028-RPH-O |
| v. |) | |
| |) | STATEMENT TO THE RESPONDENT |
| DAREK T. JONES, RPH |) | NOTICE OF INTENDED ACTION |
| Certificate of Registration No. 17919 |) | AND ACCUSATION |
| |) | RIGHT TO HEARING |
| Respondent. | / | |

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (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, June 11, 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 7th day of May, 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, |) | |
| |) | |
| v. |) | CASE NO. 14-028-RPH-O |
| |) | |
| DAREK T. JONES, RPH |) | ANSWER AND |
| Certificate of Registration No. 17919 |) | NOTICE OF DEFENSE |
| |) | |
| 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 May, 2014.

DAREK T. JONES, RPH

Blank

IV.

The Idaho Board placed conditions on Mr. Chambers' continued licensure including terms and conditions for five (5) years or until his successful completion of the PRN Program.

V.

In November 2012, Mr. Chambers pled guilty and was convicted in the District Court of the State of Idaho, in and for the County of Ada (Case CR-FE-2012-0010447), on two counts of Fraud by Computer and one count of Petit Theft for the diversion of controlled substances and adjusting inventory counts in a pharmacy computer. Mr. Chambers was sentenced to five years of supervised probation.

FIRST CAUSE OF ACTION

VI.

By stipulating to the facts and penalties set forth in the Stipulation and Order in Idaho Case No. BOP 12-016 regarding the diversion of controlled substances, and receiving discipline for the same, respondent Mr. Chambers is subject to discipline pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (6), (7), and (11) and/or NRS 639.255.


SECOND CAUSE OF ACTION

VII.

By being convicted of fraud by computer in Idaho Case No. CF-FE-2012-00010447, respondent Mr. Chambers is subject to discipline pursuant to NRS 639.210(1), (4), (6), (7), and (11) and/or NRS 639.255 and Nevada Administrative Code (NAC) 639.945(1)(g), and (h) and NRS 453.331(d).

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

Signed this 7th day of May, 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, |) | CASE NO. 14-021-RPH-O |
| v. |) | |
| |) | |
| BRIAN EARL CHAMBERS, RPH |) | STATEMENT TO THE RESPONDENT |
| Certificate of Registration No. 10906 |) | NOTICE 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 (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.

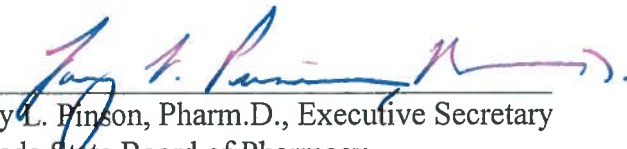
III.

The Board has reserved Wednesday, June 11, 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 7th day of May, 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, |) | |
| |) | |
| Petitioner, |) | CASE NO. 14-021-RPH-O |
| v. |) | |
| |) | |
| BRIAN EARL CHAMBERS, RPH |) | ANSWER AND |
| Certificate of Registration No. 10906 |) | NOTICE OF DEFENSE |
| |) | |
| 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 May, 2014.

BRIAN EARL CHAMBERS, R.PH.

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Brianne Middle: Lock Last: ChinHome Address: 3441 Data Drive Apt #: 424City: Rancho Cordova State: CA Zip Code: 95670

Telephone: _____ Social Security Number: _____

Date of Birth: 1-1 Place of Birth: San Francisco Sex: ☐ M ☒ F

E-mail Address: _____

Pharmacy School: California Northstate UniversityAttendance dates: 8/2011 - 5/2015

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

A licensee is not personally required to have a Nevada State Business License, however, if you have one please provide the number: NA

| | | | | Yes | No | |
|--|---|-------------------|--------------------------------|-------------------|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?... | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. | Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? .. | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: | | | | | | |
| Board Administrative Action: | State | Date: | Case #: | | | |
| <u>fine</u> | <u>CA</u> | <u>1/17/14</u> | <u>CI 2013 58943 Exhibit A</u> | | | |
| Criminal Action: | State | Date: | Case #: | County | Court | |
| <u>Dismissed</u> | <u>CA</u> | <u>10/12/2013</u> | <u>VC 23152</u> | <u>Sacramento</u> | <u>Exhibit B</u> | |

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

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

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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, no copies or stamps accepted.

Date

Board Use Only Date Processed: 4/9/14 Amount: \$40.00 66265

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number Name, License No
CI 2013 5B943 BRIANNE LOCK CHIN , INT 28352

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|---------------------------------------|--|-------------|
| Bus. & Prof. Code § 4301 subd. (h) | Unprofessional Conduct - Administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages... | \$150.00 |

CONDUCT:

Business and Professions Code section 4301(h) authorizes the Board to take action against a licensee for the use of any dangerous drugs or alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself or the public. On October 12, 2013, INT Chin was arrested on suspicion of driving under the influence of alcohol.

CITATION ISSUED ON: January 17, 2014 TOTAL AMOUNT OF FINE(S): \$150.00

PAYMENT OF FINE(S) DUE BY: February 16, 2014



LAW OFFICES OF
**KAIZUKA &
VALCARENGHI**

DUI, CRIMINAL & PROFESSIONAL LICENSE DEFENSE

2530 J Street, Suite 320
Sacramento, CA 95816
P (916) 706-0678
F (916) 706-0542
josh@kvlawoffices.com
jpv@kvlawoffices.com

April 1, 2014

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

Re: Brianne L. Chin

Dear Board,

Please find enclosed:

1. Copy of memorandum from the Sacramento District Attorney's Office dated December 5, 2013 indicating that their office was declining to file charges;
2. Copy of Sacramento County District Attorney case declined report relating to Ms. Chin's arrest for an alleged DUI on October 12, 2013.

I was retained by Ms. Chin to help her due to an arrest on October 12, 2013 in Sacramento County, for an alleged violation of California Vehicle Code section 23152 (a) and 23152 (b), as misdemeanors. VC 23152 (a) relates to driving while impaired as a result of alcohol or drugs or a combination thereof. VC 23152 (b) relates to driving with a blood alcohol level of .08 % or higher. In California, for most driving under the influence arrests, both sections are charged as alternatives.

In Ms. Chin's case, the district attorney's office rejected filing and no complaint was ever filed in court. Therefore, there are no court records.

If there are any questions or problems, please do not hesitate to call me at 916-706-0678.

Cordially,

Joshua Kaizuka
Attorney at Law



COUNTY OF SACRAMENTO

MEMORANDUM

OFFICE OF THE DISTRICT ATTORNEY

JAN SCULLY

DATE: 12/5/13

TO: LAW OFFICES OF KAIZUKA & VALCARENGHI
JOSHUA KAIZUKA
2530 J ST. STE. 320
SACRAMENTO, CA. 95816

RE: BRIANNE CHIN

SUBJECT: DISCOVERY

WE ARE NOT ABLE TO FULFILL YOUR REQUEST FOR DISCOVERY AT THIS TIME FOR THE FOLLOWING REASON (S):

- _____ We are unable to identify this defendant /case. Please complete those portions of the discovery request indicated. (Defendant Name, D.O.B, DOCKET, X-REF, VIOLATION DATE)
- _____ Our office has not received any reports on this case. Please contact the arresting agency for information.
- _____ This is a traffic court matter. Contact the Carol Miller Justice Center, at 875-7600 for more information.
- _____ No filing decision has been made. Contact our Consolidated Intake Unit at 874-6657 for more information.
- X Our office has declined to file charges at this time.
- _____ This Discovery request was not received with sufficient amount of time to process timely. Your request will be processed prior to the next court date.
- _____ Other: _____

Thank you for your assistance, please resubmit your request if any additional information is needed. If additional information has already been requested, please contact the first floor reception desk at 874-6637 to verify if the discovery has been completed.

Sincerely,

JAN SCULLY
District Attorney



Sacramento County District Attorney's Office

Case Declined Report

Referral #:

Suspect Name: CHIN, BRIANNE LOCK

XREF #:

DOB:

Intake Date: 10/14/2013

Decision Date: 12/04/2013

Severity: MIS

Declined Reasons: no reasonable likelihood of successful prosecution here. (.08)

Charges

| Arrest Number | Arrest Date | Charges |
|---------------|-------------|--------------------------|
| 0976153301 | 10/12/2013 | VC 23152(A), VC 23152(B) |

RECEIVED
2013 DEC -6 PM 12:05
SACRAMENTO COUNTY
DISTRICT ATTORNEY

Blank

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: Scott Middle: Banister Last: Kearney

Home Address: 1200 Grandview Ave. Apt #: _____

City: Reno State: NV Zip Code: 89503

Telephone: 775 303 3617 Social Security Number: _____

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

E-mail Address: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreen's Store #: 2658

Address: 10370 N. McCarran Blvd

City: Reno State: NV Zip Code: 89503

Signature of Managing Pharmacist: [Signature] Lic #: 17498 Date: 4-23-14

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

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

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

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

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

| Board Administrative Action: | State | Date: | Case #: |
|------------------------------|-------|------------|-------------------------|
| | | <u>1 1</u> | <u>Details Enclosed</u> |

| Criminal Action: | State | Date: | Case #: | County | Court |
|------------------|-------|------------|---------|--------|-------|
| | | <u>1 1</u> | | | |

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

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

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

[Signature]
Original Signature, no copies or stamps accepted

April 21st 2014
Date

Board Use Only Received: 5/6/14 Amount: \$40.00 Entity # 63195

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

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

Mar. 1

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

SO ORDERED.

Patricia G. Lynch

JUSTICE OF THE PEACE
DEPARTMENT NO. 1

Mar. 1 DEFENDANT SIGNED UP FOR PARTIAL PAYMENTS THIS DATE.
Mar. 1 Order to Attend filed.
Mar. 1 Waiver of Constitutional Rights filed. (ALCOHOL AND DRUGS)
Mar. 1 Misdemeanor Judgment filed.

