



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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November 13, 2014

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 3, 2014 at 9:00 am. The meeting will continue, if necessary, on Thursday, December 4, 2014 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno

Please Note

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

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

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

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

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

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of October 15-16, 2014, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Accredo Health Group, Inc. – Englewood, CO
 - B. Acro Pharmaceutical Services LLC – Sharon Hill, PA
 - C. Axiom Healthcare Pharmacy West – Irvine, CA
 - D. Baxter Healthcare Corporation – Salt Lake City, UT
 - E. Brand Direct Health, L.L.C. – Mandeville, LA
 - F. Complete Care Pharmacy – Champaign, IL
 - G. Integrity Rx Specialty Pharmacy LLC – Scottsdale, AZ
 - H. Ira's Pharmacy – Lake Worth, FL
 - I. Medi-Home Pharmacy – Irmo, SC
 - J. Omnicare of Northern Illinois – Des Plaines, IL
 - K. Premier Med Services Inc. – Los Angeles, CA
 - L. Pet Rescue Rx, Inc. – Akron, NY
 - M. Safeway Pharmacy #4702 – Long Beach, CA
 - N. Vet Approved Rx – Oakland, TN

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

- O. Akina Pharmacy – Chantilly, VA
- P. Darmann Pharmacy – Simi Valley, CA
- Q. Glades Drugs – Pahokee, FL
- R. HM Compounding – Bayonne, NJ
- S. HM Compounding – Brooklyn, NY
- T. Irvine Wellness Pharmacy – Irvine, CA
- U. Jones Total Health Pharmacy – Ft Lauderdale, FL
- V. Marian Respiratory Care, Inc. – Daphne, FL
- W. Rx Pro of Alabama, LLC – Dothan, AL

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

- X. American Pharmaceutical Ingredients, LLC – Waterford, MI
- Y. Centurion Medical Products – San Bernardino, CA
- Z. Exel Inc. – Mechanicsburg, PA
- AA. Exel Inc. – Taunton, MA
- BB. Exela Pharma Sciences, LLC – Lenoir, NC
- CC. Fisher Scientific Company L.L.C. – Agawam, MA
- DD. Fisher Scientific Company L.L.C. – Denver, CO
- EE. Fisher Scientific Company L.L.C. – Federal Way, WA
- FF. Fisher Scientific Company L.L.C. – Florence, KY
- GG. Fisher Scientific Company L.L.C. – Hanover Park, IL
- HH. Fisher Scientific Company L.L.C. – Houston, TX
- II. Fisher Scientific Company L.L.C. – Nazareth, PA
- JJ. Fisher Scientific Company L.L.C. – Pittsburgh, PA
- KK. Fisher Scientific Company L.L.C. – Suwanee, GA
- LL. Fisher Scientific Company L.L.C. – Suwanee, GA
- MM. Halyard Sales, LLC – Tucson, AZ
- NN. Owen Laboratories, Inc. – Fort Worth, TX
- OO. Pine Pharmaceuticals – Tonawanda, NJ
- PP. Purelife, LLC – Carson, CA
- QQ. Sun Pharmaceutical Industries, Inc. – Cranbury, NJ
- RR. Tolmar Pharmaceuticals, Inc. – Fort Collins, CO
- SS. Tolmar Pharmaceuticals, Inc. – Fort Collins, CO
- TT. Virtus Pharmaceuticals, LLC – Tampa, FL
- UU. Webster's Community Pharmacy – Altadena, CA

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

- VV. AccessClosure, Inc. – Santa Clara, CA
- WW. All American Medical Supplies, LLC – Miramar, FL
- XX. All American Medical Supplies, LLC – Riegelsville, PA
- YY. American Home Medical Inc. – Davie, FL
- ZZ. MDS Medical Device Specialty Inc. – Woods Cross, UT
- AAA. Medstrive, LLC – Sherman, TX
- BBB. One Call Care Equipment & Devices – Jacksonville, FL
- CCC. Sleep Management L.L.C. – Lafayette, LA
- DDD. Ultra Medical Supply – Bullhead City, AZ

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- EEE. Divine Touch Services Pharmacy & Compounding LLC – Sparks
- FFF. Safeway Pharmacy #1517 – Fallon
- GGG. Safeway Pharmacy #2255 – Hawthorne
- HHH. Safeway Pharmacy #1210 – Reno
- III. Safeway Pharmacy #2656 – Sparks

JJJ. Safeway Pharmacy #1537 – Zephyr Cove
KKK. Vons Pharmacy #2391 – Boulder City
LLL. Vons Pharmacy #1795 – Henderson
MMM. Vons Pharmacy #2511 – Henderson
NNN. Vons Pharmacy #2615 – Henderson
OOO. Vons Pharmacy #1688 – Las Vegas
PPP. Vons Pharmacy #1963 – Las Vegas
QQQ. Vons Pharmacy #1970 – Las Vegas
RRR. Vons Pharmacy #2390 – Las Vegas
SSS. Vons Pharmacy #2392 – Las Vegas
TTT. Vons Pharmacy #2395 – Las Vegas
UUU. Vons Pharmacy #2613 – Las Vegas
VVV. Vons Pharmacy #2614 – Las Vegas

Application for Nevada Warehouse – Non Appearance for Possible Action:

WWW. Cameron Pharmaceuticals, LLC – Henderson

Application for Nevada Wholesaler – Non Appearance for Possible Action:

XXX. OHL – Sparks

◆ REGULAR AGENDA ◆

4. Presentation of the Bowl of Hygeia Award – Appearance for Possible Action:

Christopher J. Shea, R.Ph

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

A. Precision Pharmacy (14-071-PH-O)
B. Maryanne Phillips, MD (13-061-CS-S)

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

Richard A. Singer, MD

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

A. Aeva Specialty Pharmacy – Las Vegas
B. AHF Pharmacy – Las Vegas
C. First Class Rx Pharmacy LLC – Las Vegas

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

- A. Arize Medical Equipment Repair – Las Vegas
- B. Bluebird Medical Supply Inc. – Las Vegas
- C. Harris Welding Supply – Sparks
- D. Health First Technologies – Carson City
- E. Integrated Medical Systems, Inc. – Sparks

◆◆◆ PUBLIC HEARING ◆◆◆

Wednesday, December 3, 2014 – 1:30 pm

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

Amendment of Nevada Administrative Code 453.520 and 453.530 On August 22, 2014, the Federal Drug Enforcement Agency (DEA) published a final ruling in the Federal Register rescheduling hydrocodone combination products from Schedule III to Schedule II of the Controlled Substances Act. The rule became effective October 6, 2014.

The proposed amendment will bring the treatment of hydrocodone in Nevada's controlled substance regulations, whether produced as a single-entity product or in combination with any other active ingredient, into conformity with current federal regulations, with which Nevada pharmacists are required to comply.

◆◆◆ WORKSHOP for Possible Action ◆◆◆

Wednesday, December 3, 2014 – 1:30 pm

10. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

Amendment of Nevada Administrative Code 453.510 Schedule I. Additions to Schedule I per request from Las Vegas Metro Police Department.

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

- A. North Beaches Pharmacy Inc. – Jacksonville Beach, FL
- B. Pharmacy Creations – San Diego, CA
- C. Soleo Health Inc. – Tempe, AZ
- D. Trucare Pharmacy – Corona, CA

12. Request for Reduction of Surety Bond - Non Appearance for Possible Action:

Blu Pharmaceuticals, LLC

13. Discussion and Determination for Possible Action:

- A. Return of Drugs to a Pharmacy
- B. Wholesaler Pedigree – DQSA
- C. Third Party Logistics (3PL)
- D. Licensing of FDA Licensed Outsourcing Facilities

14. Report on Annual Audit for Possible Action

15. General Counsel Report for Possible Action

16. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. Presentations:
 - a. Continuing Education
 - b. CE Video
 - 2. Approved Applications from October 2014 Meeting:
 - a. Topical Solutions
 - b. Richardson East Neighborhood
- D. Reports to Board
 - 1. Collaborative Efforts:
 - a. Medi Spa
 - b. National Governor's Association Meeting on Rx Drug Abuse
 - c. ASPL
 - d. NABP Executive Officer's Forum
- E. Board Related News
 - 1. Renewals
- F. Activities Report
 - 1. NABP District Meeting

17. Next Board Meeting:

January 21-22, 2015 – Las Vegas

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

Note:

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call 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
Washoe County Courthouse – Reno

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



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MINUTES

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

October 15 & 16, 2014

Board Members Present:

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

Board Staff Present:

Dave Wuest	Paul Edwards	Shirley Hunting	Ray Seidlinger
Daniel Garcia	Ken Scheuber	Luis Curras	Christine Guerri-Nyhus

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

Larry Pinson was not present due to his attendance at the National Board of Pharmacy's Executive forum in Chicago.

1. Public Comment

No public comment.

2. Approval of September 3, 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. Animal Health International, Inc. – Twin Falls, ID
- B. Boswell Pharmacy Services, LLC – Jennerstown, PA
- C. Cape Pharmacy & Supplies – Cape Coral, FL
- D. KV Supply, LLC – David City, NE
- E. Mohegan Pharmacy – Uncasville, CT
- F. My Health South Pharmacy – Miramar, FL
- G. Petscriptions – Louisville, KY

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

- H. Atlantic Pharmacy & Compounding – Pompano Beach, FL
- I. Benevere Pharmacy – Collierville, TN
- J. Complete Care Pharmacy – Chatham, IL
- K. Complete Care Pharmacy – Springfield, IL
- L. Elwyn Specialty Care – Garnety Valley, PA
- M. Executive Pharmacy LLC – Ft Lauderdale, FL
- N. Highland Specialty Pharmacy, LLC – Hattiesburg, MS
- O. Inverness Apothecary Trinity – Trinity, AZ
- P. Mack Bayou Pharmacy, LLC – Santa Rosa Beach, FL
- Q. MedWorx Compounding, LLC – Ridgeland, MS
- R. Pharmetrics Specialty Rx – St. Petersburg, FL
- S. Richardson East Neighborhood Pharmacy, Inc. – Richardson, TX
- T. Rite Care Pharmacy – Dallas, TX
- U. Texas Health Infusion – The Woodlands, TX
- V. Topical Solutions Pharmacy, LLC – Phoenix, AZ
- W. Total Vein Pharmacy – Houston, TX
- X. Valley Drug and Compounding, Inc. – Encino, CA

Applications for Out-of-State Wholesaler – Non Appearance

- Y. Astellas Pharma US, Inc. – Northbrook, IL
- Z. Epien Medical, Inc. – St Paul, MN
- AA. Hi-Tech Pharmacal Co., Inc. – Amityville, NY
- BB. LifeCell Corporation – Branchburg, NJ
- CC. Neos Therapeutics, LP – Grand Prairie, TX
- DD. Par Sterile Products, LLC – Rochester, MI
- EE. Pharmaceutical Credit Company, LLC – Franklin, TN
- FF. Sancilio and Company Inc. – Riviera Beach, FL
- GG. Smith Medical ASD, Inc. – Olive Branch, MS
- HH. Smith Medical Partners, LLC – Wood Dale, IL
- II. Smith Medical Partners, LLC – Wood Dale, IL
- JJ. Twin Med, LLC – Santa Fe Springs, CA
- KK. Tri-anim Health Services, Inc. – Arlington, TX
- LL. Well Gistics, LLC – Lakeland, FL

Applications for Out-of-State MDEG – Non Appearance

- MM. CCS Medical – Forest Hill, TX
- NN. Matheson Tri-Gas, Inc. – Mesa, AZ
- OO. Medline Industries, Inc. – Lathrop, CA
- PP. Medline Industries, Inc. – San Bernardino, CA
- QQ. Oculus Innovative Sciences, Inc. – Petaluma, CA
- RR. Proto Script Pharmaceuticals Corp – Rancho Cucamonga, CA

Applications for Nevada Pharmacy – Non Appearance

- SS. CentRx Pharmacy Desert Springs – Las Vegas
- TT. CentRx Pharmacy Valley Hospital – Las Vegas
- UU. CentRx Pharmacy Spring Valley – Las Vegas
- VV. The John Galt Group LLC – Reno

The Board requested clarification of services provided for the Application for Out-of-State Pharmacy License for Items 3.S. Richardson East and 3.V. Topical Solutions Pharmacy. Board Staff will follow-up with the applicants prior to the issuance of a license.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval with the exception of Items 3.S. Richardson East and 3.V. Topical Solutions Pharmacy.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to approve the Application for Out-of-State Pharmacy License for Items 3.S. Richardson East and 3.V. Topical Solutions Pharmacy pending clarification of services provided. Board Staff may make a determination to approve the application(s) or require that the applicant(s) appear before the Board.

Second: Jack Dalton

Action: Passed Unanimously

4. Request for Removal of Probation

Craig W. Moon, R.Ph.

Craig Moon appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards explained that Mr. Moon's Nevada pharmacist license is currently on probation for violations related to disciplinary action taken against his Wisconsin pharmacist license. Mr. Moon currently resides in New Jersey. The New Jersey Board of Pharmacy (New Jersey Board) will not grant reciprocity of his pharmacist license until the probationary status of his Nevada license is removed, or he has successfully retaken the NAPLEX and New Jersey law examinations. Mr. Moon is requesting that the probationary status of his Nevada license be lifted.

In June 2007, the Nevada Board adopted a Stipulation and Order (Order) in Case 07-026-RPH-O to parallel the Wisconsin Board of Pharmacy's December 6, 2006, Final Decision and Order regarding Mr. Moon (Case No. LS0601191PHM). Mr. Moon was accused of working under the influence of alcohol while practicing as the managing pharmacist at a Wal-Mart store in Tomah, Wisconsin. The Wisconsin Board suspended Mr. Moon's pharmacist license for an indefinite period of time. Mr. Moon was ordered to participate in a drug and alcohol treatment program acceptable to the Wisconsin Board for a period of time to monitor his progress before he could apply for a stay of his suspension. In the June 2007 Order, Mr. Moon's Nevada license was placed on probation with conditions to include that he may not work in Nevada unless he appears before the Board, and provide the Board with written evidence that his license is no longer suspended in Wisconsin.

Mr. Moon allowed his Wisconsin pharmacist license to expire in June 2008. He had not fully complied with the Wisconsin Order prior to the expiration of his license. Mr. Moon said that the Wisconsin Board found him noncompliant with the Order as he utilized the Professional Assistance Program of New Jersey (PAPNJ) for drug screening, and not FirstLab, which was located forty miles from his home, as ordered by the Wisconsin Board. He utilized PAPNJ without the approval of the Wisconsin Board. The Wisconsin Board did not accept the drug and alcohol results from PAPNJ.

Mr. Moon said that he has not practiced pharmacy in seven years, but has completed up to forty plus continuing education hours annually. He addressed questions regarding two additional disciplinary actions taken against his Wisconsin pharmacist license in 1986 and 1997.

A lengthy Board discussion ensued including concerns regarding Mr. Moon's clinical competency. Board Staff informed the Board that NABP has a test available, the Pharmacist Assessment for Remediation Evaluation (PARE), which is an assessment tool that the boards of pharmacy may use when making decisions to determine if a pharmacist meets the standard of practice.

Board Action:

Motion: Leo Basch motioned to approve removing the probationary status of Craig Moon's pharmacist license pending Mr. Moon's successful passing of the PARE examination.

Second: No Second was offered.

Action: Motion Failed

Board discussion ensued regarding imposing additional conditions.

Board Action:

Motion: Leo Basch motioned to approve lifting the probationary status of Craig Moon's Nevada pharmacist license pending the successful passing of the PARE test within one-hundred and eighty (180) days.

Mr. Moon will be required to meet the following conditions to practice in a Nevada-licensed pharmacy:

- Complete a minimum of four weeks of on-the-job training supervised by another pharmacist before Mr. Moon will be allowed to work independently.
- He will not be permitted to work as a pharmacist-in-charge for six months.

Second: Kevin Desmond

Ayes: Basch, Desmond, Pederson, Dalton, Wentworth
Nays: Blomstrom

Action: Motion Carried

At the Board's request, Board Staff will notify the New Jersey Board of the Board's action regarding Mr. Moon's condition for licensure in Nevada.

5. Discipline Cases

- | | | |
|----|---------------------|---------------|
| A. | Nazida Zebari, R.Ph | (13-024-PH-S) |
| B. | Walgreens #04242 | (13-024-PH-S) |

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

Nazida Zebari, pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

William Stilling was present as counsel representing the Respondents.

Mr. Edwards presented a Stipulation and Order regarding Ms. Zebari and Walgreens #04242 for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Walgreens #04242, Ms. Zebari filled and dispensed a prescription for ondansetron 4 mg. tablets with instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. every four hours as needed, and failed to provide adequate counseling for the patient's new prescription.

Ms. Zebari shall receive a public letter of reprimand from the Board's Executive Secretary, pay an administrative fee of \$49 dollars, pay a fine of \$750.00, complete a one hour CE on the topic of error prevention, and complete a one hour CE on the topic of counseling. Walgreens' Pharmacy #04242 will pay an administrative fee of \$500.00.

Mr. Stilling commented that Ms. Zebari has been educated by the pharmacy manager on the proper procedures for counseling. Mr. Stilling said that the Respondents feel the stipulation is fair, and he requested Board approval.

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

C. Kyoshi Fuller, PTT (14-057-PTT-S)

Kyoshi Fuller appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards moved to have Exhibits 1 through 4 admitted. President Gandhi moved to accept the Exhibits into the record.

Mr. Edwards explained that Board Staff received notification from the Kaplan College Pharmacy Technician Program Director informing them that during a random drug screen on June 25, 2014, Mr. Fuller tested positive for marijuana. Mr. Edwards stated that Mr. Fuller is not refuting the allegations.

Mr. Fuller addressed questions posed by the Board. Mr. Fuller said that he used marijuana during June to cope with the death of his uncle, and has not used it since. At that time, he lived with family members who smoked marijuana at home, which is how he obtained the marijuana. Mr. Fuller has since moved from that residence and

currently lives with his parents. Prior to this incident, he used marijuana off and for three years beginning at age sixteen. He stated that he has a good family support system and his long-term goal is to attend college and study psychology.

Mr. Edwards commented that when he spoke with Mr. Fuller regarding this case, Mr. Fuller was forthcoming and honest, and accepted responsibility for his actions. Mr. Fuller recognized there would be consequences, and he wanted to find a way to move forward with the pharmaceutical technician program at Kaplan College.

Board Action:

Motion: Kirk Wentworth moved to find that the allegations in the Notice of Intended Action have been proven and to find Kyoshi Fuller guilty in the First Cause of Action.

Second: Kevin Desmond

Action: Passed Unanimously

Board discussion ensued.

Board Action:

Motion: Kirk Wentworth moved to suspend Kyoshi Fuller's Pharmaceutical Technician Registration pending an evaluation by PRN-PRN. Mr. Fuller will be required to reappear for consideration for reinstatement of his registration with a representative from PRN-PRN, and letters of support from his mentor(s), family and the Kaplan College Pharmacy Technician Program Director.

Second: Tallie Pederson

Action: Passed Unanimously

D. Sylvia Corona, PT (14-055-PT-S)

Sylvia Corona appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards moved to have Exhibits 1 through 5 admitted. President Gandhi accepted the Exhibits into the record. Mr. Edwards informed the Board that Ms. Corona's attorney, Bob Spretnak, contacted him regarding this case, but Mr. Spretnak is not present. Ms. Corona stated that she is comfortable proceeding with the hearing without her attorney present.

Board Staff received notification from a CVS Regulatory Compliance Manager indicating that CVS terminated Ms. Corona from her employment as a pharmaceutical technician at CVS Pharmacy #5286 for diversion of controlled substances. In a written statement (Exhibit 4), Ms. Corona admitted to diverting hydrocodone/acetaminophen 10-325 tablets and carisoprodol 350 mg. tablets from February 2014 to April 2014. Ms. Corona claimed that she diverted the controlled substances for personal use due to back pain.

Ms. Corona read a written statement (Exhibit 6) apologizing to the Board, her coworkers and to her family. Ms. Corona admitted to diverting quantities of two-hundred each of hydrocodone/acetaminophen 10-325 tablets, and two-hundred carisoprodol 350 mg. tablets. She disputed the quantities in Exhibit 5 (DEA form 106 *Report of Theft of Loss of Controlled Substances*) which documents a loss of 4,696 hydrocodone/acetaminophen 10-325 tablets and 3,247 carisoprodol 350 mg. tablets.

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

Board Action:

Motion: Leo Basch moved to find that the allegations in the Notice of Intended Action have been proven and to find Sylvia Corona guilty in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards commented that Board Staff does not take the diversion of controlled substances lightly and recommended revocation of Ms. Corona's pharmaceutical technician registration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Sylvia Corona's pharmaceutical technician registration.

Second: Kirk Wentworth

Action: Passed Unanimously

E. Antonio Scott, PT (14-049-PT-S)

Mr. Edwards advised the Board that Mr. Scott was not present.

Mr. Edwards moved to have Exhibits 1 through 7 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards explained that Board Staff received notification from a Smith's Food and Drug (Smith's) District Pharmacy Coordinator indicating that Smith's terminated Mr. Scott from his employment as a pharmaceutical technician at Smith's Pharmacy #358 for diversion of controlled substances. During an interview conducted by a Smith's District Loss Prevention Manager, and in a written statement, Mr. Scott admitted to diverting and selling controlled substances by filling fraudulent prescriptions provided to him by an individual named "Denise". The prescriptions were for hydrocodone/acetaminophen 10-325 tablets and alprazolam 2 mg. tablets (combined total of approximately 24,000 tablets). "Denise" paid Mr. Scott two dollars per tablet.

Mr. Edwards stated that Board Staff served the Accusation on Mr. Scott by certified mail on September 11, 2014, at the address he had on record with the Board Office. He presented a copy of the certified mail receipt (Exhibit 1). Mr. Edwards also provided a copy of the letter sent regular mail to Mr. Scott advising him of the Hearing (Exhibit 2).

Board Action:

Motion: Cheryl Blomstrom moved to find that based on the evidence presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Mr. Scott.

Second: Kirk Wentworth

Action: Passed Unanimously

Mr. Edwards informed the Board that a representative from Smith's is in attendance to discuss corrective measures that have been implemented regarding diversion control.

Tammy Myxter, Smith's Pharmacy Coordinator, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Myxter said that Smith's Loss Prevention department has procedures in place to monitor and address controlled substance count discrepancies. Smith's has recently implemented additional procedures at the store level. Pharmacists are now required to run weekly balance on-hand reports of controlled substances, which the pharmacy manager is required to sign-off indicating that he has reviewed the reports. A new enhancement to the pharmacy computer system will generate a DEA audit report for any prescription for a controlled substance that has been released to a patient and is returned back into the workflow.

Board Action:

Motion: Kevin Desmond moved to find that the allegations in the Notice of Intended Action have been proven and to find Antonio Scott guilty in the First Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to revoke Antonio Scott's pharmaceutical technician registration.

Second: Jack Dalton

Action: Passed Unanimously

F. Roman Bahena, PT (14-047-PT-S)

Mr. Edwards advised the Board that Mr. Bahena was not present.

Mr. Edwards moved to have Exhibits 1 through 4 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards stated that Board Staff served the Accusation on Mr. Bahena by certified mail on September 11, 2014, at the address he had on record with the Board Office. He presented a copy of the certified mail receipt (Exhibit 1). Mr. Edwards also provided a copy of the letter sent regular mail to Mr. Scott advising him of the Hearing (Exhibit 2). The Accusation was returned to the Board Office by the U.S. Postal Service as undeliverable with no forwarding address.

Board Action:

Motion: Cheryl Blomstrom moved to find that based on the evidence presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Mr. Bahena.

Second: Leo Basch

Action: Passed Unanimously

Mr. Edwards informed the Board that representatives from Walmart Corporation are in attendance to discuss Walmart's investigation of this case.

Shelley Tustison, Director of Practice Compliance, and Chad Luebke, Market Health and Wellness Director, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards explained that Board Staff received notification from a Walmart Corporate Compliance Director indicating that Walmart terminated Mr. Bahena from his employment as a pharmaceutical technician. Walmart terminated Mr. Bahena's employment for diversion of controlled substances. During an interview conducted by a Walmart Market Asset Protection Manager, and in a written statement, Mr. Bahena admitted to diverting approximately twenty-eight thousand (28,000) hydrocodone/acetaminophen tablets (multiple strengths). Mr. Bahena admitted to being addicted to hydrocodone for approximately four years, and to diverting the controlled substances for personal use.

Ms. Tustison explained that Roman Bahena began employment September 2013, and worked at both Walmart #10-3354 and Walmart #10-3788. In April 2014, an investigation was initiated based upon on-hand adjustments made by pharmacists at Walmart #10-3354 in Henderson, involving hydrocodone tablets, which were discovered through an analysis conducted by Walmart's global investigative team. Concurrently, at Walmart #10-3788 in Las Vegas, the pharmacy manager was making on-hand hydrocodone adjustment changes and alerted her health and wellness director who in turn notified the global investigation division. An internal investigation was initiated. A review of pharmacy video showed Mr. Bahena exhibiting suspicious behavior. A Walmart asset protection associate began reviewing live video of Mr. Bahena while he was working. The video revealed that Mr. Bahena was diverting hydrocodone tablets while restocking the shelves. During an interview by a Walmart global investigator, Mr. Bahena admitted to diverting hydrocodone tablets at both Walmart pharmacies. Mr. Bahena was terminated from employment, and the case was turned over to Las Vegas law enforcement.

Board Action:

Motion: Cheryl Blomstrom moved to find that the allegations in the Notice of Intended Action have been proven and to find Roman Bahena guilty in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to revoke Roman Bahena's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

6. Applications for Nevada Pharmacy

A. AbacusRx Pharmacy LLC – Henderson

Rossitza Mirtcheva, managing pharmacist, and Kristine Carlton, owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Mirtcheva addressed questions posed by the Board regarding Case 13-022-S, which was heard at the April 16, 2014 meeting. In that case, Ms. Mirtcheva and Spectrum Pharmacy were charged with violations related to creating a compound with approximately 19,005 mcg of liothyronine per capsule, rather than the 25 mcg of liothyronine per capsule that was prescribed. The Board ordered Ms. Mirtcheva to complete twenty hours of live USP-based compounding training, and her pharmacist license was placed on probation for a period of two years. Ms. Mirtcheva informed the Board that she completed the compounding training through Medisca in September 2014, but has not yet received documentation certifying completion of the course.

Ms. Carlton and Ms. Mirtcheva explained that AbacusRx Pharmacy will service long term care facilities, specifically, nursing homes. Services will include low to medium risk sterile and non-sterile compounding, mainly liquid vancomycin, magic mouthwash and creams that are not commercially available. TPNs will be contracted out to CAPS. The pharmacy will be 797 compliant, and initially employ three pharmacists and four technicians all with long term care experience.

On the application under “Services Provided”, “Parenteral” was not checked. Ms. Carlton stated that was an oversight and authorized Board Staff to check the box.

Ms. Carlton and Ms. Mirtcheva answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve AbacusRx Pharmacy's Application for Nevada Pharmacy License pending:

- receipt of documentation certifying that Ms. Mirtcheva completed twenty hours of live USP-based compounding training;
- Board Staff review of the Board Order in Case 13-022-S that Ms. Mirtcheva has fully complied with the Order; and
- a satisfactory inspection.

Second: Kevin Desmond

Action: Passed Unanimously

B. Trinity Pharmacy – Las Vegas

Joann Bhatia, owner, and Mary Arriola, managing pharmacist, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Bhatia and Ms. Arriola explained that Trinity Pharmacy is a community retail pharmacy and will expand services in the future to include long term care facilities. Trinity Pharmacy will provide mail order service through Fed Ex and the U.S. Postal Service. The pharmacy will not do any type of sterile compounding.

Mr. Bhatia and Ms. Arriola answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Trinity Pharmacy's Application for Nevada Pharmacy License.

Second: Leo Basch

Action: Passed Unanimously

7. Application for Controlled Substances License

Gregory W. Greenwood, DMD

Gregory W. Greenwood appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Jack Dalton recused from participation in this matter due to his previous employment relationship with Dr. Greenwood.

The Board questioned Dr. Greenwood on why he did not disclose on his application that he had been the subject of discipline. Dr. Greenwood responded that it was an unintentional mistake.

Dr. Greenwood stated that he has had an active Nevada pharmacist license since 1997 and dental license since 2007. He has been practicing dentistry in Louisiana and is relocating to Nevada. In 2001, Dr. Greenwood was disciplined by this Board for violations related to fraudulent controlled substance prescriptions which he created and filled for personal use. Dr. Greenwood was arrested and charged with six felonies. The charges were later reduced to two misdemeanors. Dr. Greenwood was ordered to participate in PRN-PRN for five years and was released by the program after four years for good behavior. In 2007, Dr. Greenwood began his dental practice in Louisiana and was ordered by that state to sign-up for a five year treatment program. He completed one year and the consent decree was rescinded. In 2008, the Nevada State Board of

Dental Examiners (Dental Board) entered a Stipulated Agreement regarding Dr. Greenwood. The Dental Board ordered Dr. Greenwood's dental license to be monitored for eighteen months when he actively begins practice in Nevada. Dr. Greenwood will submit to random drugs screens, and cannot prescribe no more than twelve units of a controlled substance for each patient treatment visit during the eighteen month monitoring period, which became effective in September 2014.

Jack Dalton provided positive and supportive comments regarding Dr. Greenwood's character.

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

Board Action:

Motion: Tallie Pederson moved to approve Gregory Greenwood's Controlled Substance Application.

Second: Cheryl Blomstrom

Ayes: Pederson, Blomstrom, Wentworth, Desmond
Nays: Basch

Action: Motion Carried

8. Application for Pharmaceutical Technician License

Amanda L. Elam

Amanda Elam appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Elam read a written statement explaining that the New Mexico Board of Pharmacy took disciplinary action against her pharmaceutical technician registration for violations related to the diversion of controlled substances. Ms. Elam stated that she became addicted to hydrocodone following two foot surgeries. In December 2012, her physician discontinued her pain medications so she began diverting them from her employing pharmacy. In April 2013, Walmart's Asset Protection Department questioned Ms. Elam, and she confessed to diverting hydrocodone since January 2013. Ms. Elam was arrested and charged with possession of a controlled substance and embezzlement. Ms. Elam complied with a court order to attend an eight hour class, and the charges were later dismissed. In August 2013, the New Mexico Board of Pharmacy adopted a *Voluntary Surrender of Pharmacy Technician Form* from Ms. Elam. Ms. Elam attended counseling for approximately four months. She said that there is no excuse for her actions and she takes full responsibility. Ms. Elam recently relocated to Nevada and would like to continue her career as a pharmaceutical technician.

Ms. Elam addressed questions posed by the Board. The Board expressed concerns that Ms. Elam has not attended a formal treatment program, the diversion was relatively recent, and a medical condition could result in a repeat of similar activity by Ms. Elam.

The Board agreed to keep Ms. Elam's application open pending an evaluation by PRN-PRN. Ms. Elam will be required to reappear for consideration of her application with a representative from PRN-PRN.

Ms. Elam requested that her application be tabled until she has met with Mr. Espadero of PRN-PRN.

9. Application for Pharmaceutical Technician in Training License

Valerie Jensen

Valerie Jensen appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

On September 30, 2014, a Cease and Desist Order and Citation for the Unlawful Practice of Pharmacy was served upon Ms. Jensen. Ms. Jensen worked as a pharmaceutical technician in training at Smith's Pharmacy #394 for one-hundred and fifty (150) days without a valid registration during the period of February 8, 2014 to August 12, 2014. Ms. Jensen was assessed a fine of \$3,000.00 in association with the citation.

Ms. Jensen explained that she mailed in a technician in training application to the Board Office with a \$40.00 money order in February 2014. She said that she was not educated on Nevada licensing procedures, and was informed that she could work under her Utah pharmaceutical technician license until her Nevada license was granted. Ms. Jensen contacted the Board Office in April 2014, to inquire about the procedures for submitting her technician in training hours and was informed by Board Staff that she was not registered. She promptly submitted an application.

Ms. Jensen addressed questions posed by the Board. Ms. Jensen attempted to trace the status of the money order that she purchased and submitted with her initial application in February 2014, but the Albertson's where she purchased it is now closed. The bookkeeper from Albertson's informed Ms. Jensen that several \$40.00 money orders had been purchased within that timeframe, but there was no access to signatures. Ms. Jensen said that she worked as a registered pharmaceutical technician with Smith's in Utah since 1997, and has never had any type of board action taken against her license.

Board discussion ensued. The Board felt that a lack of communication and misinformation were contributing factors which resulted in Ms. Jensen working unregistered. Ms. Jensen was proactive and immediately submitted an application and discontinued practicing as a pharmaceutical technician once she was informed that she

was not registered. The Board viewed this as an honest mistake by Ms. Jensen and discussed a reduction in the \$3,000.00 fine imposed upon her.

Board Action:

Motion: Leo Basch moved to:

- reduce the \$3,000.00 fine issued in the Cease and Desist Order and Citation to \$1,500.00.
- approve Valerie Jensen's Pharmaceutical Technician in Training Application pending receipt of a \$500.00 payment toward the Cease and Desist Order and Citation. Ms. Jensen may negotiate with Board Staff payment terms for the balance due.
- apply the \$40.00 fee submitted for Ms. Jensen's Pharmaceutical in Training Application to a new Pharmaceutical Technician Application provided that the new application is submitted to the Board Office within fifteen (15) days from today, October 15, 2014. Ms. Jensen will submit to Board Staff documentation verifying her active status as a registered pharmaceutical technician in Utah. Ms. Jensen will not be required to submit documentation of 1,500 technician in training hours if documentation of licensure from Utah is provided to the Board Office.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Request for Reduction of Surety Bond - Non Appearance

Blu Pharmaceuticals, LLC

Mr. Wuest explained that several years ago, the Legislature adopted in statute, regulations requiring that non-publicly traded wholesalers licensed to distribute prescription drugs shall file a surety bond with the Board in an amount of not less than \$25,000 and not more than \$100,000. The purpose of the bond is to cover fines and administrative costs imposed by the Board at an administrative hearing against the licensee, should the licensee fail to pay said fines or costs. The Board may, by agreement with a wholesaler who has been licensed with the Board for five consecutive years or more, allow a reduction in the bond amount of not less than \$5,000.

Mr. Wuest confirmed with the Kentucky Board of Pharmacy that Blu Pharmaceuticals license is active and has been in good standing since the history of their license (seven years). Their Nevada license has also been in good standing since their initial license date of April 22, 2009.

Board discussion ensued. The Board did not want to make a determination in this matter until they had the opportunity to have a discussion with a representative of Blu Pharmaceuticals.

Board Staff will contact Blu Pharmaceuticals and offer them an opportunity to appear before the Board at a future meeting to negotiate a potential reduction of their surety bond.

11. Applications for Out-of-State Compounding Pharmacy

A. Better Value Pharmacy – West Covina, CA

Eugene Ho, owner/managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Ho explained that Better Value Pharmacy (Better Value) is a local community pharmacy and would like to extend their services to other states. Better Value specializes in sterile and non-sterile compounding including tri-mix, hormone replacement therapy, hormonal creams as well as veterinary compounds. Every product is tested for sterility, endotoxins, and potency by Analytical Research Labs. Better Value is California-licensed as a compounding pharmacy and was last inspected on November 15, 2013. Better Value is currently not fully 797 compliant. Mr. Ho anticipates the pharmacy will be in full compliance in the near future. Better Value is contracted with PCCA to provide compounding training to the staff. Competency tests are conducted annually.

Mr. Ho addressed questions posed by the Board.

Board Action:

Motion: Leo Basch moved to approve Better Value Pharmacy's Application for Out-of-State Pharmacy License pending receipt by the Board Office of documentation that Better Value Pharmacy is USP 797 compliant, and also fully compliant with Nevada compounding regulations.

Second: Kirk Wentworth

Ayes: Basch, Wentworth, Blomstrom, Pederson, Desmond

Nays: Dalton

Action: Motion Carried

B. Boothwyn Pharmacy, Inc. – Boothwyn, PA

Noel Boehm, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Boehm presented a letter from Louis Micolvcci, owner, authorizing Ms. Boehm to represent Boothwyn Pharmacy.

Ms. Boehm explained that Boothwyn Pharmacy specializes in sterile and non-sterile compounding, including vitamin supplements, testosterone, methylprogesterone, as well as veterinary compounds. Clean room viable air sampling is conducted every six months. The clean room was last inspected and certified in April 2014.

Boothwyn Pharmacy submitted an affidavit to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Ms. Boehm clarified that Boothwyn Pharmacy will be shipping sterile compounds into Nevada, but will not be shipping high risk compounds into Nevada. Ms. Boehm authorized President Gandhi to void the affidavit. The Board Office will reissue a revised affidavit to Boothwyn Pharmacy in order for them to attest that they will not ship high risk compounds into Nevada.

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

Board Action:

Motion: Kirk Wentworth moved to approve Boothwyn Pharmacy's Application for Out-of-State Pharmacy pending receipt of their most recent inspection, and receipt of the affidavit that they will not ship high risk compounded products into Nevada.

Second: Kevin Desmond

Action: Passed Unanimously

C. Downing Labs – Dallas, TX

Kristi Kubosh, managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Kubosh explained that Downing Labs is a retail pharmacy specializing in sterile and non-sterile compounded products. Products include bioidentical hormones, topical pain creams, vitamin and mineral supplements. Products are patient specific. The pharmacy is USP 797 compliant and operates under 503A of the Drug Quality and Security Act of 2013. Products are tested for sterility and endotoxins before being released to patients.

Ms. Kubosh addressed questions regarding the FDA Requested Recall of compounded products which failed sterility or endotoxin testing discovered during an FDA inspection of the pharmacy under the previous ownership, Nu Vision. Downing Labs did not initiate the recall as the lots referenced were never dispensed to patients. All lots of compounded products that failed testing were destroyed.

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

Board Action:

Motion: Kirk Wentworth moved to approve Downing Labs' Application for Out-of-State Pharmacy License.

Second: Leo Basch

Action: Passed Unanimously

D. Entiretypets Pharmacy LLC – Union City, CA

Rashmi Shingari, managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Shingari did not have a letter from the owner authorizing her to speak on behalf of the company. The Board agreed to review the application.

William Stilling was present as counsel representing Entiretypets Pharmacy (Entiretypets). Mr. Stilling informed the Board that in the cover letter which was submitted with the application, he mistakenly stated that Entiretypets compounds medications. The application correctly reflects that the pharmacy does not compound medications.

Ms. Shingari explained that Entiretypets is a mail order pharmacy specializing in veterinary medications. Entiretypets does not use or dispense controlled substances. Medications are filled by prescription, and shipped directly to clients, not to veterinary offices.

Ms. Shingari and Mr. Stilling addressed questions regarding several citations issued by the California Board of Pharmacy in 2010 and 2011. Ms. Shingari was not affiliated with Entiretypets during that time period. The California Board imposed discipline against Entiretypets for violations related to unlicensed practice, inadequate labeling and improper dispensing. Entiretypets entered into a Stipulated Settlement and Disciplinary Order which resolved all issues in the citations. The California Board imposed strict penalties including five years of probation and fines. Entiretypets is subject to monthly inspections by an independent consultant as well as random state board inspections. Entiretypets is in full compliance with the terms of the Settlement.

Ms. Shingari and Mr. Stilling answered questions to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve Entiretypets Pharmacy's Application for Out-of-State Pharmacy License pending receipt of a letter from the owner that Ms. Shingari is authorized to speak on behalf of the company.

Second: Leo Basch

Action: Passed Unanimously

E. Kabafusion – Norwalk, CA

David Chook, vice president, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Kirk Wentworth disclosed that he and Mr. Chook attended pharmacy school together.

Mr. Chook explained that Kabafusion is a home infusion pharmacy specializing in sterile compounded products. Kabafusion's primary focus in Nevada is strictly servicing IVIG patients. Products will be shipped into Nevada via Fed Ex directly to the patient. Products will be shipped in styrofoam containers with coolant blocks. Temperature indicators are used to ensure product integrity. A pharmacist or pharmaceutical technician will notify the patient prior to shipment. Mr. Chook explained the procedure for processing IVIG vials and pooling IVIG into bags from the manufacturer's vial. Kabafusion is inspected annually. Mr. Chook provided a copy of their most recent inspection.

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

Kabafusion submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Mr. Chook said that he was not aware of the affidavit. His understanding is that Kabafusion will be shipping sterile compounds into Nevada.

Board discussion ensued.

Board Action:

Motion: Leo Basch moved to approve Kabafusion's Application for Out-of-State Pharmacy License. Board Staff will modify the affidavit to state that Kabafusion will not ship or sell high risk compounded products into Nevada allowing Kabafusion to pool IVIG for shipment to patients.

Second: Cheryl Blomstrom

Action: Passed Unanimously

F. North Beaches Pharmacy Inc. – Jacksonville Beach, FL

Rescheduled to the December 2014 meeting at the applicant's request.

G. Pharmacy Creations, L.L.C. – Randolph, NJ

A representative from Pharmacy Creations was not present. No action was taken.

12. Executive Secretary Report

A. Financial Report

The renewal process is in progress. Financials will be reported at the next meeting.

B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

C. Staff Activities

1. CE Presentations:

a. Las Vegas

Luis Curras has conducted several CE presentations in the Las Vegas area.

b. RPD

Paul Edwards, in conjunction with the Reno Police Department, will conduct a presentation on drug abuse on October 23rd.

c. Pharmacist's Letter Segment for Website

Mr. Edwards presented a one hour law CE which was taped by the "Pharmacist's Letter" and will be available on the Board's website. Representatives from Walgreens participated as members of the audience.

President Gandhi and Mr. Basch recently presented a CE program in southern Nevada. Mr. Desmond recently presented a CE program in northern Nevada.

D. Reports to Board

1. Collaborative Efforts:

a. Medi-Spa (BOME; BON)

2. National Governor's Association Meeting on Rx Drug Abuse

Mr. Pinson has participated in the three meetings that have been conducted to date.

3. NABP District Meeting

The district meeting was held the week of October 22nd in Whitefish, Montana. The 2015 meeting is tentatively scheduled to be held at the Hyatt Lake Tahoe.

4. DEA – Kansas City

Mr. Wuest reported that Mr. Pinson attended the DEA National Conference on Pharmaceutical and Chemical Diversion held in Kansas City, Missouri, September 30th through October 1st. Disposal regulations were addressed at the meeting. The goal of the Disposal Act is to encourage public and private entities to develop a variety of methods of collection and disposal in a secure, convenient, and responsible manner.

The new regulations will allow ultimate users to deliver unused pharmaceuticals to appropriate entities for disposal. Registrants authorized as collectors may collect controlled substances and non-controlled substances from ultimate users, but may not use the collection receptacles to dispose of the collector's unwanted controlled substances. Registrants must use DEA Form 41 to record the destruction of the registrant's controlled substances. Collectors are not authorized to conduct take-back events. Board Staff has reached out to the local police and sheriff departments about maintaining collection containers.

5. NABP Executive Officer's Forum

Mr. Pinson is in attendance at the National Board of Pharmacy's Executive forum in Chicago this week.

E. Board Related News

1. Renewals

As of October 13th, 10,000 out of a potential 21,000 renewals have been submitted on-line.

Liz MacMenamin, Retail Association of Nevada, and Mr. Wuest provided an update on the coalition meeting on prescription drug abuse. Mr. Wuest reported that there has been an excellent response from practitioners returning the PMP registration form that was included with the mailing of the license renewal forms. To date, 3,500 out of a potential 10,000 practitioners have returned the PMP registration form. Ms. MacMenamin said that there are discussions on the table to give this Board authority to tie the PMP registration to the licensure for controlled substances. Ms. MacMenamin reported that at the last meeting, representatives from the nursing and dental communities supported the idea of tying PMP registration with licensure. The next meeting is scheduled for November 13, 2014.

Ms. MacMenamin said that legislation is moving forward to make naloxone available to anyone that may have a need for the drug. There is support to expand the Good Samaritan law to hold a person harmless if reporting or assisting in a drug overdose situation.

Ms. MacMenamin stated that law enforcement in southern Nevada no longer participates in this coalition. Southern Nevada law enforcement is pushing to have open-ended use of the PMP. RAN does not support this movement due to concerns regarding invasion of privacy. Northern Nevada law enforcement has no issues with the current process for obtaining PMP reports when needed.

Mr. Wuest announced that the legislative workgroup will meet on Friday, October 17, 2014 to address the PMP and medi-spas.

F. Activities Report

13. General Counsel Report

Mr. Edwards participated in the DEA Drug Take Back event conducted in northern Nevada in September. There was discussion regarding the take back program.

Update on Marianne Phillips Case

Mr. Edwards informed the Board that there was an evidentiary issue that has been briefed before a district court judge. The judge did not make a decision on the issue and referred it back to this Board. Mr. Edwards consulted with Dr. Phillips' legal counsel. Her legal counsel and Mr. Edwards have agreed to a stipulation that will allow the evidence. Mr. Edwards will present the stipulated agreement at the next Board meeting. If the stipulated agreement is approved, the case will be referred back to the district court for a decision on Dr. Phillips' appeal.

14. Public Hearing to Act Upon a Regulation

Amendment of Nevada Administrative Code 453.540 Schedule IV: On July 2, 2014, the Federal Drug Enforcement Agency (DEA) published a final ruling in the Federal Register placing tramadol into Schedule IV of the Controlled Substance Act. The rule became effective August 18, 2014.

President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

15. Proposed Regulation Amendment Workshop

Amendment of Nevada Administrative Code 639. NEW LANGUAGE:
Compounding of nasal medications.

Mr. Wuest presented the proposed language which incorporates the recommendations discussed at the September meeting.

John Quick, Maple Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Quick commented that he supports the proposed language.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Leo Basch

Action: Passed Unanimously

16. Next Board Meeting:

December 3-4, 2014 – Reno

17. 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: Accredo Health Group, Inc.
Physical Address: 361 Inverness Drive South, Suite F
Mailing Address: 361 Inverness Drive South, Suite F
City: Englewood State: CO Zip Code: 80112-5861
Telephone: (303) 799-6550 Fax: (303) 799-6551
Toll Free Number: (800)488-0290 (Required per NAC 639.708)
E-mail: kathy.hug@accredohealth.com Website: www.accredo.com
Managing Pharmacist: Kathryn Hug License Number: 12565

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

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

Exhibit A - description of services

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

73758

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: ACHO Pharmaceutical Services LLC
Physical Address: 313 Henderson Dr. Sharon Hill, PA 19079
Mailing Address: LinCare Licensing Dept. PO Box 9004
City: Clearwater State: FL Zip Code: 33758-9004
Telephone: 484-494-8113 Fax: 484-494-8235
Toll Free Number: 800-906-7798 (Required per NAC 639.708)
E-mail: jjones28@lincare.com Website: www.achopharmacy.com
Managing Pharmacist: Rence Licwinko License Number: RP0432796

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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,

76418

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: Axiom Healthcare Pharmacy, Inc DBA Axiom Healthcare Pharmacy West

Physical Address: 1821 Kaiser Avenue

Mailing Address: same

City: Irvine State: CA Zip Code: 92614

Telephone: (949) 885-9832 Fax: (888) 437-1347

Toll Free Number: (888) 315-3395 (Required per NAC 639.708)

E-mail: linh.lee@axiombhealthcare.com Website: www.axiombhealthcare.com

Managing Pharmacist: Linh Lee Youn License Number: CA 52811

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,

78438

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.
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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: Baxter Healthcare Corporation

Physical Address: 3595 W. Technology Drive, Suite 100

Mailing Address: 7000 Cardinal Place, Attn: OCLC - Keegan Chamberlain, Dublin, OH 43017

City: Salt Lake City State: UT Zip Code: 84119

Telephone: 801-956-1114 Fax: 614-652-0282

Toll Free Number: 866-250-9499 (Required per NAC 639.708)

E-mail: gmb-facility-licensing@cardinalhealth.com

Website: www.baxter.com

Managing Pharmacist: Amber MacArt License Number: 6434513-1701

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Renal Dialysis - Closed Door Warehouse

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: Renal Dialysis Products and Supplies to Home Patients

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

76398

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: Brand Direct Health, L.L.C.