2010

P R O C E E D I N G S

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

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

Apr. 19 DEFENDANT COMPLETED HOUSE ARREST THIS DATE.

Apr. 26 DEFENDANT COMPLETED VICTIM IMPACT PANEL THIS DATE.

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

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

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

2011

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

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

May 31 Order to Attend filed.

May 31 DEFENDANT SIGNED UP FOR COMMUNITY SERVICE THIS DATE.

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

June 8 DEFENDANT COMPLETED COMMUNITY SERVICE THIS DATE.

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

Aug 10

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

Nov. 23

Defendant appeared before the Honorable Patricia Lynch. Pursuant to Defendant's Failure to Appear, Defendant's is released on OWN RECOGNIZANCE and ordered to report to Reno Justice Court by November 28, 2011, to re-sign an Order to Attend giving a new completion date for the previously imposed Level III alcohol and drug abuse program. Defendant's outstanding \$25.00 Community Service fee is satisfied by time served.

Nov. 30

Order to Attend filed.

**Nov 23

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

ADVISORY CRIMINAL
CASE SUMMARY
CASE NO. RCR2009-052639

State Of Nevada vs. Scott Banister Kearney

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§
§
§
§
§
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§

Location: Reno Criminal
Judicial Officer: Lynch, Patricia
Filed on: 12/04/2009
Case Number History: RCX2009-002681
Agency Number: WC09-012120 (WCSO)
District Attorney Number: 410918
Probable Cause Number: WASO0023336C

CASE INFORMATION

| Offense | Deg | Date | Case Type: Misdemeanor |
|---|---------|------------|-----------------------------------|
| 1. DRIVING UNDER THE INFLUENCE | M | 12/04/2009 | Case Status: 01/14/2013 Concluded |
| Arrest: 12/04/2009 UNRPD - University of Nevada Police Department | | | |
| 2. OPERATING A VEHICLE WITHOUTH PROOF OF SECURITY | M | 12/04/2009 | |
| Arrest: 12/04/2009 UNRPD - University of Nevada Police Department | | | |
| 3. POSS OF MARIJUANA/ONE OUNCE OR LESS | M | 12/04/2009 | |
| Arrest: 12/04/2009 UNRPD - University of Nevada Police Department | | | |
| 4. POSSESSION OF DRUG PARAPHERNALIA | M | 12/04/2009 | |
| Arrest: 12/04/2009 UNRPD - University of Nevada Police Department | | | |
| 5. Case Fees | NOLEVEL | 12/04/2009 | |
| Arrest: 12/04/2009 UNRPD - University of Nevada Police Department | | | |

Warrants

Bench Warrant Failure to Appear - Kearney, Scott Banister (Judicial Officer: Lynch, Patricia)
05/31/2011 Served
Fine: \$0 \$5,000.00

Bench Warrant Failure to Appear - Kearney, Scott Banister (Judicial Officer: Lynch, Patricia)
11/23/2011 Served
Fine: \$0 \$1,500.00

Bonds

Own Recognizance #60249 \$.00
5/31/2011 9:19:35 Posted
AM
Counts: 1, 2, 3, 4, 5

Own Recognizance #49849 \$.00
11/30/2009 2:26:45 Posted
PM
Counts: 1, 2, 3, 4, 5

DATE

CASE ASSIGNMENT

Current Case Assignment

| | |
|------------------|-----------------|
| Case Number | RCR2009-052639 |
| Court | Reno Criminal |
| Date Assigned | 12/04/2009 |
| Judicial Officer | Lynch, Patricia |


RENO CRIMINAL
CASE SUMMARY
CASE No. RCR2009-052639

PARTY INFORMATION

Plaintiff **The State of Nevada**
Defendant **Kearney, Scott Banister**


| DATE | EVENTS & ORDERS OF THE COURT | INDEX |
|------------|---|-------|
| 12/04/2009 | Case Filed | |
| 12/04/2009 | Formal Charges <i>CT. I. DRIVING UNDER THE INFLUENCE, a violation of NRS 484.379 and NRS 484.3792</i> <i>CT. II. FAILURE TO MAINTAIN EVIDENCE OF CURRENT MOTOR VEHICLE</i> <i>INSURANCE IN THE VEHICLE AS REQUIRED BY THE NEVADA MOTOR VEHICLE</i> <i>INSURANCE ACT, a violation of WCC 70.3851 (1) (b) and 70.3851 (2) CT. III. POSSESSION</i> <i>OF ONE OUNCE OR LESS OF MARIJUANA, a violation of NRS 453.336 CT. IV.</i> <i>POSSESSION OF DRUG PARAPHERNALIA, a violation of NRS 453.554 and NRS 453.566</i> | |
| 12/28/2009 | Arraignment (10:00 AM) (Judicial Officer: Finley, Barbara) | |
| 12/28/2009 | Bail Set <i>Own Recognizance: Bail Conditions Set by the Honorable Pro Tem</i> | |
| 01/25/2010 | Pre-Trial Conference (11:00 AM) (Judicial Officer: Lynch, Patricia) | |
| 02/25/2010 | Pre-Trial Conference (11:00 AM) (Judicial Officer: Lynch, Patricia) | |
| 03/01/2010 | DUI Plea (10:00 AM) (Judicial Officer: Schroeder, Jack) | |
| 03/01/2010 | Sentence (Judicial Officer: Lynch, Patricia) 1. DRIVING UNDER THE INFLUENCE REVOKED Converted Disposition: Standard Jail Time: 4320 Converted Disposition: Chemical Analysis Due Date: 03/01/2010 Converted Disposition: Fine + Assessment Fees: 753.00 + 132.00 (3) Due Date: 03/01/2010 Condition - Adult: 1. Counseling Compliance Program, Inactive Condition 03/01/2010 - 03/01/2010, Closed 03/01/2010 2. Drug and Alcohol Abuse Program - Level 3, Inactive Condition 03/01/2010 - 03/26/2011, Closed 03/26/2011 3. Other Program, Inactive Condition: das 03/01/2010 - 03/01/2010, Closed 03/01/2010 4. Victim Impact Panel, Inactive Condition 03/01/2010 - 04/23/2010, Closed 04/23/2010 | |
| 03/01/2010 | Amended Sentence (Judicial Officer: Lynch, Patricia) 1. DRIVING UNDER THE INFLUENCE REVOKED Converted Disposition: House Arrest Jail: 480 Converted Disposition: Partial Payment Plan \$501 - \$1000 Due Date: 03/01/2010 Converted Disposition: Chemical Analysis Due Date: 03/01/2010 Converted Disposition: Fine + Assessment Fees: 753.00 + 132.00 (3) Due Date: 03/01/2010 Condition - Adult: 1. Drug and Alcohol Abuse Program - Level 3, Inactive Condition 03/01/2010 - 03/26/2011, Closed 03/26/2011 | |

NEW CRIMINAL
CASE SUMMARY
CASE No. RCR2009-052639





| | |
|------------|---|
| | 2. Victim Impact Panel, Inactive Condition 03/01/2010 - 04/23/2010, Closed 04/23/2010 |
| 03/01/2010 | Amended Sentence (Judicial Officer: Lynch, Patricia) 1. DRIVING UNDER THE INFLUENCE REVOKED Converted Disposition: Partial Payment Plan \$501 - \$1000 Due Date: 01/07/2011 Completed Date: 0 Converted Disposition: House Arrest Jail: 480 Converted Disposition: Chemical Analysis Due Date: 01/07/2011 Completed Date: 07/06/2010 Converted Disposition: Fine + Assessment Fees: 753.00 + 132.00 (3) Due Date: 01/07/2011 Comple Condition - Adult: 1. Drug and Alcohol Abuse Program - Level 3, Inactive Condition 03/01/2010 - 03/26/2011, Closed 03/26/2011 2. Victim Impact Panel, Inactive Condition 03/01/2010 - 04/23/2010, Closed 04/23/2010 |
| 03/01/2010 | Sentence (Judicial Officer: Lynch, Patricia) 3. POSS OF MARIJUANA/ONE OUNCE OR LESS REVOKED Converted Disposition: Fine + Assessment Fees: 203.00 + 97.00 (3) Due Date: 03/01/2010 |
| 03/01/2010 | Amended Sentence (Judicial Officer: Lynch, Patricia) 3. POSS OF MARIJUANA/ONE OUNCE OR LESS REVOKED Condition - Adult: 1. Other, Inactive Condition: concurrent fine to Ct. I 03/01/2010 - 03/01/2010, Closed 03/01/2010 |
| 03/01/2010 | Amended Sentence (Judicial Officer: Lynch, Patricia) 3. POSS OF MARIJUANA/ONE OUNCE OR LESS REVOKED Condition - Adult: 1. Other, Inactive Condition: concurrent fine to Ct. I 03/01/2010 - 03/01/2010, Closed 03/01/2010 |
| 03/01/2010 |  Judgment Filed |
| 04/05/2010 | Review (8:30 AM) (Judicial Officer: Lynch, Patricia) |
| 05/05/2010 | Review (8:30 AM) (Judicial Officer: Lynch, Patricia) |
| 08/10/2010 | CANCELED Review (8:30 AM) (Judicial Officer: Lynch, Patricia) <i>Vacated</i> |
| 09/07/2010 | Bail Set <i>5000.00 Bond or Cash Bail: Bail Conditions Set by the Honorable Patricia A. Lynch</i> |
| 09/07/2010 | Bail Set <i>1500.00 Bond or Cash Bail: Bail Conditions Set by the Honorable Patricia A. Lynch</i> |
| 05/31/2011 | Arraignment (10:00 AM) (Judicial Officer: Lynch, Patricia) |
| 05/31/2011 | Bail Set <i>Own Recognizance: Bail Conditions Set by the Honorable Patricia A. Lynch</i> |
| 05/31/2011 | Amended Sentence (Judicial Officer: Lynch, Patricia) 1. DRIVING UNDER THE INFLUENCE |

CASE SUMMARY

CASE NO. RCR2009-052639

| | |
|------------|---|
| | IMPOSED Converted Disposition: House Arrest Jail: 480 Condition - Adult: 1. Sheriff's Work Program, Total Amount: 58 05/31/2011 - 07/29/2011, Satisfied 11/23/2011 2. Victim Impact Panel, 05/31/2011 - 11/23/2011, Satisfied 05/31/2011 3. Drug and Alcohol Abuse Program - Level 3, 05/31/2011 - 01/14/2013, Satisfied 01/14/2013 |
| 05/31/2011 | Amended Sentence (Judicial Officer: Lynch, Patricia) 3. POSS OF MARIJUANA/ONE OUNCE OR LESS IMPOSED Condition - Adult: 1. Other, concurrent fine to Ct. I 05/31/2011 - 11/23/2011, Satisfied 05/31/2011 |
| 05/31/2011 | Sentence (Judicial Officer: Lynch, Patricia) 5. Case Fees REVOKED Converted Disposition: Community Service Sign Up Fee Due Date: 01/07/2011 Completed Date: 07/ |
| 05/31/2011 | Amended Sentence (Judicial Officer: Lynch, Patricia) 5. Case Fees IMPOSED Converted Disposition: Community Service Sign Up Fee Due Date: Conversion Unknown |
| 08/01/2011 | CANCELED Review (8:30 AM) (Judicial Officer: Lynch, Patricia) <i>Vacated</i> |
| 08/10/2011 | Bail Set <i>1500.00 Bond or Cash Bail: Bail Conditions Set by the Honorable Patricia A. Lynch</i> |
| 11/23/2011 | Arraignment (10:00 AM) (Judicial Officer: Lynch, Patricia) |
| 11/23/2011 | Bail Set <i>1500.00 Bond or Cash Bail: Bail Conditions Set by the Honorable Patricia A. Lynch</i> |
| 11/29/2011 |  Proof <i>Proof of Enrollment, Level III DUI Program; Teen Challenge Monterey Bay</i> |
| 02/23/2012 | Disposition (Judicial Officer: Lynch, Patricia) 1. DRIVING UNDER THE INFLUENCE Found Guilty |
| 02/23/2012 | Disposition (Judicial Officer: Lynch, Patricia) 2. OPERATING A VEHICLE WITHOUTH PROOF OF SECURITY Dismissed |
| 02/23/2012 | Disposition (Judicial Officer: Lynch, Patricia) 3. POSS OF MARIJUANA/ONE OUNCE OR LESS Found Guilty |
| 02/23/2012 | Disposition (Judicial Officer: Lynch, Patricia) 4. POSSESSION OF DRUG PARAPHERNALIA Dismissed |
| 02/23/2012 | Disposition (Judicial Officer: Lynch, Patricia) 5. Case Fees Found Guilty |

RENO CRIMINAL
CASE SUMMARY
CASE NO. RCR2009-052639

| | |
|------------|--|
| 02/23/2012 | Plea (Judicial Officer: Lynch, Patricia) 1. DRIVING UNDER THE INFLUENCE Guilty |
| 02/23/2012 | Plea (Judicial Officer: Lynch, Patricia) 2. OPERATING A VEHICLE WITHOUTH PROOF OF SECURITY Not Guilty |
| 02/23/2012 | Plea (Judicial Officer: Lynch, Patricia) 3. POSS OF MARIJUANA/ONE OUNCE OR LESS Guilty |
| 02/23/2012 | Plea (Judicial Officer: Lynch, Patricia) 4. POSSESSION OF DRUG PARAPHERNALIA Not Guilty |
| 02/23/2012 | Plea (Judicial Officer: Lynch, Patricia) 5. Case Fees Guilty |
| 03/05/2012 |  General Case Note <i>Docket prior to 3/5/12</i> |
| 05/29/2012 |  Correspondence <i>Letter to counselor indicating Defendant's due date for completion.</i> |
| 10/24/2012 |  Correspondence <i>to Defendant.</i> |
| 01/14/2013 |  DUI School Completed |
| 01/14/2013 | Case Concluded |

| DATE | FINANCIAL INFORMATION |
|--|-----------------------|
| Defendant Kearney, Scott Banister | |
| Total Charges | 415.00 |
| Total Payments and Credits | 415.00 |
| Balance Due as of 4/16/2014 | 0.00 |

PHARMACEUTICAL TECHNICIAN APPLICATION

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

Complete Name (no abbreviations):

First: Jessica Middle: Elaine Last: Marsh

Home Address: 3942 Valeta St. Apt #: 258

City: San Diego State: CA Zip Code: 92110

Telephone:

Social Security Number:

Date of Birth: _____ Birth: Portsmouth c: LM or AF

E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.

☐ Copy of a certificate from an ASHP approved pharmacy technician school.

☐ Copy of certificate of completion of pharmaceutical technician program approved by the board.

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

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

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

| | | Yes | No | | |
|--|---|-------------------------------------|-------------------------------------|--------------------------|---------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.... | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 3. | Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| 4. | Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 5. | Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| *If you marked YES to any of the numbered questions (3-5) above, include the following information & provide documentation: | | | | | |
| Board Administrative Action: | | State | Date: | Case #: | |
| | | | / / | | |
| Criminal Action: | State | Date: | Case #: | County | Court |
| | <u>CA</u> | <u>9/10/2006</u> | <u>9199729</u> | <u>Redondo Beach, CA</u> | <u>Torrance Municipal Court</u> |

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

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

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

Original Signature, no copies or stamps accepted

Date

10/12/13

Board Use Only

Received: Oct 23 2013 Amount: \$40.00 Entity # 64873



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Pharmacy Technician

REGISTRATION
NUMBER TCH 77598
RECEIPT NO. 32610953

VALID UNTIL OCTOBER 31, 2015

JESSICA ELAINE MARSH
3942 VALETA ST #258
SAN DIEGO CA 92110

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named hereon is registered as a Pharmacy Technician, and is subject to the rules and regulations of the California State Board of Pharmacy.

Please notify the Board of Pharmacy of any name or address change in writing. Please include your registration number with any correspondence to this office.

SIGNATURE OF REGISTRANT

The official status of this license can be verified at www.pharmacy.ca.gov

FORM WPHTCH (12/31)

To whom it may concern:

10/29/2013

My name is Jessica Marsh. Seven years ago at the age of twenty-one, after a series of irresponsible and selfish mistakes, I was arrested on drug charges in Torrance, CA. The charges included possession of a controlled substance/paraphernalia, and under the influence of methamphetamine. Being a first time offender, the court offered me a deferred entry of judgment in exchange for completion of a drug program. I completed the required program, and returned to court, at which time my case was dismissed without a conviction.

In the seven years since this incident, I have grown tremendously. During that time I have maintained a drug-free lifestyle. I have maintained stable employment, and have spent the majority of the last decade working in the field of pharmacy in California, as both a technician and a clerk. I am a full-time student hoping to enter pharmacy school in Nevada in the fall of 2015, and I very much look forward to a future in pharmacy as rewarding as the past decade in pharmacy has been. I have brought my credit score up from bankruptcy to becoming a low risk borrower, and am now a happy home owner. I am a single mother of a beautiful 6 year old boy who motivates me daily to continue striving to be a better person.

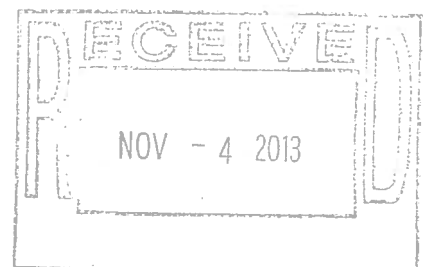
I have references to offer that can attest to the magnitude of the changes I have made, and that can authenticate the validity of the claims I am making. I have attached their information and you have my full permission to contact them if my current recovery or character is in question.

I hope you will give me the opportunity to further my career and contribute as much as I am able as a capable, accountable, and contributing member of the pharmacy community.

Thank you for your time,



Jessica Marsh





U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

DATE: 08-06-2013

JESSICA ELAINE MARSH
3942 VALETA ST. 258
SAN DIEGO, CA 92110

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation has completed the following fingerprint submission:

| <u>Subject Name</u> | <u>Search Completed Result</u> |
|----------------------|---|
| JESSICA ELAINE MARSH | 08-06-2013 A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. |

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

Any questions may be addressed to the Customer Service Group at (304) 625-5590. You may also visit the Web site at www.fbi.gov for further instructions.

This Criminal History Record Information (CHRI) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. This CHRI is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.