Physical Address: 68397 Tammany Trace Drive Mandeville, LA 70471

Mailing Address: Attention: Joyce Perkins Davis PO Box 8950

City: Mandeville State: Louisiana Zip Code: 70470

Telephone: 866-331-60440 Fax: 866-227-5928

Toll Free Number: 866-331-6040 (Required per NAC 639.708)

E-mail: jperkinsdavis@pamlab.com Website: www.branddirecthealth.com

Managing Pharmacist: Carrie J. Belsom License Number: PST.016182

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

****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

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH03082**
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

****CHANGE IN OWNERSHIP, NO CHANGE IN OFFICERS OR PIC****

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Independence Holding Company LLC, d/b/a Complete Care Pharmacy

Physical Address: 14 E. Washington St., Suite C,

Mailing Address: c/o State License Servicing, Inc., 321 Route 94 South, Warwick, NY 10990

City: Champaign State: IL Zip Code: 61820

Telephone: 217-355-6607 Fax: 217-355-6639

Toll Free Number: 877-821-6408 (Required per NAC 639.708)

E-mail: CCP@slny.com Website: www.completecarepharmacy.net

Managing Pharmacist: Bruce Strike License Number: 051035270

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,**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Integrity Rx Specialty Pharmacy LLC

Physical Address: 8425 N 90th St, Ste 8, Scottsdale, AZ 85258

Mailing Address: 8425 N 90th St, Ste 8

City: Scottsdale State: AZ Zip Code: 85258

Telephone: 800-321-9956 Fax: 800-321-9931

Toll Free Number: 800-321-9956 (Required per NAC 639.708)

E-mail: SElliott@IntegrityRxSP.com Website: www.IntegrityRxSP.com

Managing Pharmacist: Gregory McCandless Gage Russell License Number: S018362

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,**

77478

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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☒ 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: K&J Enterprises, dba Iras Pharmacy

Physical Address: 6338 Lantana Rd. Lake Worth FL 33463

Mailing Address: 6338 Lantana Rd. St. 52-53

City: Lake Worth State: FL Zip Code: 33463

Telephone: 561.353.1292 Fax: 561.353.1293

Toll Free Number: 888.262.3978 (Required per NAC 639.708)

E-mail: iraspharmacy@gmail.com Website: www.irasdiscountpharmacy.com

Managing Pharmacist: Praveen Vceremachaneni License Number: PS42245

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,

77378

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 03102)
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: Medi Home Pharmacy
Physical Address: 2 Palmetto Wood PKwy Suite 100
Mailing Address: 2 Palmetto Wood PKwy Suite 100
City: Irmo State: SC Zip Code: 29063
Telephone: 877-936-1045 Fax: 877-936-9735
Toll Free Number: 877-936-1045 (Required per NAC 639.708)
E-mail: jsane@msa-corp.com Website: _____
Managing Pharmacist: Joni Sane License Number: PH 9422

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.**

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

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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: Omnicare of Northern Illinois

Physical Address: 2313S Mount Prospect Rd Des Plaines, IL 60018

Mailing Address: 2313 S. Mount Prospect Rd

City: Des Plaines State: IL Zip Code: 60018

Telephone: 847-635-2000 Fax: 847-635-8124

Toll Free Number: 800-557-7865 (Required per NAC 639.708)

E-mail: amanda.pruden@omnicare.com Website: www.omnicare.com

Managing Pharmacist: Amanda Pruden License Number: 051.293398 (IL)

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

☒ ☐ Other: Clinical Intervention Center - See attached description

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: See Attached description

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

78440

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
(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: PREMIER MED SERVICES INC

Physical Address: 11207 S LA CIENEGA BLVD #102

Mailing Address: 11207 S LA CIENEGA BLVD #102

City: LOS ANGELES State: CALIFORNIA Zip Code: 90045

Telephone: (855)258-6352 Fax: (855)258-6353

Toll Free Number: (855)258-6352 (Required per NAC 639.708)

E-mail: Premiermedsvcs@gmail.com Website: N/A

Managing Pharmacist: Domine Anne Abando Legaspina License Number: RPH 69805

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

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

77738

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 39509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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<input checked="" type="checkbox"/> New Pharmacy (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: PET RESCUE RX. INC.

Physical Address: 13760 INDIAN FALLS RD

Mailing Address: PO Bx 362

City: AKRON State: NY Zip Code: 14001

Telephone: (716) 442-6097 Fax: (716) 442-6227

Toll Free Number: 1 855-307-7940 (Required per NAC 639.708)

E-mail: GBUCKLEY@PETRESCUERX.COM Website: PETRESCUERX.COM

Managing Pharmacist: COLLEEN SHELTON License Number: NY 041486

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 checked="" type="checkbox"/> | <input type="checkbox"/> Internet |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Nuclear |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Ambulatory Surgery Center |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Other: _____ |

Answer Yes or No to Each Box

- 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,**

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

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- | | |
|---|--|
| <input type="checkbox"/> New Pharmacy

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>01693</u>)

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Safeway Pharmacy #4702

Physical Address: 4550B Atlantic Ave.

Mailing Address: Po Box 18090

City: Long Beach State: CA Zip Code: 90807

Telephone: (800) 834-8778 Fax: (888) 834-4333

Toll Free Number: (800) 834-8778 (Required per NAC 639.708)

E-mail: pete.cangialosi@safeway.com Website: none

Managing Pharmacist: Pete Cangialosi License Number: RPH 41019 CA

Hours of Operation:

Monday thru Friday 7 am 5 pm pacific Saturday Closed am _____ pm
Sunday 10 am 2 pm pacific 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Vet Approved Rx
Physical Address: 14675 Hwy 194 Oakland TN 38060
Mailing Address: 14675 Hwy 194
City: Oakland State: TN Zip Code: 38060
Telephone: 901-813-8079 Fax: 877-310-4152
Toll Free Number: 877-847-7389 (Required per NAC 639.708)
E-mail: info@VetApprovedRx.com Website: VetApprovedRx.com
Managing Pharmacist: Bret Koertge License Number: 33685

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,

73740

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: AKINA PHARMACY

Physical Address: 4080 Lafayette Center Dr. Suite 270

Mailing Address: _____

City: Chantilly State: VA Zip Code: 20151

Telephone: 855.792.5462 Fax: 855.792.5463

Toll Free Number: 855.792.5462 (Required per NAC 639.708)

E-mail: bass@akina-pharmacy.com Website: akina-pharmacy.com

Managing Pharmacist: Bassem Girgis License Number: 0201004538

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,

74418

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: DARMANN PHARMACY

Physical Address: 2780 TAPO CYN AVE #A1A.

Mailing Address: SAME AS ABOVE

City: Simi Valley State: CA Zip Code: 93063

Telephone: 805-306-1223 Fax: 844-244-9028

Toll Free Number: 844-306-1223 (Required per NAC 639.708)

E-mail: INFO@DARMANNRX.COM Website: WWW.DARMANNRX.COM

Managing Pharmacist: _____ License Number: _____

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,

77721

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: Jack P. Herick Inc., DBA Glades Drugs

Physical Address: 109 South Lake Ave., Pahokee, FL 33476

Mailing Address: 1095 Broken Sound Parkway NW, Suite 300

City: Boca Raton State: FL Zip Code: 33487

Telephone: 561-924-7701 Fax: 561-924-933

Toll Free Number: 844-452-3371 (Required per NAC 639.708)

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

Managing Pharmacist: Alan Kruger License Number: PS3880

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,

77418

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** 03162)
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

☒ Limited Liability Company, please see the enclosed letter.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HMX Services, LLC (dba HM Compounding)

Physical Address: 558 Kennedy Blvd, Bayonne, NJ 07002

Mailing Address: 6751 North Federal Highway, Suite 101

City: Boca Raton State: FL Zip Code: 33487

Telephone: (201) 471-7191 Fax: (888) 670-3148

Toll Free Number: 888-228-1258 (Required per NAC 639.708)

E-mail: license@hmcompound.com

Website: _____

Managing Pharmacist: Matthew Bernstein License Number: 28RI03496100

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,**

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: PH⁰³¹⁶¹)
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 **LLC**
☐ 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: HMX Services of New York, LLC (dba HM Compounding)

Physical Address: 2478 McDonald Ave., Brooklyn NY 11223

Mailing Address: 6751 N Federal Highway, Suite 101

City: Boca Raton State: FL Zip Code: 33487

Telephone: (718) 266-7500 Fax: (800) 419-2801

Toll Free Number: (800) 419-2804 (Required per NAC 639.708)

E-mail: license@hmcompound.com Website: www.hmcompound.com

Managing Pharmacist: Alex Chervinsky License Number: 43221

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,**

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> New Pharmacy

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Infinite Health Solutions, Inc. dba Irvine Wellness Pharmacy

Physical Address: 113 Waterworks Way #160A, Irvine, CA 92618

Mailing Address: 113 Waterworks Way #160A

City: Irvine State: CA Zip Code: 92618

Telephone: 949-788-9990 Fax: 949-336-6460

Toll Free Number: 844-332-8380 (Required per NAC 639.708)

E-mail: sarah@irvinewellnesspharmacy.com Website: www.irvinewellnesspharmacy.com

Managing Pharmacist: Sandy Mai Trang Nguyen License Number: 58664 (CA)

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

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 (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: Jones Total Health Pharmacy 3831
Physical Address: 1150 W Sunrise Blvd Fort Lauderdale FL
Mailing Address: 401 E Las Olas Blvd Ste 130376 Ft Lauderdale FL
City: Fort Lauderdale State: FL Zip Code: 33301
Telephone: (954) 533-1244 Fax: (954) 306-6905 33311
Toll Free Number: 800-669-4108 (Required per NAC 639.708)
E-mail: FAMURK66@YAHOO.COM Website: _____
Managing Pharmacist: Cherise N Jones License Number: P535191

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: <u>N/A</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 type="checkbox"/> Other Services: <u>N/A</u>

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

77359

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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☒ 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: Marian Respiratory Care, Inc.

Physical Address: 28691 US Hwy 98, Ste D1, Daphne, AL 36526

Mailing Address: 1485 Livingston Lane

City: Jackson State: Mississippi Zip Code: 39213

Telephone: 251-473-2222 Fax: 251-473-1064

Toll Free Number: 888-623-1626 (Required per NAC 639.708)

E-mail: matt@marianrc.com Website: www.MarianRC.com

Managing Pharmacist: Jolie Heather Darby License Number: AL 14822

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,

74919

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx Pro of Alabama, LLC

Physical Address: 2355 Hartford Hwy Ste 6 Dothan, AL 36305

Mailing Address: 1485 Livingston Lane

City: Jackson State: MS Zip Code: 39213

Telephone: 844-645-9418 Fax: 334-446-0831

Toll Free Number: 944-645-9418 (Required per NAC 639.708)

E-mail: rxalabama@rxpro.net Website: _____

Managing Pharmacist: Ronnie Taylor License Number: 11496

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 type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input 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: _____

Answer Yes or No to Each Box

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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: American Pharmaceutical Ingredients, LLC

Physical Address: 6650 Highland Road, Unit 302, Waterford, Michigan 48327

Mailing Address: 4800 North Federal Hwy, Suite B 200

City: Boca Raton State: Florida Zip Code: 33431

Telephone: (888) 495-7271 Fax: (888) 850-1599

Toll Free Number: (888) 495-7271

E-mail: Compliance@American-Pharmaceutical.com

Website: www.American-Pharmaceutical.com

Facility Manager: Karl Jebailey

Professional qualifications and experience of facility manager: Please see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☐ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled 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 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: Centurion Medical Products

Physical Address: 804 East Mill Street, San Bernardino, CA 92408

Mailing Address: 100 Centurion Way

City: Williamston State: MI Zip Code: 48895

Telephone: 517-546-5400 Fax: 517-546-3356

Toll Free Number: 800-427-9219

E-mail: dmccarty@centurionmp.com Website: www.centurionmp.com

Facility Manager: David McCarty

Professional qualifications and experience of facility manager: Please 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: _____

manu

75907

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

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<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: Exel Inc.
Physical Address: 101 Commerce DR.
Mailing Address: Same
City: Mechanicsburg State: PA Zip Code: 17050
Telephone: 614-865-5800 Fax: 614-865-8862
Toll Free Number: n/a
E-mail: jacalynn.garrido@exel.com Website: www.exel.com
Facility Manager: Scott Hile
Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: List One Only (see attached)

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: Exel Inc.

Physical Address: 530 John Hancock Rd.

Mailing Address: Same

City: Taunton State: MA Zip Code: 02780

Telephone: 508-845-5141 Fax: 508-884-5190

Toll Free Number: _____

E-mail: jacalynn.garrido@exel.com Website: www.exel.com

Facility Manager: Jillian Maloney

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

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

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

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

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<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: Exela Pharma Sciences, LLC

Physical Address: 1245 Blowing Rock Boulevard, Lenoir, NC 28645

Mailing Address: PO Box 818, 1245 Blowing Rock Boulevard

City: Lenoir State: NC Zip Code: 28645

Telephone: 828-758-5474 Fax: 828-757-7888

Toll Free Number: N/A

E-mail: phanesh@exela.us Website: www.exela.us

Facility Manager: Phanesh Koneru

Professional qualifications and experience of facility manager: See Attachment A

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics, distributors, repackagers, reverse distributors, veterinarians and pharmaceutical companies.

Type of Products to be handled or wholesaled by firm:

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

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: Fisher Scientific Company L.L.C.

Physical Address: 325 Bowles Road, Agawam, MA 01001

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Tom Peltier

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

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

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<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: Fisher Scientific Company L.L.C.

Physical Address: 4700 Moline Avenue, Denver, CO 80239

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Daniel Preston

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input checked="" type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> 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: Fisher Scientific Company L.L.C.

Physical Address: 822 South 333rd Street, Federal Way, WA 98003

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Pat Murphy

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

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: Fisher Scientific Company L.L.C.

Physical Address: 7383 Empire Drive, Ste. A, Florence, KY 41042

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Joe Brown

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input checked="" type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> 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: Fisher Scientific Company L.L.C.

Physical Address: 4500 Turnberry Drive, Hanover Park, IL 60133

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com

Website: thermofisher.com

Facility Manager: Patrick Berryman

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: Research and Development

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: Fisher Scientific Company L.L.C.
Physical Address: 9999 Veterans Memorial Drive, Houston, TX 77036
Mailing Address: 300 Industry Drive
City: Pittsburgh State: PA Zip Code: 15275
Telephone: 724.517.2425 Fax: 724.517.1546
Toll Free Number: 1 800-766-7000
E-mail: stephen.bates@thermofisher.com Website: thermofisher.com
Facility Manager: Chris Johnson

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

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
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Application must be printed legibly or typed

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<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: Fisher Scientific Company L.L.C.

Physical Address: 6771 Silver Crest Rd., Nazareth, PA 18064

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Pat Murphy

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

Type of Products to be handled or wholesaled be firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input checked="" type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> 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
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Application must be printed legibly or typed

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<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: Fisher Scientific Company L.L.C.

Physical Address: 300 Industry Drive, Pittsburgh, PA 15275

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Stephen P. Bates

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input checked="" type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> 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: Fisher Scientific Company L.L.C.

Physical Address: 3970 Johns Creek Court, Suwanee, GA ~~30024~~ ^{#1500}

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Willia Esworthy

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

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 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: Fisher Scientific Company L.L.C.

Physical Address: 2775 Horizon Ridge Court, Suwanee, GA 30024

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 724.517.2425 Fax: 724.517.1546

Toll Free Number: 1 800-766-7000

E-mail: stephen.bates@thermofisher.com Website: thermofisher.com

Facility Manager: Craig McGee

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Research and Development

Type of Products to be handled or wholesaled by firm:

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

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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change See Attachment A (Please provide current license number if making changes: WH 01490)
---	---

<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: Halyard Sales, LLC

Physical Address: 6620 South Memorial Place, Suite 100, Tucson, AZ 85756

Mailing Address: 6620 South Memorial Place, Suite 100

City: Tucson State: AZ Zip Code: 85756

Telephone: 520-664-2700 Fax: 920-225-4704

Toll Free Number: 1-844-HALYARD

E-mail: Dennis.a.morris@kcc.com Website: www.Halyardhealth.com

Facility Manager: Dennis A. Morris

Professional qualifications and experience of facility manager: See Attachment D

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors, repackagers, dentists, nursing home pharmacies and clinics.

Type of Products to be handled or wholesaled by firm:

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

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: Owen Laboratories, Inc.

Physical Address: 2929 Texas Longhorn Way

Mailing Address: 14501 North Freeway

City: Fort Worth State: TX Zip Code: 76177

Telephone: 817-961-5000 Fax: 817-720-1040

Toll Free Number: _____

E-mail: markieta.stevens@galderma.com Website: N/A

Facility Manager: Robert Justman

Professional qualifications and experience of facility manager: see attached document

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

VAWD

75540

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

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<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: Fine Pharmaceuticals

Physical Address: 100 Colvin Woods Pkwy Suite 300

Mailing Address: - same -

City: Tonawanda State: NY Zip Code: 14150

Telephone: 716-248-1025 Fax: _____

Toll Free Number: _____

E-mail: _____ Website: _____

Facility Manager: Alfonse J. MUTO

Professional qualifications and experience of facility manager: _____

PHARM D, pharmacy manager 6+ yrs.

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: sterile injectables & ophthalmics

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: Purelife, LLC

Physical Address: 1908 E. Dominguez St.

Mailing Address: (Same as physical address)

City: Carson State: CA Zip Code: 90810

Telephone: (877) 777-3303 Fax: (213) 233-9643

Toll Free Number: N/A

E-mail: rodneyh@purelifedental.com Website: www.purelifedental.com

Facility Manager: Rodney Hanoon

Professional qualifications and experience of facility manager: Please see attached resume of Rodney Hanoon

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: _____

77798

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: Sun Pharmaceutical Industries, Inc.

Physical Address: 270 Prospect Plains Rd

Mailing Address: 270 Prospect Plains Rd

City: Cranbury State: NJ Zip Code: 08512

Telephone: 609-495-2800 Fax: 609-495-2709

Toll Free Number: N/A

E-mail: heather.jones@sunpharmausa.com Website: www.sunpharmausa.com

Facility Manager: Scott Randby

Professional qualifications and experience of facility manager: please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors, & Manufacturers

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, Pseudoephedrine, Solid dose, Injectables, Ophthalmic, Liquids (oral), Topical

manu

77818

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: TOLMAR Pharmaceuticals, Inc.

Physical Address: 701 Centre Avenue

Mailing Address: Same

City: Fort Collins State: CO Zip Code: 80526

Telephone: 970-212-4500 Fax: 970-494-0241

Toll Free Number: _____

E-mail: sdewar@tolmar.com Website: www.tolmar.com

Facility Manager: Michelle Mantas

Professional qualifications and experience of facility manager: 13+ years of experience in pharmaceuticals working with logistics and distribution

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: _____

75478

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: TOLMAR Pharmaceuticals, Inc.

Physical Address: 1201 Cornerstone Drive

Mailing Address: 201 Centre Ave, Ft Collins CO 80526

City: Windsor State: CO Zip Code: 80550

Telephone: 970-212-4500 Fax: 970-494-0241

Toll Free Number: _____

E-mail: sdewar@tolmar.com Website: www.tolmar.com

Facility Manager: Cheryl Cardoso

Professional qualifications and experience of facility manager: 3+ years of experience in pharmaceuticals working in logistics and distribution

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

75498

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH 01829)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Virtus Pharmaceuticals, LLC

Physical Address: 2649 Causeway Center Drive, Tampa, FL 33619

Mailing Address: c/o StateLicense Servicing, Inc. - 321 Route 94 South

City: Warwick State: NY Zip Code: 10990

Telephone: 813-283-1344 Fax: 813-283-1354

Toll Free Number: NI-A

E-mail: VRT@SLSNY.COM Website: www.Virtusrx.com

Facility Manager: Horatio TA 9-22-14
Horacio Louis Sanchez

Professional qualifications and experience of facility manager: See 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: _____

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: Webster's Community Pharmacy

Physical Address: 2450 N. Lake Ave

Mailing Address: 2450 N. Lake Ave

City: Altadena State: California Zip Code: 91001

Telephone: 626-797-1163 Fax: 626-791-8074

Toll Free Number: 844-242-1186 (Required per NAC 639.708)

E-mail: websterrx@gmail.com Website: www.altadenarx.com

Managing Pharmacist: Michael Miller License Number: 38403

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,

77458

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 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: AccessClosure, Inc.

Physical Address: 5452 Betsy Ross Drive, Santa Clara, CA 95054

(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: 614-553-4640 Fax: 614-652-0282

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.accessclosure.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 11:15pm Tue: 6am to 11:15pm Wed: 6am to 11:15pm Thu: 6am to 11:15pm

Fri: 6am to 11:15pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Donielle Baudin

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

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

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

Other: Manufacture and distribute central and peripheral vascular closure and occlusion devices only

**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: _____

76438

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

FACILITY INFORMATION

Facility Name: ALL AMERICAN MEDICAL SUPPLIES, LLC

Physical Address: 3640 ENTERPRISE WAY
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3640 ENTERPRISE WAY

City: MIRAMAR State: FL Zip Code: 33025

Telephone: 305-455-3862 Fax: 954-436-4263

E-mail: SKING@LIVEWELLHOLDINGS.NET Website: WWW.ALLAMERICANMEDICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 7PM Tue: 9AM to 7PM Wed: 9AM to 7PM Thu: 9AM to 7PM

Fri: 9AM to 7PM Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: STEVEN KING

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

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

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: ALL AMERICAN MEDICAL SUPPLIES, LLC

Physical Address: 719 DURHAM ROAD
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3640 ENTERPRISE WAY, MIRAMAR, FL 33025

City: RIEGELSVILLE State: PENNSYLVANIA Zip Code: 18077

Telephone: 305-455-3862 Fax: 954-436-4263

E-mail: SKING@LIVWELLHOLDINGS.NET Website: WWW.ALLAMERICANMEDICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 7PM Tue: 9AM to 7PM Wed: 9AM to 7PM Thu: 9AM to 7PM

Fri: 9AM to 7PM Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: STEVEN KING

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

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

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

Other: _____

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

Name: _____ Telephone: _____

77358

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

FACILITY INFORMATION

Facility Name: AMERICAN HOME MEDICAL INC
Physical Address: 3325 S. UNIVERSITY DR. SUITE 106 DAVIE, FL
(This must be a business address, we can not issue a license to a home address) 33328
Mailing Address: 3325 S UNIVERSITY DR SUITE 106
City: DAVIE State: FL Zip Code: 33328
Telephone: 954-423-8770 Fax: 954-423-8772
E-mail: AMERICANMEDICAL@USA.COM Website: AMERICANHOMEMEDICALUSA.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: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: BRYAN ANDERSON

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

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

11129

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

FACILITY INFORMATION

Facility Name: MDS Medical Device Specialty Inc.

Physical Address: 2441 S 1560 W, Woods Cross, UT 84087-2327
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2441 S 1560 W

City: Woods Cross State: UT Zip Code: 84087-2327

Telephone: 801-475-0303 Fax: 877-475-0101

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6

Fri: 8 to 6 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brein Kidd

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

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

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

Other: Durable Medical Equipment

**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

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

FACILITY INFORMATION

Facility Name: Medstrive, LLC

Physical Address: 2514 Hilltop DR, Sherman TX 75090
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2514 Hilltop

City: Sherman State: TX Zip Code: 75090

Telephone: 903-771-0066 Fax: 888-573-7232

E-mail: jwoody@medstrive.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer Woody

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 checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: MSC GROUP INC. D/B/A ONECALL CARE EQUIPMENT + DEVICES

Physical Address: 841 PRUDENTIAL DRIVE, SUITE 900
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 841 PRUDENTIAL DRIVE, SUITE 900

City: JACKSONVILLE State: FL. Zip Code: 32207

Telephone: 904-646-0199 Fax: 904-224-2307

E-mail: MZOLNOR@ONECALLCM.COM Website: WWW.ONECALLCM.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ELLEN BARFIELD

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

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

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

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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: Sleep Management, L.L.C.

Physical Address: 1325 Eraste Landry Rd, Lafayette, LA 70506

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

Mailing Address: 1325 Eraste Landry Rd

City: Lafayette State: LA Zip Code: 70506

Telephone: 337-504-3802 x115 Fax: 337-504-4409

E-mail: dduhon@sleepmgmt.com Website: www.sleepmgmt.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brett Stoute, COO, 337-504-3802 x102, bstoute@sleepmgmt.com

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

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

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

Other: Non Invasive Ventilation

**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

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

(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 1,2,3,5

☐ 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: Ultra Medical Supply

Physical Address: 1331 Baseline Road (Suite 3) Bullhead City AZ 86446
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11085 East 21st Street

City: Brooklyn State: NY Zip Code: 11210

Telephone: 718-796-7555 Fax: 718-543-6605

E-mail: shelg@ultramedicalsupply.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Auremi Metel

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: Ultra Medical Supply

Telephone: 718-796-7555

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.