Kimberly J. Del Greco
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED
THE FOLLOWING DESCRIPTORS:

NAME MARSH, JESSICA ELAINE

DATE ARRESTED/FINGERPRINTED 2013/08/06

| SEX | RACE | BIRTH DATE | HEIGHT | WEIGHT | EYES | HAIR |
|-----|------|------------|--------|--------|-------|-------|
| | | | | | BROWN | BROWN |

| STATE ID | BIRTH PLACE |
|----------|-------------|
| | VIRGINIA |

| CITIZENSHIP |
|---------------|
| UNITED STATES |

| OTHER BIRTH DATES | SCARS-MARKS-TATTOOS | SOCIAL SECURITY | MISC NUMBERS |
|-------------------|---------------------|-----------------|--------------|
| | | | |

| ALIAS NAME(S) |
|---------------|
| NONE |

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

THIS RECORD IS SUBJECT TO THE
FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE APPLICANT WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE FBI'S CJIS DIVISION RECORDS SYSTEM, THE APPLICANT SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN TITLE 28, CFR, SECTION 16.34.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME
MARSH, JESSICA

DATE REQUESTED
2013/08/06

BIRTH PLACE
VIRGINIA

PATTERN CLASS CITIZENSHIP
RS LS WU UC RS LS WU WU UC LS UNITED STATES
WU LS

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

PART 2

- FBI IDENTIFICATION RECORD -

1-ARRESTED OR RECEIVED 2006/09/10 SID- CA27700565
AGENCY-POLICE DEPARTMENT REDONDO BEACH (CA0195600)
AGENCY CASE-9199729
CHARGE 1-001 COUNTS OF POSS CONTROLLED SUBSTANCE
CHARGE 2-001 COUNTS OF UNDER INFLUENCE CNTL SUB
CHARGE 3-001 COUNTS OF CNTL SUB PARAPHERNALIA

COURT-MUNICIPAL COURT TORRANCE (CA019223J)
CHARGE-11377 A HS-POSSESS CNTL SUBSTANCE
SENTENCE-
DISMISSED/FURTHERANCE OF JUSTICE
CHARGE-11364 A HS-POSSESS UNLAW PARAPHERNALIA
SENTENCE-
DISMISSED/FURTHERANCE OF JUSTICE

RECORD UPDATED 2013/08/06

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

Blank

5/13/2014

Hello, everyone,

My name is Caleb Cage and I work on veterans and military issues within the Office of the Governor. As many of you know, the Governor has had an interest in licensure reciprocity (LR) for some time now, including his Executive Order 2012-11<http://gov.nv.gov/News-and-Media/Executive-Orders/2012/EO_-2012-11---Providing-Reciprocity-for-Military-Spouses-Seeking-Licensure-in-this-State/>, which called for LR for military spouses. More recently, the Governor signed an EO addressing LR for nursing, law enforcement, and emergency medical services, in support of a National Governor's Association policy academy grant we've been working on.

I am writing today to see if I can get on an upcoming agenda for your various boards. Specifically, I would like to attend your meeting in person or by telephone to provide a brief overview of our efforts and also to see if there are ways that our efforts might work together. If this is possible, please send me the dates and locations for your upcoming meetings (at least the next two), and I will arrange my schedule to attend.

Please let me know if you have any questions, thoughts, or concerns.

All best,

Caleb

Caleb S. Cage

Director of Military and Veterans Policy

Office of Governor Brian Sandoval

P: 775-684-5670

[cid:image001.png@01CF6DFC.74365E20]

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Executive Order 2012-11

**PROVIDING RECIPROCITY FOR MILITARY SPOUSES SEEKING
LICENSURE IN THIS STATE**

WHEREAS, military spouses move from state to state far more often than the general population as they accompany their service member spouse on assignment to military bases around the country and overseas;

WHEREAS, as a result of these frequent moves associated with military life and because professional licenses from one state do not always easily transfer to another state, spouses serving in professions that require state licenses bear disproportionately high financial and administrative burdens;

WHEREAS, Nevada state government is comprised of a number of professional licensing boards and commissions that have a direct impact on the lives of these military spouses;

WHEREAS, the men and women of the United States Armed Forces and their families give selflessly of themselves in the service of this nation, it is therefore incumbent upon the State of Nevada to do all that it can to support these individuals; and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides that, "The Supreme Executive Power of this State shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada."

NOW, THEREFORE, by the authority vested in me as Governor by the Constitution and laws of the State of Nevada, I hereby direct and order every professional licensing board organized pursuant to the Nevada Revised Statutes as follows:

1. Facilitate endorsement of a current license from another state as long as the requirements for licensure in that jurisdiction are substantially equivalent to the requirements in Nevada; and
2. Where possible, provide for a temporary or provisional license allowing a military spouse to practice while fulfilling requirements needed to qualify for endorsement in this state, or while awaiting verification of documentation supporting such an endorsement; and
3. Expedite application procedures for a military spouse, including where possible the approval of a license based on an affidavit from the applicant that the information provided on the application is true and that verifying documentation has been requested.

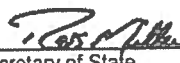
I hereby further direct and order that, where statutory requirements prohibit any of the actions outlined above, the executive director or chairman of a professional licensing board shall inform my office in writing of the suggested statutory changes to make reciprocity for military spouse licensure an efficient and practical reality. This written notice must be received by my office no later than June 30, 2012, in order to allow my office ample time to prepare legislation for the 77th Regular Session of the Nevada Legislature.

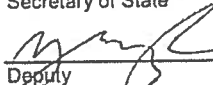


IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 4th day of May, in the year two thousand twelve.


Governor of the State of Nevada

By the Governor:


Secretary of State


Deputy

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.

PHC01845

| | | | |
|---|---|---|--|
| <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>PH10845</u>) | | | |

| | |
|---|--|
| <input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b | <input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b | <input 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: Spectrum Pharmacy Services LLC d/b/a PharMerica

Physical Address: 15 Cactus Garden Dr. #C

Mailing Address: _____

City: Henderson State: NV Zip Code: 89014

Telephone: 702-853-2200 Fax: 702-853-2213

Toll Free Number: _____

E-mail: swcarlton@spectrumrx.net Website: www.pharmerica.com

Managing Pharmacist: Steve Carlton License Number: # 6471

Hours of Operation:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours x

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Thomas A. Caneris
Original Signature of Person Authorized to Submit Application, no copies or stamps

Thomas A. Caneris

Print Name of Authorized Person

4/23/2014
Date

Board Use Only

Received:

5/8/14

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Spectrum Pharmacy Services LLC d/b/a PharMerica

Parent Company if any: Pharmacy Corporation of America

Corporation Name: Spectrum Pharmacy Services LLC d/b/a PharMerica

Mailing Address: 1901 Campus Place

City: Louisville State: KY Zip: 40299

Telephone: 502-627-7000 Fax: 855-217-7498

Contact Person: Susan Reinach-Lannan

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

Date of Incorporation: 5/20/1983

Registration number issued: 001-33380

Stock Exchange: New York Stock Exchange

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Gregory S. Weishar, President & CEO

Thomas A. Caneris, Vice President & Secretary

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Thomas A. Caneris

Responsible Person of Pharmacy Corporation of America

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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

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

Thomas A. Caneris
Original Signature, no stamps or copies

4/23/2014
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Steve Carlton

License #: 6471

Pharmacy Name: Spectrum Pharmacy Services LLC

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

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

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. been charged, arrested or convicted of a felony or misdemeanor in any state? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. been the subject of an administrative action whether completed or pending in any state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If you marked YES to any of the numbered questions above, please include the following information | | |
| Board Administrative Action: | State: _____ | Date: _____ Case #: _____ |
| And/or Criminal Action: | State: _____ | Date: _____ Case #: _____ |
| | County: _____ | Court: _____ |

Blank

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

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

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

Application must be printed legibly or typed

☐ New Pharmacy

☒ Ownership Change

(Please provide current license number if making changes: PH 026914

☐ 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: Bond Pharmacy, Inc. DBA Advanced Infusion Solutions
Bideford, MS

Physical Address: 1023 Highland Colony Parkway, Ste. 100 ^{Ridgeland, MS} ₃₉₁₅₇

Mailing Address: 623 Highland Colony Parkway, Ste. 100

City: Ridgeland State: MS Zip Code: 39157

Telephone: 877-443-4006 Fax: 888-298-2220

Toll Free Number: (877) 443-4006 (Required per NAC 639.708)

E-mail: cbell@AISpharmacy.com Website: www.AISpharmacy.com

Managing Pharmacist: Charles R Bell, Jr. License Number: T8267

Monday thru Friday 8:30 am 5 pm

Sunday am pm

Saturday 8 am 12 pm

24 Hours Pharmacist on-call
24/7/365

SERVICES PROVIDED

☐ Retail☐ Off-site Cognitive Services☐ Hospital (# beds _____)☐ Parenteral☐ Internet☐ Parenteral (outpatient)☐ Nuclear☐ Outpatient/Discharge☒ Out of State☒ Mail Service☐ Ambulatory Surgery Center☐ Long Term Care

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Charles R. Bell, Jr.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Charles R. Bell, Jr.

Print Name of Authorized Person

1-17-14

Date

Board Use Only

Received:

2/24/14

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: MS
Parent Company if any: Advanced Infusion Solutions Holdings, LLC
Corporation Name: Bond Pharmacy, Inc. dba Advanced Infusion Solutions
Mailing Address: 1023 Highland Colony Parkway, Ste. 100
City: Pidgeonland State: MS Zip: 39157
Telephone: (877) 443-4006 Fax: (888) 298-2220
Contact Person: Charles R. Bell, Jr.

For any corporation non publicly traded, disclose the following: (see attached)

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

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

2) Provide the number of shares issued by the corporation. 1262.5
3) What was the price paid per share? \$ 37.31
4) What date did the corporation actually receive the cash assets? 4.3.2013
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 (see attached)
Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate
of Corporate status must be dated within the last 6 months.