1 <u>New Pharmacy</u>	1 Ownership Change	1 Name Change	1 Location Change
(Please provide current license number if making changes: PH _____)			

1 Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	1 Partnership - Pages 1,2,5,7,8a,8b
1 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	1 <u>Sole Owner</u> - 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: DIVINE TOUCH SERVICES, PHARMACY & COMPOUNDING LLC

Physical Address: _____

Mailing Address: 2200 N D'ANDREA PARKWAY

City: SPARKS State: NV Zip Code: 89434

Telephone: 347-451-8515 Fax: _____

Toll Free Number: _____

E-mail: Jayeye7@bellsouth.net Website: _____

Managing Pharmacist: JOSHUA AIGHOBATI License Number: 18747

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 9 am 3 pm

Sunday N/A am N/A pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>U2803</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: Safeway Pharmacy #1517

Physical Address: 890 W Williams Ave

Mailing Address: _____

City: Fallon State: NV Zip Code: 89406

Telephone: (775)428-2340 Fax: (775)428-2341

Toll Free Number: _____

E-mail: s1517c01@safeway.com Website: www.safeway.com

Managing Pharmacist: Richard Foster License Number: 12861

Hours of Operation:

Monday thru Friday <u>8:00</u> am <u>7:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>Closed</u> am <u>Closed</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>UU688</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: Safeway Pharmacy #2255

Physical Address: Hwy 95 & Armory

Mailing Address: _____

City: Hawthorne State: NV Zip Code: 89415

Telephone: (775)945-3045 Fax: (775)945-1829

Toll Free Number: _____

E-mail: s2255c01@safeway.com Website: www.Safeway.com

Managing Pharmacist: Abolfazl Hosseinpour License Number: 13587

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm

Saturday 9:00 am 5:00 pm

Sunday Closed am Closed pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>UU/54</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: Safeway Pharmacy #1210

Physical Address: 5150 Mae Anne Ave #300

Mailing Address: _____

City: Reno State: NV Zip Code: 89523

Telephone: (775)746-9010 Fax: (775)746-9004

Toll Free Number: _____

E-mail: s1210c01@safeway.com Website: www.Safeway.com

Managing Pharmacist: Kreshimir Rogina License Number: 16721

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>8:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>9:00</u> am <u>5:00</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>U1820</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input 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: Safeway Pharmacy #2656

Physical Address: 2858 Vista Blvd

Mailing Address: _____

City: Sparks State: NV Zip Code: 89434

Telephone: (775)352-8475 Fax: (775)352-8479

Toll Free Number: _____

E-mail: s2656c01@safeway.com Website: www.Safeway.com

Managing Pharmacist: Melanie Kelly License Number: 16028

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>8:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>9:00</u> am <u>5:00</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>0119b</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: Safeway Pharmacy #1537

Physical Address: 212 Elks Point Rd

Mailing Address: _____

City: Zephyr Cove State: NV Zip Code: 89448

Telephone: (775)586-1088 Fax: (775)586-9019

Toll Free Number: _____

E-mail: s1537c01@safeway.com Website: www.Safeway.com

Managing Pharmacist: Greg Ponsness License Number: 18007

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>8:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>9:00</u> am <u>5:00</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02223</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: Vons Pharmacy #2391

Physical Address: 1031 Nevada Hwy

Mailing Address: _____

City: Boulder City State: NV Zip Code: 89005

Telephone: (702)293-6347 Fax: (702)293-6274

Toll Free Number: _____

E-mail: S2391C01@safeway.com Website: www.Vons.com

Managing Pharmacist: Sharlene Philpott License Number: 16912

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>9:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>9:00</u> am <u>5:00</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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 type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>U1bb2</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: Vons Pharmacy #1795

Physical Address: 2511 Anthem Village Dr

Mailing Address: _____

City: Henderson State: NV Zip Code: 89052

Telephone: (702)617-4526 Fax: (702)617-8974

Toll Free Number: _____

E-mail: S1795COL@safeway.com Website: www.vons.com

Managing Pharmacist: Juana Jensen License Number: 15430

Hours of Operation:

Monday thru Friday 9 am 9 pm

Saturday 9 am 5 pm

Sunday 9 am 5 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>011/8</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: Vons Pharmacy #2511

Physical Address: 2667 E Windmill Pkwy

Mailing Address: _____

City: Henderson State: NV Zip Code: 89074

Telephone: (702)361-1157 Fax: (702)361-0642

Toll Free Number: _____

E-mail: 82511001@safeway.com Website: www.Vons.com

Managing Pharmacist: Lisa Rische License Number: 16978

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>U21U2</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: Vons Pharmacy #2615

Physical Address: 45 E Horizon Ridge Parkway

Mailing Address: _____

City: Henderson State: NV Zip Code: 89002

Telephone: (702)564-1425 Fax: (702) 564-8545

Toll Free Number: _____

E-mail: S2615CD1@safeway.com Website: www.vons.com

Managing Pharmacist: Eric Vanmeter License Number: 17356

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>9:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>9:00</u> am <u>5:00</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>U1524</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: Vons Pharmacy #1688

Physical Address: 820 S Rampart Blvd

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89145

Telephone: (702)946-5333 Fax: (702)946-5339

Toll Free Number: _____

E-mail: 51688001@safeway.com Website: www.Vons.com

Managing Pharmacist: Luke Tysdal License Number: 16055

Hours of Operation:

Monday thru Friday 9:00am 9:00pm

Saturday 9:00am 5:00pm

Sunday 9:00am 5:00pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>U1b47</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: Vons Pharmacy #1963

Physical Address: 1155 E Twain Ave

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89169

Telephone: (702)696-1481 Fax: (702)696-9873

Toll Free Number: _____

E-mail: 8196301@safeway.com Website: www.vons.com

Managing Pharmacist: Patrick Nghe License Number: 16259

Hours of Operation:

Monday thru Friday 9 am 9 pm

Saturday 9 am 5 pm

Sunday 7 am 5 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH 01811)			

<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: Vons Pharmacy #1970

Physical Address: 8540 W Desert Inn Rd

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89117

Telephone: (702)240-1784 Fax: (702)240-3842

Toll Free Number: _____

E-mail: 81970001@safeway.com Website: www.vons.com

Managing Pharmacist: Audrey Fung License Number: 12142

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH 01141)			

<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: Vons Pharmacy #2390

Physical Address: 475 E Windmill Ln

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89123

Telephone: (702)896-7414 Fax: (702)896-4614

Toll Free Number: _____

E-mail: S2390c01@safeway.com Website: www.vons.com

Managing Pharmacist: Emily Manasewitsch License Number: 15807

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>9:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>9:00</u> am <u>5:00</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH 01198)			

<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: Vons Pharmacy #2392

Physical Address: 7530 W Lake Mead Blvd

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89128

Telephone: (702)228-4742 Fax: (702) 228-3068

Toll Free Number: _____

E-mail: S2392C01@safeway.com Website: www.vons.com

Managing Pharmacist: Steven Schwartz License Number: 13592

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01253</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: Vons Pharmacy #2395

Physical Address: 1940 Village Center Circle

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89134

Telephone: (702)240-3788 Fax: (702) 240 - 0112

Toll Free Number: _____

E-mail: S2395C01@safeway.com Website: www.vons.com

Managing Pharmacist: Steven Foggia License Number: 12857

Hours of Operation:

Monday thru Friday 9:00 am 9:00 pm

Saturday 9:00 am 5:00 pm

Sunday 9:00 am 5:00 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>U1/83</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: Vons Pharmacy #2613

Physical Address: 6450 Sky Pointe Dr

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89131

Telephone: (702)515-1821 Fax: (702) 515-1839

Toll Free Number: _____

E-mail: s2613c01@safeway.com Website: www.vons.com

Managing Pharmacist: April Mayes / Stanley Sadler License Number: 11238

Hours of Operation:

Monday thru Friday	<u>9:00</u> am	<u>9:00</u> pm	Saturday	<u>9:00</u> am	<u>5:00</u> pm
Sunday	<u>9:00</u> am	<u>5:00</u> pm	24 Hours	_____	

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>U1907</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: Vons Pharmacy #2614

Physical Address: 7405 S Durango Dr

Mailing Address: _____

City: Las Vegas State: NV Zip Code: 89113

Telephone: (702)407-2524 Fax: (702) 407 - 2516

Toll Free Number: _____

E-mail: s2614c01@safeway.com Website: www.vons.com

Managing Pharmacist: Kerri-Ann Siu Bala License Number: 16094

Hours of Operation:

Monday thru Friday 9:00 am 9:00 pm

Saturday 9:00 am 5:00 pm

Sunday 9:00 am 5:00 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 WAREHOUSE

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

Application must be typewritten

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 Warehouse ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WA _____)

GENERAL INFORMATION

Facility Name: Cameron Pharmaceuticals, LLC

Physical Address: 2360 Corporate Circle, Ste. 400

Mailing Address: 2360 Corporate Circle, Ste. 400

City: Henderson State: NV Zip Code: 89074-7739

Telephone Number: 1-888-767-7913 Fax Number: _____

Toll Free Number: 1-888-767-7913

E-mail: contact@cameronpharm.com Website: www.cameronpharma.com

Facility Manager: Mike Venters

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets firm will serve:

☐ Pharmacies ☐ Manufacturers ☒ Chain Drug Warehouse ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: 10/27/14 Check Number: _____ Amount: \$500.00

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

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

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

☒ 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: OZBURN-HESSEY LOGISITCS, LLC D/B/A OHL

Physical Address: 450 LILLARD DRIVE, SPARKS, NV 89434

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

City: WARWICK State: NY Zip Code: 10990

Telephone: 775-355-3547 Fax: 775-355-2183

Toll Free Number: N/A

E-mail: OHL@SLSNY.COM Website: WWW.OHL.COM

Facility Manager: CHRISTINE VESTBIE

Professional qualifications and experience of facility manager: PLEASE SEE THE 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: OTC DRUGS

77799

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
RPh. misfilled a prescription for a fertility drug with an antipsychotic (clomipramine). Computer system failed to display an alert that counseling was required.	Patient experienced nausea, dizziness, blurred vision and difficulty breathing; presented to ER and received treatment for an allergic reaction to clomipramine 50 mg.	RPh and pharmacy jointly fined \$2,000 for misfill.	Fined \$750 for failure to counsel.
PTs VC and JM diverted controlled substances from their employing pharmacies.	N/A	Revoked	N/A
PT tested positive for marijuana during a random drug screen.	N/A	Revoked	N/A
RPh incorrectly compounded a hormone replacement medication.	Abdominal pain and bleeding.	\$2,000 fine; \$750 administrative fee.	N/A
RPh RY parallel discipline based on CA and OR Boards' actions for diverting glucose test strips.	N/A	Revoked - the revocation stayed RY's license placed on probation administrative fee of \$295.	N/A
RPh filled and refilled unauthorized prescription for zolpidem.	N/A	RPh fined \$1000 and administrative fee of \$500. Walgreens #11227 will provide training to its pharmacists and technicians to ensure that they properly document, annotate, and close prescriptions that are superseded by other prescriptions.	Fined \$1000 and administrative fee of \$500. Will provide training to ensure that prescriptions are properly documented, annotated, and closed.

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
Parallel action taken on CS license based on discipline by the CA, NM and NV Medical Boards and NVBOP.	N/A	Revoked	N/A
Intern pharmacist did not renew registration and worked unlicensed from 11/1/12 through 01/16/14.	N/A	Fined \$500.	N/A
Prescription written for liothyronine 25 mcg capsules compounded and filled with liothyronine 19,005 mcg per capsule.	Patient hospitalized; condition diagnosed as thyrotoxicosis.	RPh 1: 2 year probation; fined \$3,250; \$250 administrative fee; 20 hours of live USP based compounding training. RPh 2: 2 year probation; fined \$2,500; \$250 administrative fee; 20 hours of live USP based compounding training.	2 year probation; fined \$5,000; \$3,500 administrative fee; submit policies and procedures to Board Staff for approval; cannot compound oral capsules without Board approval.
PT tested positive for marijuana during a random drug screen.	N/A	Revoked	N/A
PT SS & AO diverted controlled substances from their employing pharmacies.	N/A	Revoked	N/A
PT processed fraudulent transactions from employing pharmacy to obtain gift cards for personal purchases.	N/A	Revoked	N/A
RPhs WQ and TM allowed an intern pharmacist to work unlicensed.	N/A	\$250 administrative fee; letter of reprimand; CE on topic of managing pharmacist responsibilities.	CP fined \$560; administrative fee of \$500. CVS fined \$400; administrative fee of \$500.
Prescription written for clomiphene 50mg tablets misfilled with clomipramine 50mg capsules.	Dizziness, shortness of breath, nausea, loss of balance, diarrhea, stomach pain, unable to sleep or focus.	RPh AP fined \$1,000; \$49 administrative fee; CE on error prevention. RPh AM fined \$1,750; \$549 administrative fee.	Review of policies and procedures by Board Staff with Walgreen's management.
RPh SB parallel discipline based on CA Board action	N/A	Revoked	N/A

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
for diversion of controlled substances and dangerous drugs and furnishing excessive amounts of drugs to himself and others. CA revoked his license but stayed the revocation; CA placed his license probation for nine years.			
PT DB diverted controlled substances from her employing pharmacy.	N/A	Revoked	N/A
RPh BV and MC failed CE audit.	N/A	BV ordered to complete a total of 80 CEUs; complete the additional 30 hours ordinarily required for renewal; \$500 administrative fee. MC ordered to complete 119 CEUs; complete the additional 30 hours ordinarily required for renewal; \$250 administrative fee.	N/A
RPh SB parallel discipline based on CA Board action related to the diversion of controlled substances and furnishing excessive amounts of controlled substances	N/A	Probation with terms and conditions.	N/A
RPh FL mislabeled insulin prescription to take 50 units rather than the prescribed 5 units before meals.	N/A	Pay administrative of \$545; CE on error prevention and CE on diabetes.	N/A
RPhs AG and CS allowed intern pharmacist to work unlicensed.	N/A	Public letter of reprimand; fined \$250; \$45 administrative fee.	Rx 1 fined \$100; \$500 administrative fee. Rx 2 fined \$420; \$500 administrative fee. Both to report cause and action to correct.
RPh managers AD, BW, CG & VB allowed pharmacy technician to work	N/A	Public letter of reprimand; fined \$250; \$45 administrative fee.	Combined fine of \$1,340; \$500 administrative fee;

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
unlicensed for a combined total of 67 days.			report cause and action to correct.
RPh BU failed CE audit.	N/A	Complete 86 CEUs plus the additional 30 hours ordinarily required for renewal for a total of 116 CEUs; \$545 administrative fee.	N/A
RPhs BC and CW: parallel action based on disciplinary actions taken by other state boards.	N/A	Both voluntarily surrendered Nevada pharmacist license.	N/A
Pharmaceutical technicians KP and RD diverted controlled substances from their employing pharmacy.	N/A	Revoked	N/A
RPh filled a blood pressure medication with a diabetic medication.	None	Letter of reprimand; administrative fee of \$295.	Administrative fee of \$250; probation extended; copy of policies and procedures related to the Prada RS machine.
RPh filled antipsychotic medication with an antidepressant.	None	CE on error prevention; fined \$500; administrative fee of \$245.	Administrative fee of \$250; two additional inspections.
RPh filled an antibiotic with an antidepressant; failed to adequately counsel patient.	Headaches, dizziness, heart palpitations, dry mouth, diarrhea.	Fined \$750; CE on error prevention; fined \$750; administrative fee \$45; additional training.	Provide to Board Staff policies and procedures related to counseling and additional training provided to RPh JD.
PT diverted 130 hydrocodone/acetaminophen tablets (multiple strengths) from employing pharmacy.	N/A	Revoked	N/A
RPh filled and dispensed a prescription for ondansetron 4 mg. tablets with instructions to take 2 tablets (8 mg.) every 4 hours rather than the prescribed 2 mg. every 4 hours; counseling was not provided.	Patients mother caught the error before ingestion.	Public letter of reprimand; \$49 administrative fee; \$750 fine; CE on error prevention.	\$500 administrative fee.
PTT tested positive for marijuana.	N/A	PTT registration suspended.	N/A

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
Three pharmaceutical technicians diverted controlled substances from their employing pharmacies.	N/A	Revocation	N/A

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
Petitioner,)	CASE NO. 14-071-PH-O
v.)	
)	
PRECISION PHARMACY)	NOTICE OF INTENDED
Certificate of Registration No. PH02584,)	ACTION AND ACCUSATION
)	
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 at the time of the events alleged herein, Respondent Precision Pharmacy, Certificate of Registration No. PH02584, was a registered pharmacy with the Board.

II.

In March 2013, the Board of Pharmacy, Department of Consumer Affairs, State of California (CA Board), filed an Accusation against Precision Pharmacy in California Case No. 3769 (CA Accusation).¹ In that accusation, the CA Board alleged that, among other violations, Precision Pharmacy had compounded a veterinary equine product in violation of the Federal Food, Drug and Cosmetic Act, which prohibits the compounding, manufacture, or sale of that product by any other entity except Superior Equine Pharmaceutical, Inc. The CA Board charged Precision Pharmacy with twenty-one (21) violations of California Law related to its compounding activities.

¹ A copy of the CA Board's *Decision and Order*, Precision's *Stipulated Settlement and Disciplinary Order* and the *CA Accusation* are attached as **Exhibit 1**, and **Exhibit A** thereto, which are incorporated herein by reference.

III.

On February 4, 2014, the CA Board adopted a Stipulated Settlement and Disciplinary Order, in which it had entered with Precision Pharmacy resolving each of the twenty-one allegations set forth in the CA Accusation. The CA Board's Decision and Order was effective February 11, 2014. *See* Exhibit 1.

IV.

In the Stipulated Settlement and Disciplinary Order, the CA Board revoked Precision Pharmacy's Original Permit No. PHY 47310 and Sterile Compounding License No. LSC 99351. The CA Board then stayed the revocation, and placed Precision Pharmacy's license(s) on probation for a period of three (3) years, with certain terms and conditions.

FIRST CAUSE OF ACTION

V.

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

In particular, Respondent's actions, which are grounds for discipline, suspension or revocation of its Nevada license, pursuant to NRS 639.210(4), (6), (11), (12) and NRS 639.255, include:

- a. Acting as a manufacturer without a license, in violation of NRS 639.100(3) and (4), NRS 639.233, and NAC 639.945(1)(k);
- b. Acting as a wholesaler without a license, in violation of NRS 639.100(3) and (4), NRS 639.233, and NAC 639.945(1)(k);
- c. Filling prescriptions with missing prescription requirements/components, in violation of NRS 639.2353 and/or NAC 453.440;
- d. Filling prescriptions with missing prescription label requirements, in violation of NRS 639.2801;

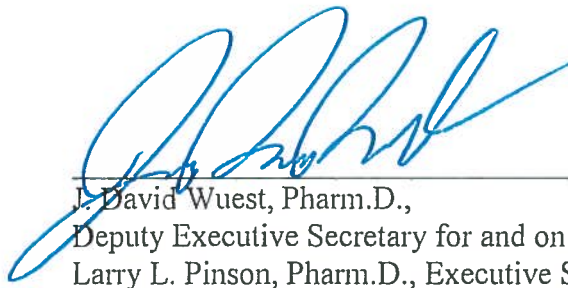
- e. Failure to meet sterile injectable product label requirements, in violation of NRS 639.2801 and NAC 639.67073;
- f. Failure to maintain proper/accurate preparation records, in violation of NAC 639.67019 and NAC 639.6702;
- g. Failure to maintain proper expiration date of component, in violation of NAC 639.6702;
- h. Failure to include written justification of chosen expiration dates, in violation of NAC 6702;
- i. Failure to include/provide policies and procedures for master formulas and worksheets, in violation of NAC 639.6702 and NAC 639.67015;
- j. Failure to conduct end-product testing of sterility on all batches, in violation of NAC 639.6677 and NAC 639.67071;
- k. Sale of misbranded drugs, in violation of NAC 639.601;
- l. Failure to keep lot and expiration date on logged formula worksheets, in violation of NAC 639.6702;
- m. Knowingly making a false document, in violation of NRS 639.210(9) and NRS.287;
- n. Keeping refrigerated drugs at room temperatures, in violation of NRS 639.282(1)(e) and NAC 639.650(4);
- o. Violation of Feed, Drug and Cosmetic Act and FDA Cease and Desist Order, in violation of NRS 639.210(11);
- p. Maintaining drugs and other items for manufacture without expiration date, in violation of NRS 639.282(d) and NAC 639.67019;
- q. Placing false or misleading labels on prescription(s), in violation of NRS 639.2801;
- r. Failure to maintain proper pharmacist-technician ration, in violation of NAC 639.250(2);

- s. Orally transmitted prescriptions taken by pharmacy technicians, in violation of NAC 639.712, NRS 639.1371(3)(c) and/or NRS 639.2353(1)(a);
- t. Dispensing controlled substance prescriptions written by prescribers for themselves, in violation of NRS 453.381; and
- u. Failure to comply with other states' laws when transferring drugs to other states, in violation of NRS 639.210(12).

The foregoing allegations are supported by the CA Board's Accusation in CA Case No. 3769, including paragraphs 32 through 47, 67, 69 and 71 through 72, and the Stipulated Settlement and Disciplinary Order signed by the parties in CA Case No. 3769, including at paragraph 11.

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 23 day of October, 2014.



J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
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,)	
)	
v.)	CASE NO. 14-071-PH-O
)	
PRECISION PHARMACY)	STATEMENT TO THE
Certificate of Registration No. PH02584,)	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.

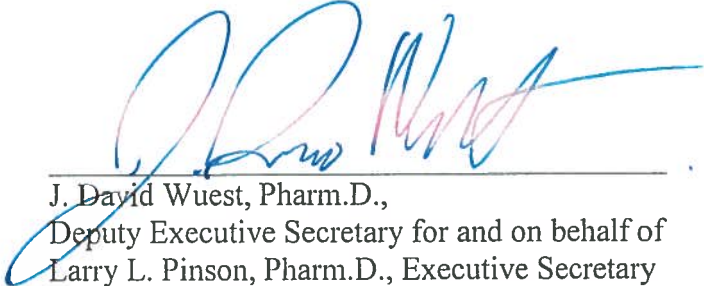
III.

The Board has reserved Wednesday, December 3, 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 23 day of October, 2014.



J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

Exhibit 1 to Notice of Intended Action and Accusation

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

In the Matter of the Accusation Against:

Case No. 3769

**PRECISION PHARMACY LLC DBA
PRECISION PHARMACY**
5301 Young Street
Bakersfield, CA 93309

Original Pharmacy Permit No. PHY 47310
Sterile Compounding License No. LSC 99351

Respondent.

DECISION AND ORDER

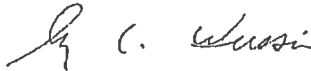
The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on February 11, 2014.

It is so ORDERED on February 4, 2014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STAN C. WEISSER
Board President

1 KAMALA D. HARRIS
Attorney General of California
2 GREGORY J. SALUTE
Supervising Deputy Attorney General
3 M. TRAVIS PEERY
Deputy Attorney General
4 State Bar No. 261887
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 897-0962
6 Facsimile: (213) 897-2804
Attorneys for Complainant

7
8 **BEFORE THE**
BOARD OF PHARMACY
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 3769

11 **PRECISION PHARMACY LLC DBA**
12 **PRECISION PHARMACY**
4000 Empire Drive, Suite 200
13 Bakersfield, CA 93309
Original Permit No. PHY 47310
14 Sterile Compounding License No. LSC
99351

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15
16 Respondents.

17
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public
19 interest and the responsibility of the Board of Pharmacy of the Department of Consumer Affairs,
20 the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will
21 be submitted to the Board for approval and adoption as the final disposition of the Accusation
22 solely with respect to Precision Pharmacy.

23 **PARTIES**

24 1. Virginia Herold ("Complainant") is the Executive Officer of the Board of Pharmacy.
25 She brought this action solely in her official capacity and is represented in this matter by Kamala
26 D. Harris, Attorney General of the State of California, by M. Travis Peery, Deputy Attorney
27 General.

28 ///

2. Respondent Precision Pharmacy LLC dba Precision Pharmacy ("Respondent") is represented in this proceeding by attorney Jonathan Klein, whose address is: One Sansome Street, Suite 1800, San Francisco, CA 94104.

3. On or about October 7, 2005, the Board of Pharmacy issued Original Permit No. PHY 47310 to Precision Pharmacy LLC dba Precision Pharmacy (Respondent). The Original Permit was in full force and effect at all times relevant to the charges brought in Accusation No. 3769 and will expire on October 1, 2014, unless renewed.

4. On or about May 8, 2006, the Board of Pharmacy issued Sterile Compounding License Number LSC 99351 to Respondent. The Sterile Compounding License was in full force and effect at all times relevant to the charges brought in Accusation No. 3769 and will expire on October 1, 2014, unless renewed.

JURISDICTION

5. Accusation No. 3769 was filed before the Board of Pharmacy (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 6, 2013. Respondent timely filed its Notice of Defense contesting the Accusation.

6. A copy of Accusation No. 3769 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 3769. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of its legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at its own expense; the right to confront and cross-examine the witnesses against them; the right to present evidence and to testify on its own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and

1 court review of an adverse decision; and all other rights accorded by the California
2 Administrative Procedure Act and other applicable laws.

3 9. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
4 every right set forth above.

5 CULPABILITY

6 10. Respondent understands and agrees that the charges and allegations in Accusation
7 No. 3769, if proven at a hearing, constitute cause for imposing discipline upon its Original
8 Permit and Sterile Compounding License.

9 11. For the purpose of resolving the Accusation without the expense and uncertainty of
10 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
11 basis for the charges in the Accusation, and that Respondent hereby gives up its right to contest
12 those charges.

13 12. Respondent agrees that its Original Permit and its Sterile Compounding License are
14 subject to discipline and they agree to be bound by the Board's probationary terms as set forth in
15 the Disciplinary Order below.

16 CONTINGENCY

17 13. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
18 understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may
19 communicate directly with the Board regarding this stipulation and settlement, without notice to
20 or participation by Respondent or its counsel. By signing the stipulation, Respondent understands
21 and agrees that it may not withdraw its agreement or seek to rescind the stipulation prior to the
22 time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its
23 Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or
24 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,
25 and the Board shall not be disqualified from further action by having considered this matter.

26 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
27 copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format
28 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

15. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Original Permit No. PHY 47310 and Sterile Compounding License LSC 99351 issued to Respondent Precision Pharmacy LLC dba Precision Pharmacy (Respondent) are revoked. However, the revocations are stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. Obey All Laws

Respondent owner shall obey all state and federal laws and regulations.

Respondent owner shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- ☐ an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- ☐ a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- ☐ a conviction of any crime
- ☐ discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacy license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distributing, billing, or charging for any drug, device or controlled substance.