List of officers and directors (see attached)
Page 4

Bond Pharmacy, Inc. dba Advanced Infusion Solutions Owners/Directors:

State of Incorporation: Mississippi

Tax ID: 64-0913966

Owner: Advanced Infusion Solutions Holdings, LLC 100 %

President: Charles R. Bell, Jr., PharmD*
D.O.B.: 05/07/1967
S.S.N.: 426-31-0274
Business Address: Advanced Infusion Solutions
623 Highland Colony Parkway, Ste. 100
Ridgeland, MS 39157
Phone: 601.988.1700
Home Address: 111 Johnstone Drive
Madison, MS 39110
Phone: (601) 831-2162

Vice President/Secretary: David N. Buck III
D.O.B.: 10/01/1957
S.S.N.: 425-08-5103
Business Address: Advanced Infusion Solutions
623 Highland Colony Parkway, Ste. 100
Ridgeland, MS 39157
Phone: 601.988.1700
Home Address: 106 Crane Cove
Brandon, MS 39047
Phone: (601) 720-1617

Chairman: Robert Martin*
D.O.B.: 06/16/1948
S.S.N.: 052-38-5487
Business Address: Advanced Infusion Solutions
623 Highland Colony Parkway, Ste. 100
Ridgeland, MS 39157
Phone: 601.988.1700
Home Address: 4060 E. Chestnut Court
Greenwood Village, CO 80121
Phone: (303) 990-1299

Vice President: Matthew C. Hicks*
D.O.B.: 10/20/1968
S.S.N.: 489-62-7505
Business Address: Advanced Infusion Solutions
623 Highland Colony Parkway, Ste. 100
Ridgeland, MS 39157
Phone: 601.988.1700
Home Address: 3940 S. Bellaire Street
Cherry Hills Village, CO 80113
Phone: (303) 585-1363

Vice President/Asst. Sec.: Christopher Ryan Glaws*

D.O.B.: 08/07/1980

S.S.N.: 271-88-0257

Business Address: Advanced Infusion Solutions
623 Highland Colony Parkway, Ste. 100
Ridgeland, MS 39157
Phone: 601.988.1700

Home Address: 379 Hudson Street
Denver, CO 80220

Phone: (720) 239-3342

Vice President: Bryan M. Armstrong

D.O.B.: 11/07/1980

S.S.N.: 524-77-1878

Business Address: Advanced Infusion Solutions
623 Highland Colony Parkway, Ste. 100
Ridgeland, MS 39157
Phone: 601.988.1700

Home Address: 150 S. Madison, Unit 101
Denver, CO 80209

Phone: (303) 956-6162

* = Director

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Charles R. Bell, Jr.

Responsible Person of Bond Pharmacy, Inc. DBA Advanced Infusion Solutions
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.

Charles R. Bell, Jr.

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

Charles R. Bell, Jr.

Print Name of Authorized Person

1-17-14

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.

☒ 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: American Custom Compounding Pharmacy LLC

Physical Address: 2607 Walnut Hill Lane, Suite 220, Dallas, Texas 75229

Mailing Address: Same as above

City: Dallas State: TX Zip Code: 75229

Telephone: (214) 366-0022 Fax: (214) 366-0298

Toll Free Number: 888-505-0952 (Required per NAC 639.708)

E-mail: legal@accprx.com

Website: http://www.AmericanCustomCompounding.com

Managing Pharmacist: Vy Hoai Tran License Number: 44595

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

Yes/No

- ☐ ☒ Off-site Cognitive Services
☒ ☐ 1 ☐ 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 ☒
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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

Matthew Gundelfinger
Print Name of Authorized Person

5/28/14
Date

Board Use Only

Received: 5/5/14

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited ✓

Limited Liability Company

Partnership Name: American Custom Compounding Pharmacy LLC

Mailing Address: 2607 Walnut Hill Lane, Suite 220

City, State Zip Code: Dallas, TX 75229

Telephone Number: (214) 366-0022 Fax Number: (214) 366-0298

Contact Person: Matthew Gundelfinger

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>Matthew Gundelfinger</u> | <u>N/A</u> | <u>20%</u> |
| <u>Elm Creek Investments LLC</u> | <u>N/A</u> | <u>80%</u> |

List names of 4 largest partners and percentage of ownership:

| | |
|------------------|----------|
| Name: <u>N/A</u> | %: _____ |
| Name: _____ | %: _____ |
| Name: _____ | %: _____ |
| Name: _____ | %: _____ |

List any physician shareholders and percentage of ownership.

| | |
|------------------|----------|
| Name: <u>N/A</u> | %: _____ |
| Name: _____ | %: _____ |
| Name: _____ | %: _____ |
| Name: _____ | %: _____ |

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, Matthew Gundelfinger

Responsible Person of American Custom Compounding Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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



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

Matthew Gundelfinger

Print Name of Authorized Person

4/28/14
Date



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

Buford T. Abeldt, Sr., R.Ph.
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Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

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

Re: American Custom Compounding Pharmacy

Address: 2607 Walnut Hill Lane, Suite 220
Dallas, Texas 75229

License No.: 27976

Date Issued: April 3, 2012

Licensure Status: Active

Expiration Date: April 30, 2016

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. American Custom Compounding Pharmacy (Texas Pharmacy License #27976) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Allison Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy
April 25, 2014
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Blank

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

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 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: Aureus Pharmacy

Physical Address: 305 Merchant Lane, Pittsburgh PA 15205

Mailing Address: 305 Merchant Lane

City: Pittsburgh State: PA Zip Code: 15205

Telephone: 412-788-2800 Fax: 412-788-4128

Toll Free Number: 844-428-7387 (Required per NAC 639.708)

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

Managing Pharmacist: Edward P. Finn License Number: RP034684L

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 ** per phone call 4/17 ch.

☐ ☒ 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-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine 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.

Paul A. Valenti
Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul A. Valenti, CFO
Print Name of Authorized Person

4/11/14
Date

Page 2

Board Use Only

Date Processed: 4/15/14

Amount: 500-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Town Total Health, LLC
Mailing Address: 532 Broadhollow Rd. Ste. 137
City: Melville State: NY Zip: 11747
Telephone: 516.249.7400 Fax: 631.532.3437
Contact Person: Paul A. Valenti

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
a) Town Total Holdings, Inc., Sole Member ^{532 Broadhollow Rd. Ste. 137} Melville NY 11747
Name Address
b) _____
Name Address
c) _____
Name Address
d) _____
Name Address
2) Provide the number of shares issued by the corporation. N/A
3) What was the price paid per share? N/A
4) What date did the corporation actually receive the cash assets? N/A
5) Provide a copy of the corporation's stock register evidencing the above information N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 9 pm
Sunday closed am _____ pm
Saturday closed am _____ pm
24 Hours on call pharmacist via
1-800-number

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Paul A. Valenti
Responsible Person of Aureus 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.

Paul A. Valenti
Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul A. Valenti
Print Name of Authorized Person

4/22/14
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

April 15, 2014

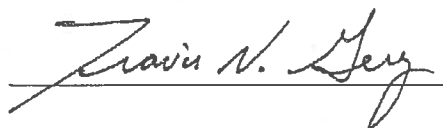
CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

| | |
|--------------------------|-----------------|
| NAME: | AUREUS PHARMACY |
| LICENSE TYPE: | Pharmacy |
| LICENSE NUMBER: | PP482443 |
| ORIGINAL LICENSURE DATE: | 01/27/2014 |
| EXPIRATION DATE: | 08/31/2015 |
| STATUS: | Active |

The license is in good standing and the records indicate no derogatory information.

Seal



Commissioner
Bureau of Professional and Occupational Affairs

Blank

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FOCUS RX

Physical Address: 1361 LINCOLN AVE. UNIT 9

Mailing Address: 1361 LINCOLN AVE. UNIT 9

City: HOLBROOK State: NEW YORK Zip Code: 11741

Telephone: (631) 319-1920 Fax: (631) 319-1921

Toll Free Number: (888) 464-8987 (Required per NAC 639.708)

E-mail: Richard@myfocusrx.com Website: myfocusrx.com

Managing Pharmacist: RICHARD E. COLLINS License Number: 046263

| TYPE OF PHARMACY | AND | SERVICES PROVIDED |
|---|------------|--|
| Yes/No <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Specialty /</u> <u>Infusion</u> | | 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 checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding ** <input type="checkbox"/> <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,**

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

Richard E. Collins

Print Name of Authorized Person

1/30/14

Date

Board Use Only

Received: 2/24/14

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: FOCUS Rx Pharmacy Services Inc.
Mailing Address: 1361 Lincoln Ave. Unit 9
City: Holbrook State: New York Zip: 11741
Telephone: (631) 319-1920 Fax: (631) 319-1921
Contact Person: Richard E. Collins

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | |
|------------------------------|--|
| a) <u>Richard E. Collins</u> | <u>7 Andover Ct. Blue Point NY 11715</u> |
| Name | Address |
| b) <u>Chris Varvaro</u> | <u>333 Canale Ave. Sayville NY 11792</u> |
| Name | Address |
| c) <u>Eugene Basini</u> | <u>171 Cedar Lane Babylon NY 11702</u> |
| Name | Address |
| d) <u>Louis Puleo</u> | <u>22 Marlin Rd Centereach NY 11720</u> |
| Name | Address |
- 2) Provide the number of shares issued by the corporation. 200
- 3) What was the price paid per share? No par value
- 4) What date did the corporation actually receive the cash assets? _____
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____
Name: _____ %: _____

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, Richard E. Collins
Responsible Person of Focus Rx Pharmacy 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

Richard E. Collins
Print Name of Authorized Person

1/30/14
Date

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: Desert Rose Medical Supplies, LLC

Physical Address: 3400 Sirius Ave Suite A Las Vegas, NV 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3400 Sirius Ave Suite A

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-889-8414 Fax: 702-889-2161

E-mail: marc@desertrosemed.com Website: www.desertrosemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Michelle Rains (702) 889-8414

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☒ Orthotics and Prosthesis
☐ Diabetic Supplies Other: _____

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

66626

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:

5865310001

- 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

Marc Dickerson

Print Name of Authorized Person

5/5/14

Date

Board Use Only

Received:

5/13/14

Amount:

\$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Corporation Name: Desert Rose Medical Supplies, LLC

Mailing Address: 948 E. North Union Avenue Suite C-201

City: Midvale State: UT Zip: 84047

Telephone: (631) 484-6828 Fax: (855) 639-5612

Contact Person: Alois Rubenbauer

For any corporation non publicly traded, disclose the following:

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

a) Black Diamond Capital LLC 318 McMicken St. Rawlins, WY 82301
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. 0

3) What was the price paid per share? 0

4) What date did the corporation actually receive the cash assets? November 14, 2013

5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

5-7-14

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 Sale of Durable Medical Equipment & Supplies

Nature of MDEG

Desert Rose Medical Supplies, 3400 Sirius Ave #A, Las Vegas, NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

Desert Rose Medical Supplies LLC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Rains Last Name Michelle First Name Lynn Middle Name

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

8501 W. University Ave #2067, Las Vegas, NV 89147
Present Residence Address-Street or RFD City State/Zip

3400 Sirius Ave #4
Las Vegas, NV 89102 Dates
Present Business Address City State/Zip

Manager Dates OCT to Present 2014
Present Position with the MDEG

Phone: 702-889-8414 Fax: 702-889-2161

Email address: Michelle@DesertRoseMed.com

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

32 Age F Sex

Green Color of Eyes Brown Color of Hair 160 Weight 5'11" Height

Scars, tattoos or distinguishing marks and/or characteristics Scar left eye, Scar under RT eye,

Egyptian hys Back of Neck, Sun Left Shoulder, Jume RT Ankle, Darnell Herbert Jr. RT inside ankle,
Scorpion RT Ankle, Tribal lower back, Scar Left Shoulder.

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.

| | | |
|------------------|---|----------------------|
| 10/13 to Present | Michelle Rains, Desert Rose 3400 Sirius Ave, Las Vegas, NV 89102 | 1500 + |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Manager | Administrative/Manager/Billing | Marc Dickerson |
| 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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| 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 4-15-14

MDEG Administrator

I, Michelle Rains, 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

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DISCUSSION AND DETERMINATION

MDEG DISPENSING

As you are all aware, dispensing practitioners are required by law to register with the Board of Pharmacy prior to dispensing medications out of their practices. Should the same be true for medical devices and equipment?

If so, what would the parameters be? Just prescription devices and equipment? Simple braces, slings and the like? Conflict of interest? Self-referral?

Board staff has been asked on more than one occasion, with the general model being a physician wanting to buy equipment from a wholesaler to stock and sell to his patients out of his office. We welcome some discussion.

TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses have been issued since last meeting.

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The Future of Pharmacy Jobs -- Will It Be Feast or Famine?

Darrell Hulisz, PharmD, Daniel L. Brown, PharmD

April 15, 2014

Editor's Note:

Chances are, if you ask most laypeople about the job outlook for pharmacists, they would say it is outstanding. For many years, pharmacy graduates have enjoyed near-full employment in the geographic areas of their choice. According to the Bureau of Labor Statistics, employment of pharmacists is projected to grow 14% from 2012 to 2022.¹¹ However, if you ask pharmacy students, recent graduates, and many practicing pharmacists, they are likely to express increasing concern about employment opportunities.

Daniel L. Brown, PharmD, Professor in the Lloyd L. Gregory School of Pharmacy and Director of Faculty Development at Palm Beach Atlantic University, is considered a national thought leader in the field of pharmacy workforce. Dr. Brown published a thought-provoking article last year in the American Journal of Pharmaceutical Education¹² and addressed what he called a "looming joblessness crisis for new pharmacy graduates." Darrell Hulisz, PharmD, Associate Professor, Case Western Reserve University School of Medicine, and member of the Ask the Pharmacists panel for Medscape, spoke with Dr. Brown regarding this important topic, which should be of great interest to all pharmacy professionals.

New Pharmacy Schools: Why So Many Expanded Programs?

Dr. Hulisz: What were the most important factors that led to the rapid increase in the number of newer pharmacy schools?

Dr. Brown: The pharmacist job market in the 1990s and up to about 2007 was characterized by a significant shortfall of pharmacists, fueled largely by a marked increase of community pharmacy positions in chain stores, supermarkets, and mass merchandisers. This made jobs plentiful and caused salaries to rise above 6 figures, understandably making pharmacists a very hot commodity. The lure of a guaranteed job with a high salary attracted many people to pharmacy, and the growing number of applicants created opportunities for new schools of pharmacy to be established and for existing schools to expand.

It is not surprising that many academic institutions found starting a school of pharmacy to be a lucrative enterprise, and many existing schools saw opportunities to build new facilities or secure additional resources by expanding enrollment. Essentially, the financial incentives for academic growth have been considerable.

Dr. Hulisz: Why did the rapid expansion of new pharmacy schools seem to go largely unnoticed for so many years?

Dr. Brown: At first it was a good thing -- perhaps up to about 2010 -- and allowed the profession to meet legitimate manpower needs. And because pharmacy has a strong accrediting body, which does an excellent job of ensuring that high quality standards are met by all new and existing programs, there was no need for concern about academic expansion weakening the quality of pharmacy education.

However, the rate of growth turned out to be much greater than anyone could have anticipated 10 years ago. A profession that produced a fairly stable graduating cohort of 6000-8000 new pharmacists per year from 1974 to 2003 is suddenly poised to graduate over 14,000 this year. Such growth is totally unprecedented in pharmacy.

To some extent, the magnitude of growth snuck up on people, though the tightening job market has been increasingly apparent to graduates and recruiters of graduates going back to 2007 or 2008. It is ironic that academic growth tends to mask itself by creating many new faculty jobs for pharmacists. Roughly 50 new schools have created a couple thousand jobs for pharmacists as faculty members over the past 13 years. Some in our profession overlooked the growth because they were counting on an expansion of pharmacist patient-care roles to offset the increasing number of graduates, with the hope that they would be assimilated into an ever-expanding workforce as new responsibility for pharmacists generated new pharmacist positions.

I don't dispute such potential, but I also feel that academic growth has far exceeded the need, and a more reasonable growth rate would have better served the profession.

Dr. Hulisz: In your article, you noted that there were 80 colleges of pharmacy in 2000 and 127 accredited colleges by 2012. What is the current number of pharmacy schools, including those having candidate or precandidate status?

Dr. Brown: The figure of 127 accounted for accredited pharmacy programs within the 50 states. Only 1 new program was established in 2013: the University of North Texas. There could be as many as 3 more in 2014, bringing the total to 131. California Health Sciences University has been granted precandidate status by the Accreditation Council for Pharmacy Education (ACPE). Two other schools in Southern California are hoping to receive precandidate status in time to open in the fall of 2014.

However, the number of programs is not an ideal measure of academic growth. The majority of academic growth in pharmacy since 2000 has been the result of the expansion of existing programs rather than the establishment of new schools.

Just looking at the number of accredited programs does not reflect the full picture. The total number of graduates is a more reliable measure of academic growth.

Dr. Hulisz: In your opinion, should some pharmacy schools consider decreasing student enrollment into the professional division?

Dr. Brown: No, not at this point. It might come to pass eventually through natural supply and demand market forces, but that probably won't happen until the next decade. For now, I would like to see new growth abate for at least a few years, as a result of individual institutions voluntarily choosing to refrain from either establishing new programs or expanding existing programs. Furthermore, I am not in favor of ACPE or any other agency being given the power to prevent a new program from opening or expanding, apart from a failure to meet accreditation standards.

My purpose in raising awareness of this issue is simply to encourage institutions that might be considering a start-up or expansion to factor in all the facts before making a decision. In addition to the financial feasibility of their plans, they should give thought to the magnitude of loans that students are likely to accrue while completing a PharmD program and the probability of graduates being able to secure suitable employment in the job market they are likely to encounter upon graduation.

Much attention is paid to the large number of applicants to pharmacy schools and to robust job projections for the future -- such as those in the latest Bureau of Labor Statistics report issued in January 2014, which are frequently used to justify new or expanded programs. However, the ever-increasing supply side of the equation seems to be generally ignored.

I would like to hear leaders within pharmacy organizations at least admit to the possibility that academia might have already grown sufficiently to meet the demands of the near future, and that continued growth might not be necessary at this time.

What is wrong with encouraging a full examination of all evidence before making a decision? Why not engage in open discussions about the possibility that the rate of academic growth since 2000 might have overshot the mark, and it needs to be curtailed for a while?

Such feedback might be helpful in dissuading institutions currently contemplating the start-up or expansion of a PharmD program that is not really necessary. I foresee a day when ACPE will require schools to report the employment rate of their graduating cohorts 6 or 12 months out from graduation, just as they report North American Pharmacist Licensure Examination (NAPLEX) pass rates today.

Job Outlook for Grads

Dr. Hulisz: Do we have surplus of PharmD graduates at the present time?

Dr. Brown: I think we have been hovering around an equilibrium point for a few years. It is a gradual process and it varies from state to state, but as the job market in more states begins to level off, it is becoming more of a national phenomenon.

What concerns me is that the growth or supply side of the manpower equation shows no signs of reaching a plateau. There are currently 17 new schools that have yet to graduate their first class, and there are also newly expanded programs whose larger graduation rates have not yet taken effect. With new programs still on the drawing board and hoping to open within the next 2 or 3 years, a pervasive pharmacist surplus is a very real possibility.

Dr. Hulisz: Has momentum shifted yet? In 2014, has major academic expansion either plateaued or possibly even declined?