1 Failure to timely report any such occurrence shall be considered a violation of probation.

2 **2. Report to the Board**

3 Respondent owner shall report to the board quarterly, on a schedule as directed by the board
4 or its designee. The report shall be made either in person or in writing, as directed. Among other
5 requirements, respondent owner shall state in each report under penalty of perjury whether there
6 has been compliance with all the terms and conditions of probation. Failure to submit timely
7 reports in a form as directed shall be considered a violation of probation. Any period(s) of
8 delinquency in submission of reports as directed may be added to the total period of probation.
9 Moreover, if the final probation report is not made as directed, probation shall be automatically
10 extended until such time as the final report is made and accepted by the board.

11 **3. Interview with the Board**

12 Upon receipt of reasonable prior notice, respondent owner shall appear in person for
13 interviews with the board or its designee, at such intervals and locations as are determined by the
14 board or its designee. Failure to appear for any scheduled interview without prior notification to
15 board staff, or failure to appear for two (2) or more scheduled interviews with the board or its
16 designee during the period of probation, shall be considered a violation of probation.

17 **4. Cooperate with Board Staff**

18 Respondent owner shall cooperate with the board's inspection program and with the board's
19 monitoring and investigation of respondent's compliance with the terms and conditions of their
20 probation. Failure to cooperate shall be considered a violation of probation.

21 **5. Reimbursement of Board Costs**

22 As a condition precedent to successful completion of probation, respondent owner shall pay
23 to the board its costs of investigation and prosecution in the amount of \$10,000.00. Respondent
24 owner shall make said payments as follows: thirty-two (32) monthly payments of \$312.50
25 beginning thirty (30) days after the effective date of the decision and order. There shall be no
26 deviation from this schedule absent prior written approval by the board or its designee. Failure to
27 pay costs by the deadline(s) as directed shall be considered a violation of probation.

28 The filing of bankruptcy by respondent owner shall not relieve respondent of their

1 responsibility to reimburse the board its costs of investigation and prosecution.

2 **6. Probation Monitoring Costs**

3 Respondent owner shall pay any costs associated with probation monitoring as determined
4 by the board each and every year of probation. Such costs shall be payable to the board on a
5 schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as
6 directed shall be considered a violation of probation.

7 **7. Status of License**

8 Respondent owner shall, at all times while on probation, maintain current licensure with the
9 board. If respondent owner submits an application to the board, and the application is approved,
10 for a change of location, change of permit or change of ownership, the board shall retain
11 continuing jurisdiction over the license, and the respondent shall remain on probation as
12 determined by the board. Failure to maintain current licensure shall be considered a violation of
13 probation.

14 If respondent owner's license expires or is cancelled by operation of law or otherwise at any
15 time during the period of probation, including any extensions thereof or otherwise, upon renewal
16 or reapplication respondent owner's license shall be subject to all terms and conditions of this
17 probation not previously satisfied.

18 **8. License Surrender While on Probation/Suspension**

19 Following the effective date of this decision, should respondent owner discontinue
20 business, respondent owner may tender the premises license to the board for surrender. The
21 board or its designee shall have the discretion whether to grant the request for surrender or take
22 any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of
23 the license, respondent will no longer be subject to the terms and conditions of probation.

24 Upon acceptance of the surrender, respondent owner shall relinquish the wall license and
25 renewal license to the board within ten (10) days of notification by the board that the surrender is
26 accepted. Respondent owner shall further submit a completed Discontinuance of Business form
27 according to board guidelines and shall notify the board of the records inventory transfer.

28 Respondent owner shall also, by the effective date of this decision, arrange for the

1 continuation of care for ongoing patients of the pharmacy by, at minimum, providing a written
2 notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that
3 identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating
4 as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five
5 days of its provision to the pharmacy's ongoing patients, Respondent owner shall provide a copy
6 of the written notice to the board. For the purposes of this provision, "ongoing patients" means
7 those patients for whom the pharmacy has on file a prescription with one or more refills
8 outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60)
9 days.

10 Respondent owner may not apply for any new licensure from the board for three (3) years
11 from the effective date of the surrender. Respondent owner shall meet all requirements applicable
12 to the license sought as of the date the application for that license is submitted to the board.

13 Respondent owner further stipulates that he or she shall reimburse the board for its costs of
14 investigation and prosecution prior to the acceptance of the surrender.

15 9. Notice to Employees

16 Respondent owner shall, upon or before the effective date of this decision, ensure that all
17 employees involved in permit operations are made aware of all the terms and conditions of
18 probation, either by posting a notice of the terms and conditions, circulating such notice, or both.
19 If the notice required by this provision is posted, it shall be posted in a prominent place and shall
20 remain posted throughout the probation period. Respondent owner shall ensure that any
21 employees hired or used after the effective date of this decision are made aware of the terms and
22 conditions of probation by posting a notice, circulating a notice, or both. Additionally,
23 respondent owner shall submit written notification to the board, within fifteen (15) days of the
24 effective date of this decision, that this term has been satisfied. Failure to submit such
25 notification to the board shall be considered a violation of probation.

26 "Employees" as used in this provision includes all full-time, part-time,
27 volunteer, temporary and relief employees and independent contractors employed or
28 hired at any time during probation.

1 **10. Owners and Officers: Knowledge of the Law**

2 Respondent shall provide, within thirty (30) days after the effective date of this decision,
3 signed and dated statements from its owners, including any owner or holder of ten percent (10%)
4 or more of the interest in respondent or respondent's stock, and any officer, stating under penalty
5 of perjury that said individuals have read and are familiar with state and federal laws and
6 regulations governing the practice of pharmacy. The failure to timely provide said statements
7 under penalty of perjury shall be considered a violation of probation.

8 **11. Posted Notice of Probation**

9 Respondent owner shall prominently post a probation notice provided by the board in a
10 place conspicuous and readable to the public. The probation notice shall remain posted during
11 the entire period of probation.

12 Respondent owner shall not, directly or indirectly, engage in any conduct or make any
13 statement which is intended to mislead or is likely to have the effect of misleading any patient,
14 customer, member of the public, or other person(s) as to the nature of and reason for the probation
15 of the licensed entity.

16 Failure to post such notice shall be considered a violation of probation.

17 **12. Violation of Probation**

18 If a respondent owner has not complied with any term or condition of probation, the board
19 shall have continuing jurisdiction over respondent license, and probation shall be automatically
20 extended until all terms and conditions have been satisfied or the board has taken other action as
21 deemed appropriate to treat the failure to comply as a violation of probation, to terminate
22 probation, and to impose the penalty that was stayed.

23 If respondent owner violates probation in any respect, the board, after giving respondent
24 owner notice and an opportunity to be heard, may revoke probation and carry out the disciplinary
25 order that was stayed. Notice and opportunity to be heard are not required for those provisions
26 stating that a violation thereof may lead to automatic termination of the stay and/or revocation of
27 the license. If a petition to revoke probation or an accusation is filed against respondent during
28 probation, the board shall have continuing jurisdiction and the period of probation shall be


1 automatically extended until the petition to revoke probation or accusation is heard and decided.

2 13. Completion of Probation

3 Upon written notice by the board or its designee indicating successful completion of
4 probation, respondent's license will be fully restored.

5 ACCEPTANCE

6 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
7 discussed it with my attorney, Jonathan Klein. I understand the stipulation and the effect it will
8 have on my Original Permit and Sterile Compounding License. I enter into this Stipulated
9 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
10 bound by the Decision and Order of the Board of Pharmacy.

11
12 DATED: 12/20/13
13 
14 PRECISION PHARMACY LLC DBA PRECISION
15 PHARMACY
16 Respondent

17 I have read and fully discussed with Respondent Precision Pharmacy LLC dba Precision
18 Pharmacy the terms and conditions and other matters contained in the above Stipulated
19 Settlement and Disciplinary Order. I approve its form and content.

20 DATED: _____
21 Jonathan Klein
22 Attorney for Respondent

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

29 ///

30

1 automatically extended until the petition to revoke probation or accusation is heard and decided.

2 13. Completion of Probation

3 Upon written notice by the board or its designee indicating successful completion of
4 probation, respondent's license will be fully restored.

5 ACCEPTANCE

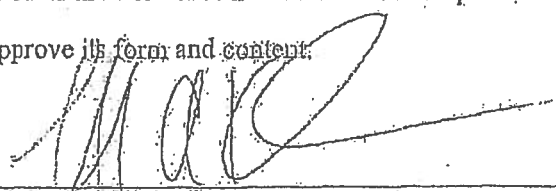
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10 bound by the Decision and Order of the Board of Pharmacy.

11
12 DATED: _____

13 PRECISION PHARMACY LLC DBA PRECISION
14 PHARMACY
Respondent

15 I have read and fully discussed with Respondent Precision Pharmacy LLC dba Precision
16 Pharmacy the terms and conditions and other matters contained in the above Stipulated
17 Settlement and Disciplinary Order. I approve its form and content.

18
19 DATED: 12/20/13

20 
Jonathan Klein
Attorney for Respondent

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

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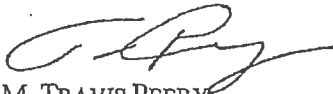
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated: 12/30/13

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
GREGORY J. SALUTE
Supervising Deputy Attorney General


M. TRAVIS PEERY
Deputy Attorney General
Attorneys for Complainant

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51383719.doc

Exhibit A

Accusation No. 3769

1 KAMALA D. HARRIS
Attorney General of California
2 GREGORY J. SALUTE
Supervising Deputy Attorney General
3 M. TRAVIS PEERY
Deputy Attorney General
4 State Bar No. 242920
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 897-0962
6 Facsimile: (213) 897-2804
Attorneys for Complainant

7
8 **BEFORE THE**
BOARD OF PHARMACY
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 3769

11 **PRECISION PHARMACY LLC DBA**
12 **PRECISION PHARMACY**
4000 Empire Drive, Suite 200
13 Bakersfield, CA 93309
Original Permit No. PHY 47310
14 Sterile Compounding License No. LSC
99351

A C C U S A T I O N

15 **PATRICIA WALDRIP-HELGREN**
16 11916 Old Town Rd
Bakersfield, CA 93312
17 Original Pharmacist License No. RPH 42842

18 Respondents.

19
20 Complainant alleges:

21 **PARTIES**

22 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
23 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

24 2. On or about October 7, 2005, the Board of Pharmacy issued Original Permit Number
25 PHY 47310 to Precision Pharmacy LLC dba Precision Pharmacy (Respondent Precision
26 Pharmacy). The Original Permit was in full force and effect at all times relevant to the charges
27 brought herein and will expire on October 1, 2013, unless renewed.

28 ///

1 9. Section 4040, subdivision (a)¹ of the Codes states:

2 “(a) ‘Prescription’ means an oral, written, or electronic transmission order that is both of the
3 following:

4 (1) Given individually for the person or persons for whom ordered that includes all of the
5 following:

6 (A) The name or names and address of the patient or patients.

7 (B) The name and quantity of the drug or device prescribed and the directions for use.

8 (C) The date of issue.

9 (D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and
10 telephone number of the prescriber, his or her license classification, and his or her federal registry
11 number, if a controlled substance is prescribed.

12 “(E) A legible, clear notice of the condition for which the drug is being prescribed, if
13 requested by the patient or patients.

14 “(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife,
15 nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to
16 Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug
17 order pursuant to either Section 4052.1 or 4052.2.

18 “(2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic
19 doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51,
20 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or
21 naturopathic doctor licensed in this state, or pursuant to either subparagraph (d) of paragraph (4)
22 of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052 by a
23 pharmacist licensed in this state.”

24 10. Section 4043, subdivision (a) of the Code states the term “wholesaler” as “a person
25 who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a

26
27 ¹ Though Business and Professions Code section 4040 has been subsequently amended,
28 the following language reflects the version of section 4040 which was in effect at the time that the
facts giving rise to the allegations asserted in this Accusation took place.

1 nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of,
2 any drug or device included in Section 4022. Unless otherwise authorized by law, a wholesaler
3 may not store, warehouse, or authorize the storage or warehousing of drugs with any person or at
4 any location not licensed by the board."

5 11. Section 4052 of the Code states, in pertinent part:

6 "(a) Notwithstanding any other provision of law, a pharmacist may:

7 (1) Furnish a reasonable quantity of compounded drug product to a prescriber for office
8 use by the prescriber."

9 12. Section 4059.5 of the Code states, in pertinent part:

10 "(a) Except as otherwise provided in this chapter, dangerous drugs or dangerous devices
11 may only be ordered by an entity licensed by the board and shall be delivered to the licensed
12 premises and signed for and received by a pharmacist. . . .

13

14 "(e) A dangerous drug . . . shall not be transferred, sold, or delivered to a person outside this
15 state, . . . unless the transferor, seller, or deliverer does so in compliance with the laws of this state
16 and of the United States and of the state . . . to which the dangerous drugs . . . are to be
17 transferred, sold, or delivered. Compliance with the laws of this state and the United States and
18 of the state . . . to which the dangerous drugs . . . are to be delivered shall include, but not be
19 limited to, determining that the recipient of the dangerous drugs . . . is authorized by law to
20 receive the dangerous drugs

21 "(f) Notwithstanding subdivision (a), a pharmacy may take delivery of dangerous drugs and
22 dangerous devices when the pharmacy is closed and no pharmacist is on duty if all of the
23 following requirements are met:

24 (1) The drugs are placed in a secure storage facility in the same building as the pharmacy.

25 (2) Only the pharmacist-in-charge or a pharmacist designated by the pharmacist-in-charge
26 has access to the secure storage facility after dangerous drugs or dangerous devices have been
27 delivered."

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1 13. Section 4078 of the Code states:

2 “(a)

3 (1) No person shall place a false or misleading label on a prescription.

4 (2) No prescriber shall direct that a prescription be labeled with any information that is
5 false or misleading.

6 “(b) Notwithstanding subdivision (a), a person may label a prescription, or a prescriber may
7 direct that a prescription be labeled, with information about the drug that is false under either of
8 the following circumstances:

9 (1) If the labeling is a necessary part of a clinical or investigational drug program approved
10 by the federal Food and Drug Administration or a legitimate investigational drug project
11 involving a drug previously approved by the federal Food and Drug Administration.

12 (2) If, in the medical judgment of the prescriber, the labeling is appropriate for the proper
13 treatment of the patient.

14 “(c) The furnisher of a prescription labeled pursuant to subdivision (b) shall make, and
15 retain for three years from the date of making, a record stating the manner in which the
16 information on the prescription label varies from the actual drug in the container and
17 documenting the order of the prescriber to so label the container. The prescriber shall make, and
18 retain for at least three years, a record of his or her order to so label the container.

19 14. Section 4113, subdivision (c) of the Code states: “The pharmacist-in-charge shall be
20 responsible for a pharmacy’s compliance with all state and federal laws and regulations pertaining
21 to the practice of pharmacy.”

22 15. Section 4115 of the Code states:

23 “(a) A pharmacy technician may perform packaging, manipulative, repetitive, or other
24 nondiscretionary tasks, only while assisting, and while under the direct supervision and control of
25 a pharmacist.

26 “(b) This section does not authorize the performance of any tasks specified in subdivision
27 (a) by a pharmacy technician without a pharmacist on duty.

1 “(c) This section does not authorize a pharmacy technician to perform any act requiring the
2 exercise of professional judgment by a pharmacist.

3 “(d) The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a
4 pharmacy technician may perform under the supervision of a pharmacist. Any pharmacy that
5 employs a pharmacy technician shall do so in conformity with the regulations adopted by the
6 board.

7 “(e) No person shall act as a pharmacy technician without first being licensed by the board
8 as a pharmacy technician.

9 “(f) (1) A pharmacy with only one pharmacist shall have no more than one pharmacy
10 technician performing the tasks specified in subdivision (a). The ratio of pharmacy technicians
11 performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed
12 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to
13 Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a
14 licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2),
15 an inmate of a correctional facility of the Department of the Youth Authority or the Department
16 of Corrections, and for a person receiving treatment in a facility operated by the State Department
17 of Mental Health, the State Department of Developmental Services, or the Department of
18 Veterans Affairs.

19 (2) The board may adopt regulations establishing the ratio of pharmacy technicians
20 performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of
21 prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home
22 health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a
23 minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two
24 pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to
25 personnel performing clerical functions pursuant to Section 4116 or 4117.

26 (3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to
27 supervise a second pharmacy technician if the pharmacist determines, in the exercise of his or her
28 professional judgment, that permitting the second pharmacy technician to be on duty would

1 interfere with the effective performance of the pharmacist's responsibilities under this chapter. A
2 pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist in
3 charge in writing of his or her determination, specifying the circumstances of concern with
4 respect to the pharmacy or the pharmacy technician that have led to the determination, within a
5 reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. No entity
6 employing a pharmacist may discharge, discipline, or otherwise discriminate against any
7 pharmacist in the terms and conditions of employment for exercising or attempting to exercise in
8 good faith the right established pursuant to this paragraph.

9 “(g) Notwithstanding subdivisions (a) and (b), the board shall by regulation establish
10 conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant
11 to Section 512 of the Labor Code and the orders of the Industrial Welfare Commission without
12 closing the pharmacy. During these temporary absences, a pharmacy technician may, at the
13 discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary
14 tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task
15 performed by a pharmacy technician during the pharmacist's temporary absence. Nothing in this
16 subdivision shall be construed to authorize a pharmacist to supervise pharmacy technicians in
17 greater ratios than those described in subdivision (f).

18 “(h) The pharmacist on duty shall be directly responsible for the conduct of a pharmacy
19 technician supervised by that pharmacist.”

20 16. Section 4169 of the Code states:

21 “(a) A person or entity may not do any of the following:

22 (1) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices at wholesale
23 with a person or entity that is not licensed with the board as a wholesaler or pharmacy.

24 (2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably
25 should have known were adulterated, as set forth in Article 2 (commencing with Section 111250)
26 of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code.

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1 (3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably
2 should have known were misbranded, as defined in Section 111335 of the Health and Safety
3 Code.

4 (4) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond
5 use date on the label.

6 (5) Fail to maintain records of the acquisition or disposition of dangerous drugs or
7 dangerous devices for at least three years.

8 "(b) Notwithstanding any other provision of law, a violation of this section or of
9 subdivision (c) or (d) of Section 4163 may subject the person or entity that has committed the
10 violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence,
11 pursuant to a citation issued by the board.

12 "(c) Amounts due from any person under this section shall be offset as provided under
13 Section 12419.5 of the Government Code. Amounts received by the board under this section shall
14 be deposited into the Pharmacy Board Contingent Fund.

15 "(d) This section shall not apply to a pharmaceutical manufacturer licensed by the Food and
16 Drug Administration or by the State Department of Public Health."

17 17. Section 4300 of the Code states:

18 "(a) Every license issued may be suspended or revoked.

19 "(b) The board shall discipline the holder of any license issued by the board, whose default
20 has been entered or whose case has been heard by the board and found guilty, by any of the
21 following methods:

22 (1) Suspending judgment.

23 (2) Placing him or her upon probation.

24 (3) Suspending his or her right to practice for a period not exceeding one year.

25 (4) Revoking his or her license.

26 (5) Taking any other action in relation to disciplining him or her as the board in its
27 discretion may deem proper.

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1 “(c) The board may refuse a license to any applicant guilty of unprofessional conduct. The
2 board may, in its sole discretion, issue a probationary license to any applicant for a license who is
3 guilty of unprofessional conduct and who has met all other requirements for licensure. The board
4 may issue the license subject to any terms or conditions not contrary to public policy, including,
5 but not limited to, the following:

6 (1) Medical or psychiatric evaluation.

7 (2) Continuing medical or psychiatric treatment.

8 (3) Restriction of type or circumstances of practice.

9 (4) Continuing participation in a board-approved rehabilitation program.

10 (5) Abstention from the use of alcohol or drugs.

11 (6) Random fluid testing for alcohol or drugs.

12 (7) Compliance with laws and regulations governing the practice of pharmacy.

13 “(d) The board may initiate disciplinary proceedings to revoke or suspend any probationary
14 certificate of licensure for any violation of the terms and conditions of probation. Upon
15 satisfactory completion of probation, the board shall convert the probationary certificate to a
16 regular certificate, free of conditions.

17 “(e) The proceedings under this article shall be conducted in accordance with Chapter 5
18 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board
19 shall have all the powers granted therein. The action shall be final, except that the propriety of
20 the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of
21 Civil Procedure.”

22 18. Section 4301 of the Code states:

23 “The board shall take action against any holder of a license who is guilty of unprofessional
24 conduct or whose license has been procured by fraud or misrepresentation or issued by mistake.
25 Unprofessional conduct shall include, but is not limited to, any of the following:

26 “(a) Gross immorality;

27 “(b) Incompetence.

28 “(c) Gross negligence.

1 "(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a)
2 of Section 11153 of the Health and Safety Code.

3 "(e) The clearly excessive furnishing of controlled substances in violation of subdivision (a)
4 of Section 11153.5 of the Health and Safety Code. Factors to be considered in determining
5 whether the furnishing of controlled substances is clearly excessive shall include, but not be
6 limited to, the amount of controlled substances furnished, the previous ordering pattern of the
7 customer (including size and frequency of orders), the type and size of the customer, and where
8 and to whom the customer distributes its product.

9 "(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or
10 corruption, whether the act is committed in the course of relations as a licensee or otherwise, and
11 whether the act is a felony or misdemeanor or not.

12 "(g) Knowingly making or signing any certificate or other document that falsely represents
13 the existence or nonexistence of a state of facts.

14 "(h) The administering to oneself, of any controlled substance, or the use of any dangerous
15 drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to
16 oneself, to a person holding a license under this chapter, or to any other person or to the public, or
17 to the extent that the use impairs the ability of the person to conduct with safety to the public the
18 practice authorized by the license.

19 "(i) Except as otherwise authorized by law, knowingly selling, furnishing, giving away, or
20 administering or offering to sell, furnish, give away, or administer any controlled substance to an
21 addict.

22 "(j) The violation of any of the statutes of this state, or any other state, or of the United
23 States regulating controlled substances and dangerous drugs.

24 "(k) The conviction of more than one misdemeanor or any felony involving the use,
25 consumption, or self-administration of any dangerous drug or alcoholic beverage, or any
26 combination of those substances.

27 "(l) The conviction of a crime substantially related to the qualifications, functions, and
28 duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13

1 (commencing with Section 801) of Title 21 of the United States Code regulating controlled
2 substances or of a violation of the statutes of this state regulating controlled substances or
3 dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the
4 record of conviction shall be conclusive evidence only of the fact that the conviction occurred.
5 The board may inquire into the circumstances surrounding the commission of the crime, in order
6 to fix the degree of discipline or, in the case of a conviction not involving controlled substances
7 or dangerous drugs, to determine if the conviction is of an offense substantially related to the
8 qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or
9 a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning
10 of this provision. The board may take action when the time for appeal has elapsed, or the
11 judgment of conviction has been affirmed on appeal or when an order granting probation is made
12 suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of
13 the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not
14 guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or
15 indictment.

16 "(m) The cash compromise of a charge of violation of Chapter 13 (commencing with
17 Section 801) of Title 21 of the United States Code regulating controlled substances or of Chapter
18 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code
19 relating to the Medi-Cal program. The record of the compromise is conclusive evidence of
20 unprofessional conduct.

21 "(n) The revocation, suspension, or other discipline by another state of a license to practice
22 pharmacy, operate a pharmacy, or do any other act for which a license is required by this chapter.

23 "(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
24 violation of or conspiring to violate any provision or term of this chapter or of the applicable
25 federal and state laws and regulations governing pharmacy, including regulations established by
26 the board or by any other state or federal regulatory agency.

27 "(p) Actions or conduct that would have warranted denial of a license.

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1 "(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the
2 board.

3 "(r) The selling, trading, transferring, or furnishing of drugs obtained pursuant to Section
4 256b of Title 42 of the United States Code to any person a licensee knows or reasonably should
5 have known, not to be a patient of a covered entity, as defined in paragraph (4) of subsection (a)
6 of Section 256b of Title 42 of the United States Code.

7 "(s) The clearly excessive furnishing of dangerous drugs by a wholesaler to a pharmacy that
8 primarily or solely dispenses prescription drugs to patients of long-term care facilities. Factors to
9 be considered in determining whether the furnishing of dangerous drugs is clearly excessive shall
10 include, but not be limited to, the amount of dangerous drugs furnished to a pharmacy that
11 primarily or solely dispenses prescription drugs to patients of long-term care facilities, the
12 previous ordering pattern of the pharmacy, and the general patient population to whom the
13 pharmacy distributes the dangerous drugs. That a wholesaler has established, and employs, a
14 tracking system that complies with the requirements of subdivision (b) of Section 4164 shall be
15 considered in determining whether there has been a violation of this subdivision. This provision
16 shall not be interpreted to require a wholesaler to obtain personal medical information or be
17 authorized to permit a wholesaler to have access to personal medical information except as
18 otherwise authorized by Section 56 and following of the Civil Code. "

19 19. Section 4076 of the Code states:

20 "(a) A pharmacist shall not dispense any prescription except in a container that meets the
21 requirements of state and federal law and is correctly labeled with all of the following:

22 (1) Except where the prescriber or the certified nurse-midwife who functions pursuant to a
23 standardized procedure or protocol described in Section 2746.51, the nurse practitioner who
24 functions pursuant to a standardized procedure described in Section 2836.1, or protocol, or the
25 physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who
26 functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the
27 pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either
28 subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of,

1 subdivision (a) of Section 4052 orders otherwise, either the manufacturer's trade name of the drug
2 or the generic name and the name of the manufacturer. Commonly used abbreviations may be
3 used. Preparations containing two or more active ingredients may be identified by the
4 manufacturer's trade name or the commonly used name or the principal active ingredients.