Dr. Brown: The answer is a definitive "somewhat." The last year in which academia did not have at least 1 new school open was 2004. From 2005 through 2012, at least 4 new schools opened every year. To put the magnitude of growth in perspective, the 2001 Pharmacy Manpower Project Conference projected that about 3 new PharmD programs would open every 10 years.^[3] Back then, no one could have imagined that a minimum of 4 new schools would open every year for 8 consecutive years. It is a good sign that only 1 school opened last year, but there could be 3 more this year pending ACPE approval, so the growth phase has slowed -- but it is by no means over.

The expansion of existing schools has not stopped, either. My hope is that the growth of the academy will finally plateau within 2-3 years and then hold steady for a period of time, as the pharmacist marketplace becomes better defined. It is important to keep in mind that the impact of a new school is not felt in the job market until 3 or 4 years after the program starts, and then it takes a few years thereafter for the market to equilibrate to the expanded number of graduates.

With that in mind, it is reasonable to anticipate that the pharmacist job market will be affected by continuing academic growth for at least another 8 years.

Dr. Hulisz: In your article, you cite the Pharmacy Workforce Center and their statistic of aggregate demand index (ADI) as being at an equilibrium point: close to 3 in 2010. You also cite regional differences in 2012. Where is the ADI today, and in which direction do you see it heading?

(Editor's Note: The ADI is a data element derived by the Pharmacy Workforce Center [PWC] from monthly impressions of the pharmacist job market provided by a nationwide group of participants. The index consists of a 5-point scale, where 5 = high demand, difficulty filling openings; 4 = moderate demand, some difficulty filling openings; 3 = demand in balance with supply; 2 = demand is less than the supply of pharmacists available; and 1 = demand is much less than the supply of pharmacists available.^[4])

Dr. Brown: The latest ADI data from January 2014^[4] show that 2 regions of the country, New England and Middle Atlantic, are already below 3. I'm not inclined to venture a prediction on the future of the ADI any more than I would attempt to predict the 2014 NCAA basketball champion. I would point out, however, that the growth rate of pharmacy graduates can be projected into the intermediate future with a high level of certainty. It involves no skill in prognostication. We know for a fact that pharmacy is headed for an annual graduation rate of at least 15,000 graduates within a few years.

In contrast, the number of jobs that will be available for those graduates is an area of great uncertainty. I hope there will be enough new jobs to sustain the equilibrium, but such optimistic job projections are based on assumptions that might not come to pass. Therefore, on the basis of the differing probabilities between the supply side and the demand side of the manpower equation, it seems quite possible that the ADI will trend downward at least into the next decade.

One should also consider that the ADI, as a measure of job market conditions, relies on feedback from employers on the basis of their experiences in hiring pharmacists. The methodology is well suited to a pharmacist shortage environment, such as existed when the ADI was created. However, as the marketplace moves closer to pharmacist surplus conditions, the perspective of job seekers might be more telling than that of the people doing the hiring. I think our profession needs to do a better job of soliciting feedback from the new graduates who are out there trying to find a job.

Pharmacist Roles

Dr. Hulisz: You note that direct patient care jobs for pharmacists outside of acute care facilities have been slow to develop. Why is this?

Dr. Brown: I wish I could answer that question definitively, but I can only provide my best guess. First, I should mention that the impact of the medication therapy management provisions of Medicare Part D has not been as dramatic as originally anticipated. It has been slow-going. Billing for such services and integrating medication therapy management practices into the workflow of community pharmacies have proven to be daunting logistical challenges. Aside from Medicare Part D, it is the development or lack thereof of direct ambulatory care roles that is more central to the issue.

I was the Director of Ambulatory Care at the University of Illinois Medical Center in 1990. At that time, I thought direct pharmacist involvement in primary care and ambulatory care was about to take off, but it didn't.

In 2001, the conference hosted by the Pharmacy Manpower Project that I spoke of earlier predicted a major expansion of primary care jobs over the next 20 years.^[3] Their projections were reasonable at the time, but the growth of such ambulatory care jobs hasn't materialized to any great extent.

Over the past couple of decades, the prevalence of pharmacists working in an ambulatory care environment has been somewhat localized to 3 specific areas: first, the Veterans Administration and Public Health Service; second, sites that have accepted a faculty practitioner funded by academia; and third, closed health maintenance organization systems, such as Kaiser Permanente.

The fact of the matter is that new patient care positions for pharmacists in outpatient care have failed to expand in a manner comparable to the consistent expansion of inpatient clinical positions during the 1980s and 1990s. I suspect that this disparity has a lot to do with differences in reimbursement for services.

It was relatively easy to justify the cost of pharmacist activities on the inpatient side, whether on the basis of a cost or a revenue model. As a result, clinical pharmacy services in hospitals were easily assimilated into inpatient pharmacy operations.

Reimbursement for outpatient clinical pharmacy services is an entirely different matter. Even as pharmacists gain provider status and prescribing authority, the rate-limiting step to job growth is going to be reimbursement for services rendered and the ability to readily assimilate new patient care functions into existing pharmacy operations.

In other words, the system needs to undergo fundamental change for pharmacy to develop clinically on the outpatient side as it did on the inpatient side. It appears that such change might be forthcoming, but the scope and rate of change remain uncertain.

Dr. Hulisz: Do you see the Affordable Care Act as serving to increase or decrease demand for pharmacists, and why?

Dr. Brown: At this point in time, the Affordable Care Act is fraught with unknown variables. I hesitate to conjecture on the impact it might have on the profession of pharmacy. Some expect great opportunities for pharmacists to find new niches in the patient-centered medical home model. I just don't know.

However, the one aspect of the legislation that seems most likely to affect pharmacy practice is Medicaid expansion. I would expect that community pharmacies will see more Medicaid prescriptions in coming years and, perhaps, greater opportunities to engage in preventative services, such as health screenings and immunizations.

We also might see a greater emphasis on establishing routine medication therapy management services. Other than that, we will have to wait and see how the law unfolds, which provisions remain untouched, which are fully funded, and which are modified or eliminated.

Final Thoughts, and Advice for Future Pharmacists

Dr. Hulisz: *US News & World Report*^[5] ranked the career of pharmacist as #5 of 100 careers overall and #3 among the best healthcare jobs. Among the reasons cited was solid employment growth. Do you agree?

Dr. Brown: I am a pharmacist, so I am biased -- but yes, I agree. Pharmacy is and always has been a rewarding profession that provides valuable healthcare services and unmatched access to care. The role of pharmacists will continue to develop and expand, as it should.

A tightening job market due to the growth of pharmacy schools changes neither the importance of pharmacy nor the public's need for pharmacy services. It might become more challenging to find the right job amid increasing competition from a growing applicant pool, but those who prepare themselves well and are willing to be flexible should have no trouble securing employment. When they do, I expect that they will find pharmacy to be a richly rewarding vocation.

I consider myself blessed to have spent 3-plus decades in this field. On the other hand, those who are attracted to pharmacy primarily because they anticipate an easy-to-find, high-paying job might want to reconsider.

Dr. Hulisz: What advice would you give to a current pharmacy student?

Dr. Brown: Be optimistic, and have faith that you have chosen the right profession. It is a profession that will serve you well if you take care of business. By that I mean, fully dedicate yourself to making the most of your pharmacy education, and prepare yourself for the future in ways that maximize your marketability.

Study diligently for the sake of learning, not just to pass exams. When engaged in a real-life training experience, treat it as a 24/7 interview. Impress everyone at the training site with your work ethic, your commitment to excellence, your service-oriented mentality, your compassion for all people, your emotional maturity, and your ability to work well with others. In short, put your best foot forward at all times. People tend to notice a positive attitude, a willingness to work hard, and a trustworthy character. If they witness such attributes in you, they will want you to be a member of their team.

Also, get involved in supporting, promoting, and developing your profession. Be an advocate for pharmacy issues, and prepare yourself to be a pioneer of progressive new roles and services. Become the kind of pharmacist who feels compelled to blaze a trail where one does not already exist.

If you follow this advice, grounded in a sense of humble gratitude for the talents and opportunities that have been afforded to you, employers will eagerly seek to hire you. Issues pertaining to employment will become inconsequential.

There is a well-worn biblical expression which suggests that we tend to reap what we sow. That principle supersedes the dynamics of the job market. Pharmacy students who sow a great education are destined to reap the rewards of a great career.

References

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Pharmacist Provider Status: Unraveling SB 493

By Brian Warren, Vice President, Center for Advocacy

When Governor Jerry Brown signed Senate Bill (SB) 493 on October 1st, pharmacists across the state celebrated victory. For the first time, California pharmacists gained legal recognition as health care providers authorized to provide health care services. Yet one question has remained on many pharmacists' minds: *what exactly does SB 493 mean for pharmacists and where do we go from here?*

What does SB 493 allow me to do?

SB 493 grants all pharmacists certain authorities that had previously been limited to inpatient settings or integrated health systems. The bill also establishes a new "Advanced Practice Pharmacist" (APP) recognition. This recognition can be granted when specified experience and/or certification requirements are met. The APP recognition is not mandatory, but it does allow pharmacists to provide additional services provided for in the legislation.