5 (2) The directions for the use of the drug.

6 (3) The name of the patient or patients.

7 (4) The name of the prescriber or, if applicable, the name of certified nurse-midwife who
8 functions pursuant to a standardized procedure or protocol described in Section 2746.51, the
9 nurse practitioner who functions pursuant to a standardized procedure described in Section
10 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1., the
11 naturopathic doctor who functions pursuant to a standardized procedure or protocol described in
12 Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol
13 pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of
14 paragraph (5) of, subdivision (a) of Section 4052.

15 (5) The date of issue.

16 (6) The name and address of the pharmacy, and prescription number or other means of
17 identifying the prescription.

18 (7) The strength of the drug or drugs dispensed.

19 (8) The quantity of the drug or drugs dispensed.

20 (9) The expiration date of the effectiveness of the drug dispensed.

21 (10) The condition for which the drug was prescribed if requested by the patient and the
22 condition is indicated on the prescription.

23 (11)(A) Commencing January 1, 2006, the physical description of the dispensed
24 medication, including its color, shape, and any identification code that appears on the tablets or
25 capsules, except as follows:

26 (i) Prescriptions dispensed by a veterinarian.

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1 (ii) An exemption from the requirements of this paragraph shall be granted to a new drug
2 for the first 120 days that the drug is on the market and for the 90 days during which the national
3 reference file has no description on file.

4 (iii) Dispensed medications for which no physical description exists in any commercially
5 available database.

6 (B) This paragraph applies to outpatient pharmacies only.

7 (C) The information required by this paragraph may be printed on an auxiliary label that is
8 affixed to the prescription container.

9 (D) This paragraph shall not become operative if the board, prior to January 1, 2006,
10 adopts regulations that mandate the same labeling requirements set forth in this paragraph.

11 "(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system,
12 as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or
13 other health care facility, the requirements of this section will be satisfied if the unit dose
14 medication system contains the aforementioned information or the information is otherwise
15 readily available at the time of drug administration.

16 "(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to
17 Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose
18 containers for a specific patient, the name of the certified nurse-midwife who functions pursuant
19 to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who
20 functions pursuant to a standardized procedure described in Section 2836.1, the physician
21 assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions
22 pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist
23 who functions pursuant to a policy, procedure, or protocol pursuant to either subparagraph (D) of
24 paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section
25 4052,

26 "(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to
27 Section 1250 of the Health and Safety Code, it is not necessary to include the information
28 required in paragraph (11) of subdivision (a) when the prescription drug is administered to a

1 patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with
2 Section 2000), the Nursing Practice Act (Chapter 6 (commencing with Section 2700), or the
3 Vocational Nursing Act (Chapter 6.5 (commencing with Section 2840), who is acting within his
4 or her scope of practice."

5 20. Section 11170 of the Health & Safety Code states that "[n]o person shall prescribe,
6 administer, or furnish a controlled substance for himself."

7 REGULATORY PROVISIONS

8 21. California Code of Regulations, title 16, section 1714, subdivision (b) states, in
9 pertinent part:

10 "Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and
11 equipment so that drugs are safely and properly prepared, maintained, secured and distributed."

12 22. California Code of Regulations, title 16, section 1716.1², states:

13 "As used in Business and Professions Code section 4052(a)(1), the following terms have
14 the indicated meaning concerning the compounding of unapproved drugs for prescriber office
15 use:

16 "(a) 'Reasonable quantity' means that quantity of an unapproved drug which:

17 "(1) is sufficient for that prescriber's office use consistent with the expiration date of the
18 product as set forth in section 1716.2(a)(3); and

19 "(2) is reasonable considering the intended use of the compounded medication and nature
20 of the prescriber's practice; and

21 "(3) for any individual prescriber and for all prescribers taken as a whole, is an amount
22 which the pharmacy is capable of compounding in compliance with pharmaceutical standards for
23 identity, strength, quality and purity of the compounded medication.

24 "(b) 'Compounded medication' means medications actually compounded by the pharmacy
25 supplying them to a prescriber.

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27 ² Though 16 CCR 1716.1 has been repealed, it was in effect at the time that the facts
28 giving rise to the allegations asserted in this Accusation took place.

1 “(c) ‘Prescriber office use’ means application or administration in the prescriber’s office, or
2 for distribution of not more than a 72 hour supply to the prescriber’s patients as estimated by the
3 prescriber.”

4 23. California Code of Regulations, title 16, section 1716.2³, states:

5 “(a) For the purpose of compounding in quantities larger than required for immediate
6 dispensing by a prescriber or for future dispensing upon prescription, a pharmacy shall maintain
7 records that include, but are not limited to:

8 (1) The date of preparation.

9 (2) The lot numbers. These may be the manufacturer's lot numbers or new numbers
10 assigned by the pharmacy. If the lot number is assigned by the pharmacy, the pharmacy must also
11 record the original manufacturer's lot numbers and expiration dates, if known. If the original
12 manufacturer's lot numbers and expiration dates are not known, the pharmacy shall record the
13 source and acquisition date of the components.

14 (3) The expiration date of the finished product. This date must not exceed 180 days or the
15 shortest expiration date of any component in the finished product unless a longer date is
16 supported by stability studies in the same type of packaging as furnished to the prescriber. Shorter
17 dating than set forth in this subsection may be used if it is deemed appropriate in the professional
18 judgment of the responsible pharmacist.

19 (4) The signature or initials of the pharmacist performing the compounding.

20 (5) A formula for the compounded product. The formula must be maintained in a readily
21 retrievable form.

22 (6) The name(s) of the manufacturer(s) of the raw materials.

23 (7) The quantity in units of finished products or grams of raw materials.

24 (8) The package size and the number of units prepared.”

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26 ///

27 ³ Though 16 CCR 1716.2 has been repealed, it was in effect at the time that the facts
28 giving rise to the allegations asserted in this Accusation took place.

1 24. California Code of Regulations, title 16, section 1717, states:

2 "(a) No medication shall be dispensed on prescription except in a new container which
3 conforms with standards established in the official compendia.

4 "Notwithstanding the above, a pharmacist may dispense and refill a prescription for
5 non-liquid oral products in a clean multiple-drug patient medication package (patient med pak),
6 provided:

7 (1) a patient med pak is reused only for the same patient;

8 (2) no more than a one-month supply is dispensed at one time; and

9 (3) each patient med pak bears an auxiliary label which reads, store in a cool, dry place.

10 "(b) In addition to the requirements of Section 4040, Business and Professions Code, the
11 following information shall be maintained for each prescription on file and shall be readily
12 retrievable:

13 (1) The date dispensed, and the name or initials of the dispensing pharmacist. All
14 prescriptions filled or refilled by an intern pharmacist must also be initialed by the supervising
15 pharmacist before they are dispensed.

16 (2) The brand name of the drug or device; or if a generic drug or device is dispensed, the
17 distributor's name which appears on the commercial package label; and

18 (3) If a prescription for a drug or device is refilled, a record of each refill, quantity
19 dispensed, if different, and the initials or name of the dispensing pharmacist.

20 (4) A new prescription must be created if there is a change in the drug, strength, prescriber
21 or directions for use, unless a complete record of all such changes is otherwise maintained.

22 "(c) Promptly upon receipt of an orally transmitted prescription, the pharmacist shall reduce
23 it to writing, and initial it, and identify it as an orally transmitted prescription. If the prescription
24 is then dispensed by another pharmacist, the dispensing pharmacist shall also initial the
25 prescription to identify him or herself.

26 "All orally transmitted prescriptions shall be received and transcribed by a pharmacist prior
27 to compounding, filling, dispensing, or furnishing.

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1 "Chart orders as defined in Section 4019 of the Business and Professions Code are not
2 subject to the provisions of this subsection.

3 "(d) A pharmacist may furnish a drug or device pursuant to a written or oral order from a
4 prescriber licensed in a State other than California in accordance with Business and Professions
5 Code Section 4005.

6 "(e) A pharmacist may transfer a prescription for Schedule III, IV, or V controlled
7 substances to another pharmacy for refill purposes in accordance with Title 21, Code of Federal
8 Regulations, section 1306.26.

9 " Prescriptions for other dangerous drugs which are not controlled substances may also be
10 transferred by direct communication between pharmacists or by the receiving pharmacist's access
11 to prescriptions or electronic files that have been created or verified by a pharmacist at the
12 transferring pharmacy. The receiving pharmacist shall create a written prescription; identifying it
13 as a transferred prescription; and record the date of transfer and the original prescription number.
14 When a prescription transfer is accomplished via direct access by the receiving pharmacist, the
15 receiving pharmacist shall notify the transferring pharmacy of the transfer. A pharmacist at the
16 transferring pharmacy shall then assure that there is a record of the prescription as having been
17 transferred, and the date of transfer. Each pharmacy shall maintain inventory accountability and
18 pharmacist accountability and dispense in accordance with the provisions of section 1716 of this
19 Division. Information maintained by each pharmacy shall at least include:

- 20 (1) Identification of pharmacist(s) transferring information;
21 (2) Name and identification code or address of the pharmacy from which the prescription
22 was received or to which the prescription was transferred, as appropriate;
23 (3) Original date and last dispensing date;
24 (4) Number of refills and date originally authorized;
25 (5) Number of refills remaining but not dispensed;
26 (6) Number of refills transferred.

27 "(f) The pharmacy must have written procedures that identify each individual pharmacist
28 responsible for the filling of a prescription and a corresponding entry of information into an

1 automated data processing system, or a manual record system, and the pharmacist shall create in
2 his/her handwriting or through hand-initializing a record of such filling, not later than the
3 beginning of the pharmacy's next operating day. Such record shall be maintained for at least three
4 years."

5 25. California Code of Regulations, title 16, section 1718.1, states:

6 "All prescription drugs not bearing a manufacturer's expiration date pursuant to Title 21,
7 Code of Federal Regulations, section 211.137 are deemed to have expired and may not be
8 manufactured, distributed, held for sale, or dispensed by any manufacturer, distributor,
9 pharmacist, pharmacy or other persons authorized to dispense such drugs in California."

10 26. California Code of Regulations, title 16, section 1751.2, states:

11 "In addition to the labeling information required under Business and Professions Code
12 section 4076 and section 1735.4, a pharmacy which compounds sterile injectable products shall
13 include the following information on the labels for those products:

14 "(a) Telephone number of the pharmacy, except for sterile injectable products dispensed for
15 inpatients of a hospital pharmacy.

16 "(b) Name and concentrations of ingredients contained in the sterile injectable product.

17 "(c) Instructions for storage and handling.

18 "(d) All cytotoxic agents shall bear a special label which states 'Chemotherapy - Dispose of
19 Properly.'"

20 27. California Code of Regulations, title 16, section 1751.3⁴, states:

21 "(a) Pharmacies compounding sterile injectable products for future use pursuant to section
22 1716.1 shall, in addition to those records required by section 1716.2, have records indicating the
23 name, lot number, amount, and date on which the products were provided to a prescriber.

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27 ⁴ Though 16 CCR 1751.3 has been subsequently amended and renumbered as 16 CCR
28 1751.1, the following language reflects the version of section 1751.3 which was in effect at the
time that the facts giving rise to the allegations asserted in this Accusation took place

1 “(b) In addition to the records required by subdivision (a), for sterile products compounded
2 from one or more non-sterile ingredients the following records must be maintained for at least
3 three years:

4 “(1) The training and competency evaluation of employees in sterile product procedures.

5 “(2) Refrigerator and freezer temperatures.

6 “(3) Certification of the sterile compounding environment.

7 “(4) Other facility quality control logs specific to the pharmacy’s policies and procedures
8 (e.g., cleaning logs for facilities and equipment).

9 “(5) Inspection for expired or recalled pharmaceutical products or raw ingredients.

10 “(6) Preparation records including the master work sheet, the preparation work sheet, and
11 records of end-product evaluation results.

12 “(c) Pharmacies shall maintain records of validation processes as required by section
13 1751.7(b) for three years.”

14 “(c) Pharmacies compounding sterile injectable products shall have written policies and
15 procedures for the disposal of infectious materials and/or materials containing cytotoxic residues.
16 The written policies and procedures shall describe the pharmacy protocols for cleanups and spills
17 in conformity with local health jurisdiction standards.”

18 28. California Code of Regulations, title 16, section 1751.7, states:

19 “(a) Any pharmacy engaged in compounding sterile injectable drug products shall maintain,
20 as part of its written policies and procedures, a written quality assurance plan including, in
21 addition to the elements required by section 1735.8, a documented, ongoing quality assurance
22 program that monitors personnel performance, equipment, and facilities. The end product shall be
23 examined on a periodic sampling basis as determined by the pharmacist-in-charge to assure that it
24 meets required specifications. The Quality Assurance Program shall include at least the
25 following:

26 (1) Cleaning and sanitization of the parenteral medication preparation area.

27 (2) The storage of compounded sterile injectable products in the pharmacy and periodic
28 documentation of refrigerator temperature.

1 (3) Actions to be taken in the event of a drug recall.

2 (4) Written justification of the chosen expiration dates for compounded sterile injectable
3 products.

4 "(b) Each individual involved in the preparation of sterile injectable products must first
5 successfully complete a validation process on technique before being allowed to prepare sterile
6 injectable products. The validation process shall be carried out in the same manner as normal
7 production, except that an appropriate microbiological growth medium is used in place of the
8 actual product used during sterile preparation. The validation process shall be representative of all
9 types of manipulations, products and batch sizes the individual is expected to prepare. The same
10 personnel, procedures, equipment, and materials must be involved. Completed medium samples
11 must be incubated. If microbial growth is detected, then the sterile preparation process must be
12 evaluated, corrective action taken, and the validation process repeated. Personnel competency
13 must be revalidated at least every twelve months, whenever the quality assurance program yields
14 an unacceptable result, when the compounding process changes, equipment used in the
15 compounding of sterile injectable drug products is repaired or replaced, the facility is modified in
16 a manner that affects airflow or traffic patterns, or whenever improper aseptic techniques are
17 observed. Revalidation must be documented.

18 "(c) Batch-produced sterile injectable drug products compounded from one or more non-
19 sterile ingredients shall be subject to documented end product testing for sterility and pyrogens
20 and shall be quarantined until the end product testing confirms sterility and acceptable levels of
21 pyrogens.

22 "(d) Batch-produced sterile to sterile transfers shall be subject to periodic testing through
23 process validation for sterility as determined by the pharmacist-in-charge and described in the
24 written policies and procedures."

25 29. California Code of Regulations, title 16, section 1770, states:

26 "For the purpose of denial, suspension, or revocation of a personal or facility license
27 pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a
28 crime or act shall be considered substantially related to the qualifications, functions or duties of a

1 licensee or registrant if to a substantial degree it evidences present or potential unfitness of a
2 licensee or registrant to perform the functions authorized by his license or registration in a manner
3 consistent with the public health, safety, or welfare."

4 REASONABLE COSTS

5 30. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
6 administrative law judge to direct a licensee found to have committed a violation or violations of
7 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
8 enforcement of the case.

9 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

10 31. Superiorbute power, whose generic name is Phenylbutazone, is a dangerous drug
11 within the meaning of section 4022.

12 STATEMENT OF FACTS

13 32. From on or about October 7, 2005, to February 1, 2009, Bart Tipton was the
14 Pharmacist-in-Charge (PIC) of Respondent Precision Pharmacy.

15 33. From on or about February 1, 2009 through the present, Respondent Waldrip-Helgren
16 has been the PIC of Respondent Precision Pharmacy.

17 May 2009 Consumer Complaint⁵

18 34. On or about May 7, 2009, D.G. of Superior Equine Pharmaceuticals, Inc. submitted a
19 consumer complaint with the Board alleging that in violation of a January 2008 Food and Drug
20 Administration (FDA) "Cease and Desist" letter, Respondent Precision Pharmacy continued to
21 illegally manufacture apple-flavored Phenylbutazone powder from bulk materials and sell the
22 product to veterinarians around the country. D.G. had a patent for apple flavored Superiorbute®
23 powder.

24 35. The FDA "Cease and Desist" letter was sent to several pharmacies around the country
25 and to the Executive Directors of various boards of pharmacy in several states. It stated, in

26 ⁵ The facts alleged in this Accusation are based on four investigative reports. In the
27 interests of clarity, Complainant will provide a footnote referencing the source of the facts alleged
28 in each section. The facts pertaining to the May 2009 consumer complaint can be found in
Investigative Report 2009 40885.

1 pertinent part, that Superior Equine Pharmaceutical, Inc. manufactured the one FDA-approved
2 version of sweetened, apple-flavored Phenylbutazone powder in horse feed for the relief of
3 inflammatory conditions associated with the musculoskeletal system, and that accordingly, any
4 firms that were engaged in the compounding⁶ of any of the apple-flavored Phenylbutazone
5 powder products were in violation of the Federal Food, Drug, and Cosmetic Act. It specifically
6 stated that if a firm was engaged in the compounding and/or sale of these illegal phenylbutazone
7 products, it should immediately cease that activity.

8 September 2009 Inspection⁷

9 36. On or about September 1, 2009, two (2) Board inspectors conducted an inspection of
10 Respondent Precision Pharmacy. Immediately upon entering, the inspectors noticed several
11 people around several open containers of powders on a large table. Along side of the table were
12

13
14 ⁶ The FDA issued a Compliance Policy Guidance (CPG) regarding the compounding of drugs for
use in animals that stated, in pertinent part, that the:

15 FDA is greatly concerned about veterinarians and pharmacies that are engaged in
16 manufacturing and distributing unapproved new animal drugs in a manner that is clearly
17 outside the bounds of traditional pharmacy practice and that violates the Act (e.g.,
18 compounding that is intended to circumvent the drug approval process and provide for the
19 mass marketing of products that have been produced with little or no quality control or
20 manufacturing standards to ensure the purity, potency, and stability of the product). These
activities are the focus of this guidance. Pharmacies and veterinarians who engage in
activities analogous to manufacturing and distributing drugs for use in animals may be
held to the same provisions of the Act as manufacturers.

21 With regard to compounding from bulk drug substances, two Federal Appeals Court
22 decisions, United States v. Algon Chemical Inc., 879 F.2d 1154 (3d Cir. 1989) and United
23 States v. 9/1 Kg. Containers, 854 F.2d 173 (7th Cir. 1988), affirmed the FDA position that
24 the Act does not permit veterinarians to compound unapproved finished drug products
from bulk drug substances, unless the finished drug is not a new animal drug. The
principle established by the court applies equally to compounding by pharmacists.

25 CPG Sec. 608.400 - Compounding of Drugs for Use in Animals (CPG 7125.40), available at:
26 [http://www.fda.gov/ICECI/ComplianceManuals/CompliancePolicyGuidanceManual/ucm074656.
27 htm?utm_campaign=Google2&utm_source=fdaSearch&utm_medium=website&utm_term=compounding&utm_content=1](http://www.fda.gov/ICECI/ComplianceManuals/CompliancePolicyGuidanceManual/ucm074656.htm?utm_campaign=Google2&utm_source=fdaSearch&utm_medium=website&utm_term=compounding&utm_content=1).

28 ⁷ These facts can be found in Investigative Report 2009 40885.

1 drums of powders. The inspectors observed the employees compounding apple flavored
2 phenylbutazone powder. The inspectors did not see any gowns, masks, or gloves.

3 37. The inspectors introduced themselves and met the pharmacist-in-charge (PIC),
4 Respondent Patricia Waldrip-Helgren. The inspectors determined that there was one (1)
5 pharmacist supervising one (1) pharmacist intern, five (5) technicians, and two (2) clerks, which
6 was in violation of the pharmacist:technician ratio of 1:1 for the practice setting. The inspectors
7 observed that compounding was taking place in three (3) different areas in the pharmacy (lobby,
8 pharmacy, and back room).

9 *Illegal Manufacture of Drugs*

10 38. The inspectors observed that there were a large amount of compounded items, made
11 in large enough amounts to have shelves full of product. Records obtained by the inspectors that
12 reflected that Respondent Precision Pharmacy sold the majority of drugs to veterinarians,
13 hospitals, clinics, and rarely to the ultimate consumer, which would be either a horse or a horse
14 owner. In addition, Respondent PIC Waldrip-Helgren told one of the Board inspectors that "a lot
15 of Precision's business is selling directly to veterinarians. Respondent Waldrip-Helgren stated to
16 the Board inspectors that "[Respondent] Precision also fills some prescriptions per specific
17 animal, but that was not the majority of Precision's business." This statement and review of
18 pharmacy records showing the majority of sales to other than a specific patient, strengthens the
19 proof that Precision Pharmacy is manufacturing for office use, rather than selling to ultimate
20 consumer.

21 39. The inspectors observed that there were large amounts of both commercially
22 available medications, such as Itraconazole 100 mg, DES 3mg, and Griseofulvin 250 mg, as well
23 as large amounts of some medications that are not commercially available, such as Domperidone
24 10 mg, Estradiol 1mg/Progesterone 100 mg/Testosterone SR 1mg. This demonstrated that
25 Respondent Precision Pharmacy was manufacturing commercially available drugs, which it
26 cannot by law. In addition, it demonstrates that Respondent Precision Pharmacy was
27 compounding large amounts of non-commercially available drugs, which circumvents the FDA
28 process for approving new drugs and is in direct contradiction to the FDA's intent when

1 permitting pharmacies to compound medication, which is to allow them to create non-
2 commercially available medications to meet specific patient needs.

3 *Illegally Acting as a Wholesaler*

4 40. During the September 2009 inspection, the inspectors observed that though
5 Respondent Precision Pharmacy labeled their Phenylbutazone product as if they were
6 compounding for "office use", in actuality Respondent Precision Pharmacy was not compounding
7 for "office use" because the product was not being applied or administered in the prescriber's
8 office (the patients are horses) and because the product was made in jars and bottles which hold
9 more than a 72 hour supply. Specifically, a printout for all Phenylbutazone 100gm powder sold
10 by Respondent Precision Pharmacy from August 17, 2009, through September 1, 2009, showed
11 that during those two (2) weeks, there were 108 orders filled, and a total of 762 jars dispensed.
12 33 prescriptions were written for a veterinarian (the veterinarian was listed as the patient), 28
13 prescriptions were filled for a hospital or clinic, several other prescriptions were filled for equine
14 service or businesses, and only two (2) were written for a specific horse. The 762 containers
15 dispensed each had 100gm of Phenylbutazone powder, thus in a two (2) week period, Respondent
16 Precision Pharmacy dispensed 76,200 grams or 76.2 kg (167 pounds) of Phenylbutazone. The
17 normal dosing of Phenylbutazone in horses is 2-4 grams per 1000 pounds of body weight. Since
18 horses weigh an average of 900-1500 pounds, the dosing is 1.8-6 grams/day. A 72-hour supply of
19 Phenylbutazone for one horse would be 5.4-18 grams/day. Because Precision Pharmacy has 100
20 gram jars of Phenylbutazone, for each jar Respondent is dispensing a 5.5-18 day supply for one
21 horse which is in excess of a 72 hour supply. Additionally, only one scoop was provided with
22 each jar of Phenylbutazone. Since the dosing of the drug was in scoops, if the prescriber divided
23 what was contained in the large container and placed it in smaller containers, he would not have a
24 scoop to provide with the extra containers of the medication provided. The presence of only one
25 scoop indicates the container was intended for only one patient.

26 *Violations of Prescription Requirements*

27 41. During the September 2009 inspection, one (1) of the inspectors reviewed a sampling
28 of written prescriptions for Phenylbutazone powder and observed that they were not received

1 telephonically by a pharmacist, did not have a patient name on them and did not have directions
2 for use or strength. The inspector also reviewed a sampling of prescriptions about to be dispensed
3 and observed the following: extra drug coming out near the metal ring which seals the amber
4 bottle, prescription label with no directions or patient name, and sterile compounding labels with
5 no drug names or concentrations of ingredients contained in product.

6 *Discrepancies in Master Formula and Logged Formula Worksheets*

7 42. During the September 2009 inspection, the inspectors found that Respondent
8 Precision Pharmacy's Logged Formula Worksheets did not follow the PCCA (Professional
9 Compounding Centers of America) Master Formulas, despite the fact that Respondent Precision
10 Pharmacy belonged to PCCA. During the inspection, one of the inspectors found vials of the
11 drug Trimethoprim/Sulfadiazine 80/400 Injection Suspension ready to be shipped out to
12 veterinarian, G.W., located in Texas. The vials did not have the lot and expiration stickers that
13 the pharmacy usually puts on the bottom of the vials, but on the dispensing label, there was a lot
14 number of 05152009@12, expiration of 2/27/10, Rx number #134900 and date of 8/31/09, the
15 day before the September 2009 inspection.

16 43. Respondent Precision Pharmacy's records showed that they made excipient stock
17 solution on September 2, 2008. PCCA master formulas stated that excipient stock solution
18 should expire in thirty days from that date (October 2, 2008), however, Respondent Precision's
19 logged formula worksheets stated that the excipient stock solution expired in 180 days (March 2,
20 2009). No reason was given as to why the date was extended. The excipient solution was used to
21 compound Sulfadiazine/Trimethoprim on May 15, 2009, after it was already expired (no matter
22 which expiration date was chosen). The PCCA master formula said compounded
23 Sulfadiazine/Trimethoprim expires 90 days after being made (August 15, 2009). Respondent
24 Precision logged formula worksheets said that Sulfadiazine/Trimethoprim expires 180 days after
25 being made (November 11, 2009). The expired excipient that was used to make the
26 Sulfadiazine/Trimethoprim could have posed a serious health hazard, and should not have been
27 dispensed.

28 ///

1 44. When the product was used to dispense Dr. G.W.'s prescription on August 31, 2009,
2 the original lot and expiration sticker which would have shown an expiration of November 11,
3 2009, was ripped off, and the dispensing prescription label gave the product an expiration date of
4 February 27, 2010, 180 days from the date of the dispensed prescription. Accordingly, expired
5 drugs were being dispensed to unsuspecting consumers.

6 45. The Logged Formula Worksheets that the investigators secured for the following
7 drugs reflected that each of these drugs had already expired before they were used to make
8 another drug:

9 a. Edetate disodium expired in May 2009, but was used to make Acetyl-L-Cysteine 20%
10 on August 10, 2009. The new drug was given an expiration date February 6, 2010.

11 b. Preserved water expired on August 29, 2009, but Respondent Precision Pharmacy
12 pharmacists used it to make Omeprazole 220mg/ml suspension on August 24, 2009. The new
13 drug was given an expiration date of November 22, 2009 by Respondent Precision Pharmacy
14 staff.

15 c. Preserved water expired on August 29, 2009, but Respondent Precision Pharmacy
16 pharmacists used it to make Rifampin 100mg/ml suspension on August 25, 2009. The new drug
17 was given an expiration date of October 24, 2009, by Respondent Precision Pharmacy staff.

18 d. Simple syrup expired on October 30, 2009, but Respondent Precision Pharmacy
19 pharmacists used it to make Chloramphenicol 500mg/ml suspension on August 25, 2009. The
20 new drug was given an expiration date of February 21, 2010, by Respondent Precision Pharmacy
21 staff.

22 e. Simple syrup expired on October 30, 2009, and Fluoxetine had no expiration date, but
23 Respondent Precision Pharmacy pharmacists used both to make Fluoxetine 10mg/ml suspension
24 on August 25, 2009. The new drug was given an expiration date of December 23, 2009, by
25 Respondent Precision Pharmacy staff.

26 f. Valerian root, passion flower, chamomile powder Apple Vet Paste and Kava Kava
27 root powder expired on September 1, 2009, but Respondent Precision Pharmacy pharmacists used
28 these items to make Valpassikavacam sedative 3/2/0.5gm/1gm/15ml on August 17, 2009. The

1 new drug was given an expiration date of February 23, 2010, by Respondent Precision Pharmacy
2 staff.

3 g. Apple vet paste expired on August 26, 2009, but Respondent Precision Pharmacy
4 pharmacists used it to make Griseofulvin 25gm/60ml paste on August 21, 2009. The new drug
5 was given an expiration date of August 26, 2009, or February 17, 2010 (both dates appeared on
6 the sheet).

7 h. Apple vet paste expired on August 26, 2009, and Glycerin expired on January 1,
8 2010, but Respondent Precision Pharmacy pharmacists used both to make Rifampin 200mg/ml
9 paste on August 21, 2009. The new drug was given an expiration date of February 17, 2010.

10 i. Simple syrup expired on October 30, 2009, but Respondent Precision Pharmacy
11 pharmacists used it to make Isoxsuprine 50mg/ml suspension on August 21, 2009. The new drug
12 was given an expiration date of February 17, 2010.

13 j. Famotidine USP expired on September 1, 2009, but Respondent Precision Pharmacy
14 pharmacists used it to make Famotidine 2mg/ml suspension on August 25, 2009. The new drug
15 was given an expiration date of December 23, 2009.

16 k. Simple syrup expired on October 30, 2009, but Respondent Precision Pharmacy
17 pharmacists used it to make Pentoxifylline 4gm/30ml suspension on August 21, 2009. The new
18 drug was given an expiration date of November 11, 2009.

19 l. Distilled water expired on January 1, 2010, but Respondent Precision Pharmacy
20 pharmacists used it to make Zinc sulfate/lead acetate (white lotion) 4.7%/5.7% suspension on
21 August 21, 2009. The new drug was given an expiration date of February 17, 2010.

22 m. Apple vet paste expired on August 26, 2009, but Respondent Precision Pharmacy
23 pharmacists used it to make Omeprazole 2.2gm/10ml on August 24, 2009. The new drug was
24 given an expiration date of November 22, 2009.

25 n. Apple vet paste expired on August 26, 2009, but Respondent Precision Pharmacy
26 pharmacists used it to make Omeprazole 2.2gm/10ml on August 24, 2009 [a1]. The new drug
27 was given an expiration date of November 22, 2009.

28 ///

1 o. Apple vet paste expired on August 26, 2009, but Respondent Precision Pharmacy
2 pharmacists used it to make Omeprazole 2.2gm/10ml on August 24, 2009 [19]. The new drug
3 was given an expiration date of November 22, 2009.

4 p. Apple vet paste expired on August 26, 2009, but Respondent Precision Pharmacy
5 pharmacists used it to make Clarithromycin/Rifampin 100mg/100mg/ml paste on August 24,
6 2009. The new drug was given an expiration date of December 22, 2009.

7 q. Tangerine flavor expired on January 1, 2010 but Respondent Precision Pharmacy
8 pharmacists used it to make Pergolide in oil 2mg/ml on August 24, 2009. The new drug was
9 given an expiration date of February 20, 2010.

10 r. Apple vet paste expired on August 26, 2009, but Respondent Precision Pharmacy
11 pharmacists used it to make Chloramphenicol apple flavor 25gm/80gm paste on August 24, 2009.
12 The new drug was given an expiration date of February 20, 2010.

13 s. Glycerol formal expired on August 29, 2009, but Respondent Precision Pharmacy
14 pharmacists used it to make Altrenogest 225mg/ml injectable on August 21, 2009. The new drug
15 was given an expiration date of February 17, 2010.

16 *Additional Violations Discovered During September 2009 Inspection*

17 46. During the September 2009 inspection, the inspectors interviewed Respondent
18 Waldrip-Helgren who admitted that Respondent Precision Pharmacy does not test drugs for
19 pyrogens and that some of the expiration dates for some of the drugs were inaccurate because
20 Respondent Precision Pharmacy staff had not updated the inventory.

21 47. During the September 2009 inspection, the inspectors also noted that Respondent
22 Precision Pharmacy had failed to include either the lot number or expiration date on the
23 component products, failed to refrigerate drums of large material that were labeled "refrigerate",
24 failed to include lot numbers and expiration dates on all products for future furnishing,
25 maintained drugs with missing manufacturer expiration dates, made, manufactured and/or
26 compounded apple flavored Phenylbutazone powder and maintained drug labels with no route
27 (oral, injection).

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Illegal Shipment of Drugs to North Carolina⁸

48. On or about July 15, 2009, the North Carolina Board of Pharmacy issued a "Cease & Desist Order" to Respondent Precision Pharmacy wherein it indicated that an investigation had specifically determined that Respondent Precision Pharmacy had shipped Pergolide 1mg/ml 100 ml suspension to a veterinarian in North Carolina without holding a valid pharmacy permit in North Carolina. The Order ordered Respondent Precision Pharmacy to immediately cease and desist any further shipping, mailing or dispensing of prescription medications to any person in North Carolina in violation of North Carolina General Statutes section 90-85.3(m), 90-85.21A; 21 North Carolina Administrative Code sections 46.1601 & 1607.

49. In response to a Board inquiry about the North Carolina investigation, Respondent Precision Pharmacy admitted in a letter dated January 20, 2010, that they had shipped drugs to North Carolina. Respondent Precision Pharmacy also produced a list that showed Respondent Precision Pharmacy sales into North Carolina from June 15, 2007, through October 6, 2008.

Illegal Shipment of Drugs to Louisiana⁹

50. On or about September 17, 2009, the Board received a complaint from the Louisiana Board of Pharmacy stating that Respondent Precision Pharmacy had shipped drugs into Louisiana without proper licensing in violation of Louisiana Administrative Code, Title 46:LIII§2301 et seq.

51. In response to a Board inquiry about the Louisiana investigation, Respondent Precision Pharmacy admitted in a letter dated January 20, 2010, that they had shipped drugs to Louisiana. Respondent Precision Pharmacy also produced a list that showed Respondent Precision Pharmacy sent 1583 drug orders to 47 patients in Louisiana.

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⁸ These facts can be found in Investigative Report 2009 41041.

⁹ These facts can be found in Investigative Report 2009 41533.

1 **FIRST CAUSE FOR DISCIPLINE**

2 (Against Respondents Precision Pharmacy and Waldrip-Helgren)

3 (Acting as a Manufacturer Without a License)

4 52. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are subject to
5 disciplinary action under section 4033, subdivision (a)(1) in that Respondent was acting as a
6 manufacturer without a license in that during inspections of Respondent Precision Pharmacy on
7 or about September 1, 2009, and November 10, 2009, Board inspectors noted large amounts of
8 compounded drugs which were sold to veterinarians nationwide who then sold and/or dispensed
9 them to the ultimate consumer. Complainant refers to and incorporates all the allegations
10 contained in paragraphs 32 through 47 above, as though set forth fully.

11 **SECOND CAUSE FOR DISCIPLINE**

12 (Against Respondents Precision Pharmacy and Waldrip-Helgren)

13 (Acting as a Wholesaler Without a License)

14 53. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
15 disciplinary action under section 4043 which provides the definition of "wholesaler." During an
16 inspection of Respondent Precision Pharmacy on September 1, 2009, one of the Board Inspectors
17 determined that the overwhelming majority of Phenylbutazone "prescriptions" (106 prescriptions
18 out of 108) that Respondent Precision Pharmacy filled between August 17, 2009, and September
19 1, 2009, were not "prescriptions" as defined in Business and Professions Code section 4040 in
20 that they were not given individually for the person or persons for whom they were ordered.
21 Respondent Precision Pharmacy actually filled the orders and then sent them to the prescriber,
22 which is the business of a wholesaler. Complainant refers to and incorporates all the allegations
23 contained in paragraphs 32 through 47 above, as though set forth fully.

24 **THIRD CAUSE FOR DISCIPLINE**

25 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

26 (Filling Prescriptions with Missing Prescription Requirements/Components)

27 54. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
28 disciplinary action under section 4040, subdivisions (a)(1)(A) and (a)(1)(B) which requires that

1 prescriptions contain the name or names and addresses of the patient or patients, name and
2 quantity of the drug prescribed and the directions for use, the date of issue, and the name, address
3 and telephone number of the prescriber. Specifically, during an inspection of Respondent
4 Precision Pharmacy on September 1, 2009, Board inspectors secured prescriptions that were
5 missing some of the information required pursuant to section 4040. Complainant refers to and
6 incorporates all the allegations contained in paragraphs 32 through 47 above, as though set forth
7 fully.

8 FOURTH CAUSE FOR DISCIPLINE

9 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

10 (Filling Prescription With Missing Prescription Label Requirements)

11 55. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
12 disciplinary action under section 4076, subdivision (a)(2) and (a)(3) which requires a prescription
13 label to have the directions for use, name of the patient or patients, and strength of drug
14 dispensed. Specifically, during an inspection of Respondent Precision Pharmacy on September 1,
15 2009, Board inspectors secured prescription labels that were missing some of the information
16 required pursuant to section 4076. Complainant refers to and incorporates all the allegations
17 contained in paragraphs 32 through 47 above, as though set forth fully.

18 FIFTH CAUSE FOR DISCIPLINE

19 (Against Respondents, Precision Pharmacy and Patricia Waldrip-Helgren)

20 (Failure to Meet Sterile Injectable Product Label Requirements)

21 56. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
22 disciplinary action under section 1751.2, subdivision (b) of California Code of Regulations,
23 which requires that the name and concentrations of ingredients contained in the sterile injectable
24 product be included on the label. Specifically, during an inspection of Respondent Precision
25 Pharmacy on September 1, 2009, Board inspectors located labels for sterile injectable products
26 that were not in compliance with 1751.2, subdivision (b) of California Code of Regulations.
27 Complainant refers to and incorporates all the allegations contained in paragraphs 32 through 47
28 above, as though set forth fully.

1 SIXTH CAUSE FOR DISCIPLINE

2 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

3 (Failure to Maintain Proper/Accurate Preparation Records)

4 57. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
5 disciplinary action under section 1751.3, subdivision (b)(6) of California Code of Regulations,
6 which requires sterile compounding pharmacies to keep preparation records including the master
7 worksheet, the preparation worksheet, and the records of end product evaluation results.
8 Specifically, during an inspection of Respondent Precision Pharmacy on September 1, 2009,
9 Board inspectors located the Logged Formula Worksheets beyond use dates for a certain drug(s)
10 that did not match the Master Formula record beyond use date of 90 days. Complainant refers to
11 and incorporates all the allegations contained in paragraphs 32 through 47 above, as though set
12 forth fully.

13 SEVENTH CAUSE FOR DISCIPLINE

14 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

15 (Failure to Maintain Proper Expiration Date of Component)

16 58. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
17 disciplinary action under section 1716.2, subdivision (a)(3) of California Code of Regulations,
18 which requires that a pharmacy maintain the expiration date of a finished product and that the
19 date shall not exceed 180 days or the shortest expiration date of any component in the finished
20 product unless a longer date is supported by stability studies. Specifically, during an inspection
21 of Respondent Precision Pharmacy on September 1, 2009, Board inspectors located Logged
22 Formula Worksheets for prepared products which did not use the expiration date of the earliest
23 expiration date of the component in the finished products. Complainant refers to and incorporates
24 all the allegations contained in paragraphs 32 through 47 above, as though set forth fully.

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1 **EIGHTH CAUSE FOR DISCIPLINE**

2 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

3 (Failure to Include Written Justification of Chosen Expiration Dates)

4 59. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
5 disciplinary action under section 1751.7, subdivision (a)(4) of California Code of Regulations,
6 which requires compounders to have written justification of the chosen expiration dates for
7 compounded sterile injectable products. Specifically, Respondent Precision Pharmacy assigned
8 several drugs expiration dates which did not use the expiration date of the earliest component to
9 expire and there is no written justification for the choice in date. Complainant refers to and
10 incorporates all the allegations contained in paragraphs 32 through 47 above, as though set forth
11 fully.

12 **NINTH CAUSE FOR DISCIPLINE**

13 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

14 (Failure to Include/Provide Policies & Procedures for Master Formulas and Worksheets)

15 60. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
16 disciplinary action under section 1751.02, subdivision (c)(3)(I) of California Code of Regulations,
17 which requires sterile injectable compounders to have written policies and procedures for sterile
18 injectable compounders to have written policies and procedures for sterile batch compounding
19 use of master formulas and worksheets. Specifically, during an inspection of Respondent
20 Precision Pharmacy on September 1, 2009, Board inspectors obtained a sample of Master
21 Formulas and Logged Formula Worksheets which had different beyond use dates from the Master
22 Formulas and Logged Formula Worksheets. There were no explanation or policies and
23 procedures on how to use the Master formulas and Logged Formula Worksheets. Complainant
24 refers to and incorporates all the allegations contained in paragraphs 32 through 47 above, as
25 though set forth fully.

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1 **TENTH CAUSE FOR DISCIPLINE**

2 (Against Respondents, Precision Pharmacy and Patricia Waldrip-Helgren)

3 (Failure to Conduct End Product Testing for Sterility on All Batches)

4 61. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
5 disciplinary action under section 4342, subdivision (a) as it relates to Business and Professions
6 Code section 4169, subdivisions (a)(3) and (a)(4) which prohibits a person or entity from
7 purchasing, selling, or trading a dangerous drug which the person knew or reasonably should
8 have known were misbranded, and if a drug was purchased, sold, or traded after the beyond use
9 date on the label. Specifically, during an inspection at Precision Pharmacy on September 1, 2009,
10 a Board inspector observed an order for Sulfadiazine Sodium/Trimeth 437/80, prescription
11 #134900 prepared on May 15, 2009, which was given an expiration date of February 27, 2010;
12 however, further research revealed that the drug had actually expired on October 2, 2008. The
13 flagged lot and expiration date labels were not on the vial, suggesting they were removed before
14 dispensing. In addition, several other drugs were found on the shelves of the pharmacy with no
15 expiration date or lot number. Complainant refers to and incorporates all the allegations
16 contained in paragraphs 32 through 47 above, as though set forth fully.

17 **ELEVENTH CAUSE FOR DISCIPLINE**

18 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

19 (Sale of Misbranded Drugs)

20 62. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
21 disciplinary action under section 1751.7, subdivision (c) of California Code of Regulations, which
22 requires batch produced sterile injectable drugs compounded from one or more non-sterile
23 ingredients to be subject to documented end product testing for sterility and pyrogens and shall be
24 quarantined until the end product testing confirms sterility and acceptable level of pyrogens.
25 Specifically, during an inspection of Respondent Precision Pharmacy on September 1, 2009, a
26 Board inspector noted a large amount of sterile injectable products on the pharmacy shelves and
27 requested proof of pyrogen testing. Respondent Waldrip-Helgren stated that they were not doing
28 pyrogen testing on all items. Later Respondent Waldrip-Helgren admitted that Respondent

1 Precision Pharmacy was not doing pyrogen testing at all prior to September 1, 2009 Board
2 inspection. Complainant refers to and incorporates all the allegations contained in paragraphs 32
3 through 47 above, as though set forth fully.

4 **TWELFTH CAUSE FOR DISCIPLINE**

5 **(Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)**

6 **(Failure to Keep Lot and Expiration Date on Logged Formula Worksheets)**

7 63. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
8 disciplinary action under section 1716.2, subdivision (a)(2) of California Code of Regulations,
9 which requires records, including lot numbers and expiration dates, be kept when compounding in
10 quantities larger than required for immediate dispensing by a prescriber or for future dispensing
11 upon a prescription. Specifically, during an inspection at Respondent Precision Pharmacy on
12 September 1, 2009, Board inspectors located Logged Formula Worksheets for various
13 medications/drugs with missing lot and/or expiration dates. Complainant refers to and
14 incorporates all the allegations contained in paragraphs 32 through 47 above, as though set forth
15 fully.

16 **THIRTEENTH CAUSE FOR DISCIPLINE**

17 **(Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)**

18 **(Knowingly Making a False Document)**

19 64. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
20 disciplinary action under section 4301, subdivision (g) which defines unprofessional conduct as
21 knowingly making or signing any certificate or other document that falsely represents the
22 existence or non-existence of a state of facts. Specifically, during an inspection at Respondent
23 Precision Pharmacy on September 1, 2009, Board inspectors secured Logged Formula
24 Worksheets for various medications/drugs where the expiration date of the finished product did
25 not correspond with the earliest expiring product. Complainant refers to and incorporates all the
26 allegations contained in paragraphs 32 through 47 above, as though set forth fully.

27 ///

28 ///

1 **FOURTEENTH CAUSE FOR DISCIPLINE**

2 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

3 (Keeping Refrigerated Drugs at Room Temperature)

4 65. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are subject to
5 disciplinary action under section 4169, subdivision (a)(2) which states no person or entity shall
6 purchase, sell or transfer drugs the person knew or reasonably should have known were
7 adulterated. Specifically, during an inspection at Respondent Precision Pharmacy on September
8 1, 2009, Board inspectors noted that there was one (1) drum of griseofulvin and two (2) drums of
9 omeprazole which stated "REFRIGERATE" but which were kept at room temperature in the
10 pharmacy. Complainant refers to and incorporates all the allegations contained in paragraphs 32
11 through 47 above, as though set forth fully.

12 **FIFTEENTH CAUSE FOR DISCIPLINE**

13 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

14 (Violation of Food, Drug, and Cosmetic Act and FDA Cease and Desist Order)

15 66. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are not in
16 compliance with an FDA Cease and Desist letter issued for production of apple flavored
17 phenylbutazone powder. Specifically, during an inspection at Respondent Precision Pharmacy on
18 September 1, 2009, Board inspectors observed Respondent Precision Pharmacy staff
19 compounding apple flavored phenylbutazone powder. Complainant refers to and incorporates all
20 the allegations contained in paragraphs 32 through 47 above, as though set forth fully.

21 **SIXTEENTH CAUSE FOR DISCIPLINE**

22 (Against Respondents Precision Pharmacy and Patricia Waldrip-Helgren)

23 (Maintaining Drugs and Other Items for Manufacture Without Expiration Date)

24 67. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are subject to
25 disciplinary action under section 1718.1 of the California Code of Regulations which states that
26 all prescription drugs not bearing a manufacturer's expiration date are deemed to have expired
27 and may not be manufactured, distributed, held for sale, or dispensed. Section 211.137 of title 21
28 of the Code of Federal Regulations states that all drug products must have an expiration date.

1 Specifically, during an inspection at Respondent Precision Pharmacy on September 1, 2009,
2 Board inspectors observed that the following medications were found inside of Respondent
3 Precision Pharmacy without an expiration date: Phenylbutazone apple flavored paste syringes,
4 Ranitidine 1500mg/scoop-100 scoop jar, Rifampin 300mg/scoop-100 scoop jar, Triple Antibiotic
5 ointment 454 gram jar, Isoxsuprine 600mg/scoop-100 scoop jar, Doxycycline 1gm/scoop-100
6 scoop jar, Acetylcysteine (N) 2gm/scoop-100 scoop jar, Potassium Bromide 500mg capsule-
7 bottle of 100 capsules. Complainant refers to and incorporates all the allegations contained in
8 paragraphs 32 through 47 above, as though set forth fully.

9 **SEVENTEENTH CAUSE FOR DISCIPLINE**

10 **(Against Respondents, Precision Pharmacy and Patricia Waldrip-Helgren)**

11 **(Placing False or Misleading Labels on Prescription)**

12 68. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are subject to
13 disciplinary action under section 4078, subdivision (a)(1) which states that no person shall place a
14 false or misleading label on a prescription. Specifically, during an inspection at Respondent
15 Precision Pharmacy on September 1, 2009, a Board inspector located a label for apple flavored
16 bute powder with no route of administration. It did not give directions on whether it was to be
17 mixed in with food or water or taken "as is." The label stated "1gm/scoop, 100gm jar."
18 However, the "scoop size" was not defined, and if the scoop were to be misplaced, the patient
19 may potentially get a different dose of the drug. Complainant refers to and incorporates all the
20 allegations contained in paragraphs 32 through 47 above, as though set forth fully.

21 **EIGHTEENTH CAUSE FOR DISCIPLINE**

22 **(Against Respondents, Precision Pharmacy and Patricia Waldrip-Helgren)**

23 **(Failure to Maintain Proper Pharmacist-Technician Ratio)**

24 69. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are subject to
25 disciplinary action under section 4115, subdivision (f)(1) as it relates to California Code of
26 Regulations section 1793.7, subdivision (b), which states that the ratio of pharmacist to
27 technicians shall not be greater than 1:1 in a retail pharmacy. Specifically, during the inspection
28 at Respondent Precision Pharmacy on September 1, 2009, there was one (1) pharmacist with one

1 (1) intern, five (5) technicians, and two (2) clerks. Another pharmacist came in an hour after the
2 inspector had been at the pharmacy. In addition, during the inspection at Respondent Precision
3 Pharmacy on November 10, 2009, there were two (2) pharmacists with one (1) intern, seven (7)
4 technicians, and one (1) clerk. The inspector found more technicians than allowed for by the
5 ratio, and not all could be supervised by the pharmacist due to the layout of the pharmacy.
6 Complainant refers to and incorporates all the allegations contained in paragraphs 32 through 47
7 above, as though set forth fully.

8 **NINETEENTH CAUSE FOR DISCIPLINE**

9 (Against Respondents, Precision Pharmacy and Patricia Waldrip-Helgren)

10 (Orally Transmitted Prescriptions Taken by Pharmacy Technicians)

11 70. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are subject to
12 disciplinary action under section 1717, subdivision (c) which states an oral prescription may only
13 be taken and transcribed by a pharmacist. Specifically, during inspections at Respondent
14 Precision Pharmacy on September 1, 2009, and November 10, 2009, a Board inspector was told
15 by the technicians that they took the prescription orders and wrote them on the blanks, and that
16 the pharmacists rarely wrote the prescriptions. Complainant refers to and incorporates all the
17 allegations contained in paragraphs 32 through 47 above, as though set forth fully.

18 **TWENTIETH CAUSE FOR DISCIPLINE**

19 (Against Respondents, Precision Pharmacy and Patricia Waldrip-Helgren)

20 (Dispensing Controlled Substance Prescriptions Written by Prescribers for Themselves)

21 71. Respondent Precision Pharmacy and Respondent Waldrip-Helgren are subject to
22 disciplinary action under section 11170 of the Health and Safety Code which states that a
23 prescriber may not prescribe a controlled substance for himself. Specifically, Respondent
24 Precision Pharmacy provided a printout showing that it dispensed 14 controlled substance
25 prescriptions which had been self-prescribed. Complainant refers to and incorporates all the
26 allegations contained in paragraphs 32 through 47 above, as though set forth fully.