SB 493 authorizes *all licensed pharmacists* to:

- Administer drugs and biologics when ordered by a prescriber. Previously, this was limited to oral and topical administration. SB 493 allows pharmacists to administer drugs via other methods, including by injection.
- Provide consultation, training, and education about drug therapy, disease management and disease prevention.
- Participate in multidisciplinary review of patient progress,

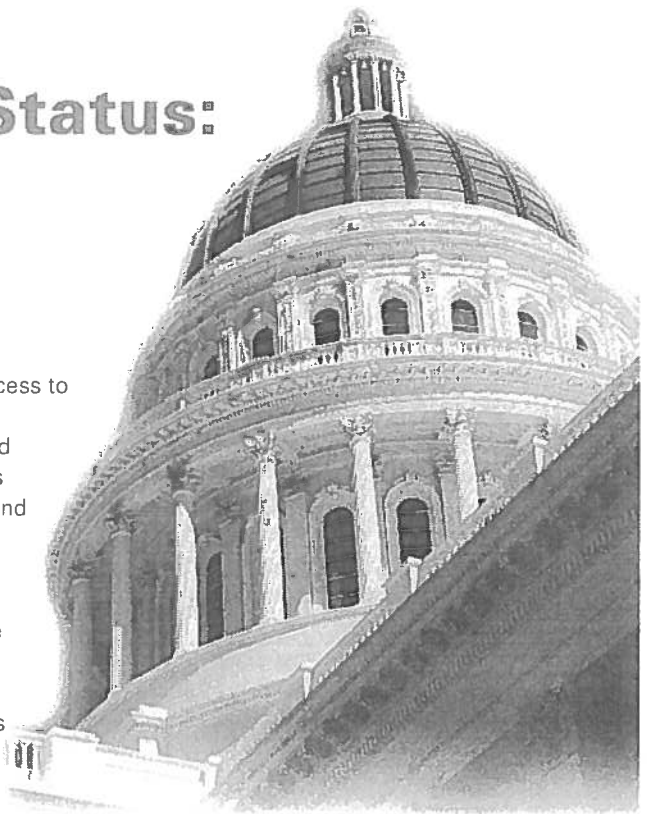
including appropriate access to medical records.

- Furnish self-administered hormonal contraceptives (i.e., the pill, the patch, and the ring). This authority is similar to the existing emergency contraception authority and will be administered through a statewide protocol developed by the Boards of Pharmacy and Medicine. Once a statewide protocol is adopted it will automatically apply to all pharmacists.
- Furnish all travel medications recommended by the CDC that do not require a diagnosis.
- Furnish prescription nicotine replacement products for tobacco cessation if certain training, certification, record-keeping, and notification requirements are met. Similar to hormonal contraceptives, a statewide protocol will be adopted by the Boards of Pharmacy and Medicine, and the authority will automatically apply to all pharmacists.
- Independently initiate and administer all ACIP-recommended routine immunizations to patients three years of age and older if certain training, certification, recordkeeping, and reporting requirements are met. A protocol is no longer necessary except for cases where a pharmacist would like to administer immunizations to children younger than three years of age.

- Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies, in coordination with the patient's primary care provider or diagnosing prescriber.

Additionally, SB 493 establishes the APP recognition, and authorizes APPs to perform the following advanced duties:

- Perform patient assessments.
- Order and interpret drug therapy-related tests in coordination with a patient's primary care provider or diagnosing prescriber. This is broader than the new authority for all pharmacists.
- Refer patients to other health-care providers.
- In accordance with a protocol with a physician, health plan or facility, a pharmacist may initiate, adjust, and discontinue drug therapy upon referral from a patient's treating prescriber.



- Participate in the evaluation and management of diseases and health conditions in collaboration with other health-care providers.

Where do we go from here?

The goal of the provider status effort is to have pharmacists provide primary care services to more patients, thereby expanding access to care at a time when the physician shortage will be further strained with new patients obtaining insurance under the Affordable Care Act. To this end, SB 493 declares pharmacists as providers of health care services and allows for the expansions to pharmacists' scope of practice identified above. While some pharmacists have had the authority to perform many of the services included in SB 493 in certain settings (e.g., health facilities), the bill streamlines the process for obtaining authorization and expands the types of settings that many of these services can be performed in.

As many pharmacists know, much of the power behind recognition as a provider is about the ability to be reimbursed for services. Whether a pharmacist is working in a community pharmacy, clinic or hospital, employers cannot afford to dedicate hours of pharmacist time to perform clinical services if that time cannot be reimbursed. However, it is not plausible to *require* payers to reimburse pharmacists for clinical services. Instead, SB 493 clarifies that pharmacists can provide services beyond dispensing medications and that payers can contract with pharmacists and pharmacies to provide health care services. The bill also makes it easier for pharmacists to perform services that payers want pharmacists to perform because evidence shows that pharmacists involved in care teams results in better outcomes, lower costs and expanded access to care.

The successful passage of SB 493 was a momentous achievement for the pharmacy profession in California. Now CPhA is focusing on seeing provider status through to implementa-

tion. CPhA leadership is working hard to ensure that all of the great possibilities that were created with SB 493 actually come to fruition. In conjunction with our universities and colleges of pharmacy, the California Society of Health-System Pharmacists and other organizations, we are already focusing on implementing various areas of the bill—such as travel medicines, hormonal contraception, ordering labs and other tests, and the training of Advanced Practice Pharmacists.

Some sections of SB 493 require the Board of Pharmacy to pass regulations. The Board must adopt a state-wide protocol for the furnishing of self-administered hormonal contraceptives and for the furnishing of tobacco cessation products. The regulations for these sections will not likely be complete until late 2014. Other sections, such as ordering labs and other tests, administering immunizations and furnishing of travel medicines, will take effect immediately in 2014. CPhA and CSHP are developing professional standards to guide the safe and successful implementation of these authorities.

Another major component of the work being performed is focusing on developing a blueprint for securing payment for pharmacist services. We are working with industry leaders to set up pilot projects and explore payment structures for a sustainable system. Over the next couple of years these arrangements will likely take many forms and there will be many trials and test cases. Some pharmacists may be working in a pharmacy or clinic that is part of an Accountable Care Organization, while others may contract directly with health plans or work through physician groups. CPhA's goal is to be the leader in the evolving payment structures so that pharmacists in all practice settings are part of the service delivery model.

What is an Advanced Practice Pharmacist?

Under SB 493, APP recognition will be issued by the Board of Pharmacy. APPs will have an expanded scope of practice beyond the authorities of the

RPh license, similar to the expanded authorities that pharmacists currently have in hospitals and health systems. The APP recognition is designed to give greater authority to pharmacists practicing in all settings and to establish a clear, achievable process for obtaining this authority.

In order to qualify for APP recognition, a practicing pharmacist must complete *any two* of the following three criteria: (1) earn certification in a relevant area of practice; (2) complete a postgraduate residency program; (3) have provided clinical services to patients for one year under a collaborative practice agreement or protocol with a physician, APP pharmacist, CDTM pharmacist, or health system.

In order to make the APP recognition achievable for as many pharmacists as possible, CPhA established the Institute for Advanced Pharmacy Practice (IAPP).

The IAPP will provide specialized training programs relevant to the expanded authorities of an APP. Additionally, the IAPP will establish an advanced practice pharmacist certification process designed specifically around primary care authorities in SB 493 for pharmacists to qualify for the APP recognition by the Board of Pharmacy.

Over the next several months, the provisions in SB 493 will begin to take effect. Some will be more immediate than others. CPhA knows that this legislation presents incredible opportunities for pharmacists but also contains many unknowns. We are committed to seeing this bill through to becoming a successful reality and will feature more information in future Journal articles and updates provided through our ongoing communications. Be sure to plan to attend the CPhA West Coast Pharmacy Exchange conference, April 24-27, 2014 in Palm Springs, CA where many educational sessions will be dedicated to implementing SB 493. For more information, visit cpha.com.

About the Author

Brian Warren is Vice President, Center for Advocacy with the California Pharmacists Association.



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

APRIL 16-17, 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 April, 2014 Board meeting.

Licensing Activity:

- 3 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 36 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 9 licenses were granted for Out-of-State wholesalers.
- 4 applications were approved for Nevada pharmacies pending inspection.
- 2 licenses were granted for a Nevada MDEG license.
- 1 application for a controlled substance registration for a recovering podiatrist with past discipline was granted with some conditions, including utilization of the state PMP.
- 1 application for a pharmaceutical technician from Florida who had been working unlicensed in Nevada for 67 days was denied.

Disciplinary Actions:

- Pharmacists RM and BC were fined \$2500 plus admin fees; ordered 20 hours of live CE on compounding; and put on probation for 2 years for compounding a commercially available drug incorrectly (dispensing 19.005mcg rather than 25mcg per capsule) resulting in the patient being hospitalized for 19 days. Pharmacy SP was ordered to cease compounding completely and fined \$5000 plus admin fees. (Note: It is illegal to compound something that is commercially available).
- Pharmaceutical technician AO was revoked for diversion of over 55,000 doses of a controlled substance for his own profit and pharmaceutical technician SS was likewise revoked for diversion of a controlled substance, also for profit.
- Pharmaceutical technician in training AH was revoked for testing positive for a controlled substance.

- Pharmaceutical technician DL was revoked for stealing gift cards from her employer.
- Pharmacists WQ and TM were ordered extra CE; a \$250 admin fee and a letter of reprimand for allowing an intern pharmacist to work in her pharmacy unlicensed. Pharmacy CP and CV were fined \$500 plus an admin fee as well.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Discussions were held on the Federal Drug and Security Act (which addresses national legislation on compounding pharmacies and outsourcing facilities) and on the meeting held in Maryland by FDA in March.

Workshop:

None.

Public Hearing:

1. **Amendment of Nevada Administrative Code 453.530 Schedule III** The proposed amendment will define Ketamine HCL to include its salts, isomers and salts of isomers to the controlled substances listed in Schedule III.
2. **Amendment of Nevada Administrative Code NAC 639.748 Identification of person to whom controlled substance is dispensed.** The proposed amendment will define the identification requirements to obtain controlled substance medications.
3. **Amendment of Nevada Administrative Code 453.510 Schedule I** Because of abuse of unregulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.