27 ///

28 ///

1 **TWENTY-FIRST CAUSE FOR DISCIPLINE**

2 (Against Respondents Precision Pharmacy and PIC Patricia Waldrip-Helgren)

3 (Failure to Comply with Other States' Laws When Transferring Drugs to Other States)

4 72. Respondents Precision Pharmacy and Respondent Waldrip-Helgren are subject to
5 disciplinary action under section 4059.5, in that Respondent Precision Pharmacy transferred
6 medications to other states in violation of the other states' laws. The circumstances are as
7 follows:

8 a. From on or about June 15, 2007, through October 6, 2008, Respondent Precision
9 Pharmacy sent medications to North Carolina without a license in North Carolina, in violation of
10 North Carolina General Statutes sections 90-85.3(m) and 90-85.21A, and 21 North Carolina
11 Administrative Code sections 46.1601 and 1607. Complainant also refers to and incorporates all
12 the allegations contained in paragraphs 48 and 49, above, as though set forth fully.

13 b. On dates unknown prior to on or about September 14, 2009, Respondent Precision
14 Pharmacy sent approximately 1,583 prescriptions to Louisiana without a license in Louisiana, in
15 violation of title 46 of the Louisiana Administrative Code, section LIII 2301 et cetera.
16 Complainant also refers to and incorporates all the allegations contained in paragraphs 50 and 51,
17 above, as though set forth fully.

18 **DISCIPLINE CONSIDERATIONS**

19 73. To determine the degree of discipline, if any, to be imposed on Respondent Precision
20 Pharmacy, Complainant alleges that on or about July 28, 2009, in a prior action, the Board issued
21 Citation Number C1 2007 36942 and ordered Respondent to pay a total of \$3,000.00 in fines.
22 The fines were imposed for violation of Code section 4059.5(2) (i.e., subdivision (f)(2)), which
23 requires that only the PIC or the pharmacist designated by the PIC have access to the pharmacy's
24 dangerous drugs' secure storage facility; and for violation of section 1714, subdivision (b) of title
25 16 of the California Code of Regulations, which requires that pharmacies maintain their
26 dangerous drugs in a safe and secure manner. That Citation is now final and is incorporated by
27 reference as if fully set forth.

28 ///

1 PRAYER

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

4 1. Revoking or suspending Original Permit Number PHY 47310, issued to Precision
5 Pharmacy LLC dba Precision Pharmacy;

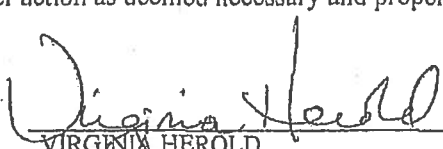
6 2. Revoking or suspending Sterile Compounding License Number LSC 99351, issued to
7 Precision Pharmacy LLC dba Precision Pharmacy;

8 3. Revoking or suspending Original Pharmacist License Number RPH 42842, issued to
9 Patricia A. Waldrip-Helgren;

10 4. Ordering Precision Pharmacy to pay the Board of Pharmacy the reasonable costs of
11 the investigation and enforcement of this case, pursuant to Code section 125.3; and

12 5. Taking such other and further action as deemed necessary and proper.

13
14 DATED: 3/30/13


VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

15
16
17
18 LA2010503307
51193505.docx

October 28, 2014

To Whom to May Concern;

Precision Pharmacy previously notified the Nevada Board of Pharmacy of the action taken against our resident state license in February, 2014. The May 2013 California Board of Pharmacy notice against Precision, alleged violations relating to a September, 2009 inspection of the pharmacy. Precision actively and vigorously challenged the accusations. In the interest of a prompt and speedy resolution of the matter, Precision has agreed to and signed a Stipulated Settlement and Disciplinary Order. This Settlement was finalized in February, 2014 by the California Board and is attached hereto.

Precision has also received correspondence from other various Boards of Pharmacy (referenced below) imposing probationary terms and/or citations/fines upon Precision for the same set of facts as alleged by the California Board of Pharmacy. Precision advised the Board of these Orders at the time of their finalization.

It is worth noting, that Precision passed the Board's follow-up inspection two months after the 2009 inspection, as well as every inspection in the five intervening years. No subsequent inspection has noted any violations. Precision's license has always been renewed, and it was recently renewed once again by the California Board of Pharmacy.

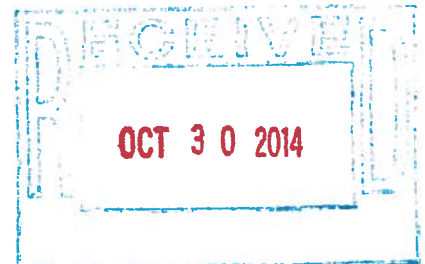
Finalized and pending documents from each state are attached and referenced below.

Finalized Settlements/Orders

<u>State</u>	<u>Date</u>	<u>Case No.</u>
California	2-11-2014	3769
Louisiana	2-12-2014	14-0030
Utah	3-11-2014	69520
Oregon	5-6-2014	2014-0076
Colorado	5-8-2014	2014-1064
Iowa	8-26-2014	2014-39
Michigan	10-8-2014	53-14-132129

Pending Settlements/Orders

<u>State</u>	<u>Date</u>	<u>Case No.</u>
Florida	6-6-2014	2014-02868





October 28, 2014

Texas	8-28-2014	F-14-021
Alabama	10-1-2014	N/A
Nevada	10-23-2014	14-071-PH-O

We remain happy to provide further information if requested.

Thank you,


Rachel Taggs
Compliance Officer

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S. Paul Edwards, Esq.
Bar No.: 10033
431 W. Plumb Lane
Reno, NV 89509
775.850.1440 – Telephone
775.850.1444 – Facsimile
pedwards@pharmacy.nv.gov

Attorney for Nevada State Board of Pharmacy

REC'D & FILED
2014 SEP 10 PM 3:39
ALAN CLOYLA
BY V. Alegria CLERK
DEPUTY

IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR

CARSON CITY

MARYANNE PHILLIPS,

Petitioner,

vs.

NEVADA STATE BOARD OF PHARMACY,

Respondent.

Case No.: 14 OC 00064 1B
Dept. No.: I

NOTICE OF ENTRY OF ORDER


PLEASE TAKE NOTICE that on September 5, 2014, the Court entered **Order Re: Application for Leave to Present Additional Evidence in the Record** in the above captioned matter. A true and correct copy of the Order is attached hereto as Exhibit 1.

AFFIRMATION

Pursuant to NRS 239B.030

The Undersigned does hereby affirm that the preceding document does not contain the social security number of any person.

Dated this 9th day of September, 2014.


S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the Nevada State Board of Pharmacy, and that on the 9th day of September, 2014, I did cause a true copy of the attached **NOTICE OF ENTRY OF ORDER** to be served via U.S. Mail and electronic mail to the following parties:

MICHAEL V. CRISTALLI
JUSTIN J. BUSTOS
100 W. Liberty Street, Suite 940
Reno, Nevada 89501
mcristalli@gordonsilver.com
jbustos@gordonsilver.com

Attorneys for Petitioner MarryAnne Phillips, M.D.


Shirley Hunting

EXHIBIT INDEX

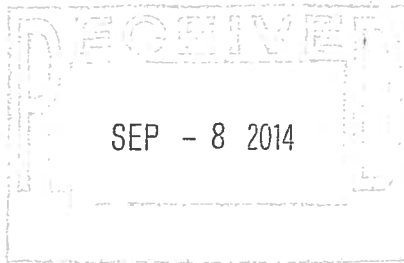
Exhibit	Description	Pages
1	Order Re: Application for Leave to Present Additional Evidence in the Record	3

Exhibit 1

Exhibit 1

1 Case No.: 14 OC 00064 1B

2 Dept. No.: 1



REC'D & FILED

2014 SEP -5 AM 10:07

ALAN GLOVER
BY  CLERK
DEPUTY

3
4
5
6 IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR CARSON CITY

8
9 MARYANNE PHILLIPS,

10 Petitioner,

11 vs.

12 NEVADA STATE BOARD OF PHARMACY,

13 Respondent.
14

ORDER RE: APPLICATION FOR LEAVE
TO PRESENT ADDITIONAL EVIDENCE
IN THE RECORD

15 THIS MATTER is before this Court on an Application for Leave to Present Additional
16 Evidence, or Alternatively, to Substitute Evidence in the Record With Identical Certified Copies,
17 filed by the Nevada State Board of Pharmacy ("Board") on July 21, 2014. An Opposition was
18 filed on August 21, 2014 by the Petitioner. A Reply and Request for Submission were filed by
19 the Board on August 29, 2014.


20 NRS 233B.131(2) provides that if an application is made to the court for leave to present
21 additional evidence, and it is shown to the satisfaction of the court that the additional evidence is
22 material and that there were good reasons for failure to present it in the proceedings before the
23 agency, the court may order that the additional evidence and any rebuttal evidence be taken
24 before the agency upon such conditions as the court determines.

25 Here, the dispute centers upon the issue of the authentication of presented exhibits due to
26 their not being certified copies of official orders from the Medical Board of California. The
27 Board seeks to substitute or add the three sets of certified copies of the California Board's orders
28 to the record.

It appears to this Court that there was good cause as to why the certified copies of the orders were not presented to the Board, but in the interest of caution and to eliminate any issue in respect to the authenticity of the exhibits considered by the Board in reaching its decision and to allow those orders to be properly reviewed and considered,

IT IS HEREBY ORDERED pursuant to NRS 233B.131(2) that this matter is remanded back to the Board for the purpose of allowing the Board to consider the certified copies of the California Board's orders, to review any additional evidence in respect thereto, modify its findings and decision based thereon, and file new findings or decision with this Court.

Dated this 5th day of September, 2014.


JAMES T. RUSSELL
DISTRICT JUDGE

CERTIFICATE OF MAILING

I hereby certify that on the 5th day of September, 2014, I served a copy of the foregoing
by placing the foregoing in the United States Mail, postage prepaid, addressed as follows:

Michael V. Cristalli, Esq.
Justin J. Buston, Esq.
100 W. Liberty Street, Suite 940
Reno, NV 89501

S. Paul Edwards, Esq.
431 W. Plumb Lane
Reno, NV 89509



Angela Jeffries
Judicial Assistant, Dept. 1

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: Richard Middle: Alan Last: Singer Degree: MD

Practice Name (if any): PBS

Nevada Address: 7326 W. CHEYANNE AVE. Suite #: _____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: NV Zip Code: 89129

PO Box: _____

E-mail address: _____

Date of Birth: _____ Work Telephone: 702-386-4704 Fax: 702 420-3660

Practitioner License Number: 2612 Specialty: General Practice

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:					
Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court

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

I understand that Nevada law requires a licensed physician 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.

Richard A Singer MD
Original Signature, no copies or stamps accepted.

10/07/2014
Date

Board Use Only: : Date Processed: 10/14/14 Amount: \$80.00

75081



NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

Licensee Details

Person Information

Name: Richard Alan SINGER
 Address: 2809 Linkview Drive
 Las Vegas NV 89134
 Phone: 7025232700

License Information

License Type: Medical Doctor
 License Number: 2612 Status: Active-Restricted
 Issue Date: 6/7/1972 Expiration Date: 6/30/2015

Scope of Practice

Scope of Practice: Anesthesiology

Education & Training

School: New Jersey Medical School / Newark, NJ
 Medical
 Degree\Certificate: Doctor
 Degree
 Date Enrolled:
 Date Graduated: 6/5/1965
 Scope of Practice:

School: Beth Israel Medical Center / New York, NY
 Degree\Certificate: Internship
 Date Enrolled: 7/1/1965
 Date Graduated: 6/30/1966
 Scope of Practice: Rotating

School: Beth Israel Medical Center / New York, NY
 Degree\Certificate: Residency
 Date Enrolled: 7/1/1966
 Date Graduated: 6/30/1967
 Scope of Practice: Obstetrics/Gynecology

School: St. Joseph's Hospital / Phoenix, AZ
 Degree\Certificate: Residency
 Date Enrolled: 7/1/1967
 Date Graduated: 12/31/1968
 Scope of Practice: Obstetrics/Gynecology

School: Maricopa County Hospital / Phoenix, AZ
 Degree\Certificate: Fellowship
 Date Enrolled: 1/1/1969
 Date Graduated: 12/31/1970
 Scope of Practice: Anesthesiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

RESTRICTIONS ON LICENSE # 2612 ORDER REINSTATING LICENSE TO PRACTICE MEDICINE WITH RESTRICTION FROM PRACTICING GENERAL ANESTHESIA August 22, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners filed an Order Reinstating License to Practice Medicine with Restriction from Practicing General Anesthesia. Dr. Singer is restricted from practicing general anesthesia, including, but not limited to, conscious sedation and/or deep sedation.
 ***** PROFESSIONAL LIABILITY

CLAIM, SETTLEMENT, OR JUDGMENT OF \$5,000 OR MORE: 1) Date Received by the Board: 1/22/1996 Reported by: Nevada Medical Professional Liability Date of Act/Omission: 8/1992 Details: Alleged negligent administration of Halothane resulting in brain damage. Medical Legal Screening Panel Finding: Reasonable probability of malpractice. Indemnity Paid: \$1,000,000 Total Pages: 1

Board Actions

REINSTATING LICENSE TO PRACTICE MEDICINE WITH RESTRICTION FROM PRACTICING GENERAL ANESTHESIA License # 2612 August 22, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners filed an Order Reinstating License to Practice Medicine with Restriction from Practicing General Anesthesia. Dr. Singer is restricted from practicing general anesthesia, including, but not limited to, conscious sedation and/or deep sedation. bvr/ad. Order: 2 pages

***** ORDER LIFTING TWO RESTRICTIONS OF LICENSE TO PRACTICE MEDICINE AND MODIFYING TERMS OF NEUROPSYCHOLOGY EVALUATION License No. 2612 April 8, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners issued an order lifting two restrictions of license to practice medicine and modifying terms of neuropsychology evaluation. Dr. Singer may supervise physician assistants, advance practice registered nurses and medical assistants. Dr. Singer may perform peripheral nerve blocks, including but not limited to, ankle and nerve block injections. Some terms of the upcoming neuropsychology evaluation were modified. bvr/ad Order Lifting Two Restrictions of License to Practice Medicine and Modifying Terms of Neuropsychology Evaluation:: 2 pages

***** AMENDED ORDER LIFTING SUMMARY SUSPENSION AND IMPOSING CONDITIONS OF LICENSE TO PRACTICE MEDICINE License No. 2612 January 6, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners (Board) issued an amended order whereby it continued the lifting of the previous summary suspension and imposed the following terms and conditions of practice upon Richard Singer, M.D. (Respondent). Respondent is permanently restricted from practicing anesthesiology; Respondent's practice of medicine is confined to the Neuropathy and Pain Centers of Las Vegas; Respondent's practice of medicine shall be monitored by Dr. Odell; Dr. Odell shall monitor Respondent and shall report to the Board through its compliance officer every two (2) weeks, in writing, regarding Respondent's clinical performance; Respondent's practice of medicine is limited to performing history and physical examinations and serving as patient coordinator; Respondent shall not perform any procedures, give injections or write prescriptions for any controlled substance and/or dangerous drug; Respondent may issue orders for equipment such as scooters, stimulators, canes, etc., as required by Medicare and/or Medicaid; Respondent shall not supervise any physician assistants or advance practice registered nurses; and, Respondent may supervise medical assistants. bvr Amended Order Lifting Summary Suspension and Imposing Conditions of License to Practice Medicine: 3 pages

***** ORDER OF SUMMARY SUSPENSION August 31, 2012 The Investigative Committee of the Nevada State Board of Medical Examiners summarily suspended the license of Richard Alan Singer, M.D., to practice medicine in the state of Nevada pursuant to Nevada Revised Statute Section 630.326(1). The Committee believes that due to the recent voluntary surrenders of privileges at two (2) Las Vegas hospitals and Dr. Singer's stated intent to continue the active practice of medicine in Nevada, the health, safety and welfare of the public is at imminent risk of harm and that a summary suspension of Dr. Singer's license to practice is necessary to remove said risk of imminent harm to the health, safety and welfare of the public. bvr Order of Summary Suspension: 2 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>03106</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
---------------------------------------	---	--------------------------------------	--

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input 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: Aeva Specialty Pharmacy
Physical Address: 2870 S. Maryland Pkwy #110, Las Vegas, NV 89109
Mailing Address: 2870 S. Maryland Pkwy #110, Las Vegas, NV 89109
City: Las Vegas State: NV Zip Code: 89109
Telephone: 702.558.2382 Fax: 702.558.5407
Toll Free Number: 1.855.558.2382
E-mail: Admin@aeapharmacy.com Website: www.aeapharmacy.com
Managing Pharmacist: Yoonah Lee License Number: 13043

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday — am — pm
Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Barbara Deinet

Print Name of Authorized Person

10/6/14

Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: —

Corporation Name: Aeva LLC

Mailing Address: 2870 S. Maryland Pkwy #110

City: Las Vegas State: NV Zip: 89109

Telephone: 702.558.2382 Fax: 702.558.5407

Contact Person: Barbara Deinet

For any corporation non publicly traded, disclose the following:

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

a) Barbara Deinet 3722 S. Las Vegas Blvd #1907E
Name Address
Las Vegas, NV, 89158

b) Lucas Cajiao 2708 S. Las Vegas Blvd #504
Name Address
Las Vegas, NV, 89109

c) — —
Name Address

d) — —
Name Address

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

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? .1

4) What date did the corporation actually receive the cash assets? 1/2/2014

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: — %: —

Name: — %: —

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Barbara Deinet
Responsible Person of Acqa LLC.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Barbara Deinet
Original Signature, no stamps or copies

10/16/2014
Date

NEVADA STATE BOARD OF PHARMACY

431 W PLUMB LANE – RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: PH03106
**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: Aeva Specialty pharmacy Store #: _____
Address: 2870 S Maryland PKWY #11089109
City: Las Vegas State: * NV Zip: NV 89109
Telephone: 702-558-2382 Fax: 702-558-5407
New Managing Pharmacist Name: Yoonah Lee
License #: 13043 Date Started: 1/31/2014

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.

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.

		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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		<input type="checkbox"/>	<input checked="" 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 documentation:			
Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
			County Court

Blank

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

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

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

Application must be printed legibly or typed

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

<input 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: AIDS Healthcare Foundation dba AHF Pharmacy

Physical Address: 3201 S. Maryland Parkway, Las Vegas NV 89109

Mailing Address: 19300 S Hamilton Ave Ste 165

City: Bardena State: CA Zip Code: 90248

Telephone: 310 464 8241 EXT 4165 Fax: 888 972-3778

Toll Free Number: _____

E-mail: Pharmacy@aidshhealth.org Website: www.aidshhealth.org

Managing Pharmacist: Philip Chung License Number: 12326

Hours of Operation:

Monday thru Friday 9³⁰ am 5³⁰ pm ^{closed 12:30-1:30 for lunch} Saturday X am X pm
Sunday X am X pm 24 Hours NA

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.

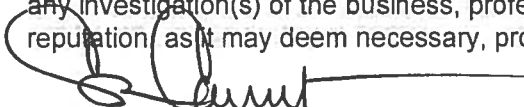
Within the last five (5) years:

- 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.


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

Scott Carruthers, Sr. Manager, Chief of
Print Name of Authorized Person Pharmacy

6/26/14
Date

Operations

Board Use Only

Received:

10/23/14

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: AIDS Healthcare Foundation

Corporation Name: AIDS Healthcare Foundation

Mailing Address: 19300 S Hamilton Ave Ste 165

City: Gardena State: CA Zip: 90248

Telephone: 310 464 8241 EXT 161 Fax: 800 972-3778

Contact Person: LICKY Higuera

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation? NA
501 C 3

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. NA

Name: _____ %: _____

Name: _____ %: _____

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

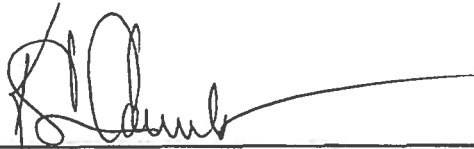
I, Scott Carruthers

Responsible Person of AIDS Healthcare Foundation dba AHF 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 company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature, no stamps or copies

6/26/14
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Phillip Chung

License #: 12326

Pharmacy Name: AIDS Healthcare Foundation dba AHF Pharmacy

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

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.

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

☐ Publicly Traded Corporation □ Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation □ Pages 1,2,4a,4b,7,8a,8b ☒ 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: First Class Rx Pharmacy LLC
Physical Address: 8846 S. Eastern #100
Mailing Address: Same as above
City: Las Vegas State: Nevada Zip Code: 89123
Telephone: 702 534 0325 Fax: 702 534 0330
Toll Free Number: _____
E-mail: firstclassrxpharmacy@gmail.com Website: _____
Managing Pharmacist: Kyung Joup Kim License Number: 18445

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ 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.

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

Sandra Martin

10/28/14

Print Name of Authorized Person

Date

Board Use Only

Received: 11/12/14 Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Sandra Martin
Business Name: First Class RX Pharmacy LLC
Current Business Address: 8046 S. Eastern #100
City: Las Vegas State: Nevada Zip Code: 89123
Telephone: 702 534 0325 Fax: 702 534 0330

List any physician shareholders and percentage of ownership.

Name: Sandra Martin %: 100
Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes ☐ No ☒ License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the ☐ New Applications ☐ tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the ☐ New Applications ☐ tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Sandra Martin
Responsible Person of First Class Rx Pharmacy LLC
hereby acknowledge and understand that in addition to the corporation, 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, 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, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.



Original Signature, no stamps or copies

10/28/14

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Kyung Joop Kim License #: 10445
Pharmacy Name: First Class Rx Pharmacy 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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: ARIZE MEDICAL EQUIPMENT REPAIR

Physical Address: 7630 WESTCLIFF DR. LAS VEGAS. NV. 89145
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3352 CHELTENHAM ST.

City: LAS VEGAS State: NV Zip Code: 89129

Telephone: (702) 778-9771 Fax: (702) 920-8158

E-mail: ARIZEMEDICAL@YAHOO.COM Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12m to 4pm Tue: 10am to 6pm Wed: 10am to 6pm Thu: 10am to 6pm

Fri: 10am to 3pm Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: THOMAS J. WALKER

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

<input 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 checked="" type="checkbox"/> Orthotics and Prosthesis
<input type="checkbox"/> Diabetic Supplies	Other: <u>MEDICAL SUPPLIES</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: THOMAS WALKER Telephone: (702) 256-6379

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:

<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

- 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: <u>N/A</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: <u>N/A</u>
<input type="checkbox"/> Physician's Assistant	Name: <u>N/A</u>
<input type="checkbox"/> Physical Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Occupational Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Registered Nurse	Name: <u>N/A</u>
<input type="checkbox"/> Respiratory Therapist	Name: <u>N/A</u>

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

DIANA WALKER
Print Name of Authorized Person

NOV. 3rd, 2014
Date

Board Use Only

Received:

11/12/14

Amount:

\$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: DIANA WALKER

Business Name: ARIZE MEDICAL EQUIPMENT REPAIR

Current Business Address: 7630 WESTCLIFF DR.

City: LAS VEGAS State: NV Zip: 89145

Telephone: (702) 778-9771 Fax: (702) 920-8158

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date NOV. 3rd, 2014

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 MEDICAL DURABLE EQUIPMENT & SUPPLIES

Nature of MDEG

ARIZE MEDICAL EQUIPMENT REPAIR - 7630 WESTCLIFF DR. LV. NV. 89145

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

WALKER THOMAS JOSEPH
Last Name First Name Middle Name

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

3352 CHELTENHAM ST. LAS VEGAS NV/89129
Present Residence Address-Street or RFD City State/Zip

7630 WESTCUFF DR. LAS VEGAS NV/89145
Present Business Address City State/Zip

MARKETING DIRECTOR MARCH 2012 - PRESENT
Present Position with the MDEG

Phone: Fax: (702) 920-8158

Email address: ARIZEMEDICAL@YAHOO.COM

51 COLUMBUS, OHIO
Date of Birth Place of Birth (City, County, State)

51 MALE
Age Social Security Number Sex

BLUE BROWN 230 6'2"
Color of Eyes Color of Hair Weight Height

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

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

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

FEB 2013 - PRESENT	OZOMOR MEDICAL SUPPLIES, INC. 4481 W. RENO AVE. LV. NV. 89118 MEDICAL ED. COMPANY	3704 Hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
MARKETING CONSULTANT	MARKETING/SALES/EDUCATION	EVANGELINE RAMIREZ
Title	Description of Duties	Name of Supervisor
MAR. 2012 - PRESENT	ARIZO MEDICAL EQUIPMENT REPAIR 7630 WESTCLIFF DR. LV. NV. 89145 MEDICAL EQUIPMENT BUSINESS	2331 HRS.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DIRECTOR OF MARKETING & SALES	MARKETING/SALES/EDUCATION	DIANA WALKER
Title	Description of Duties	Name of Supervisor
OCT. 2009 - FEB 2012	MEDICAL N' MOBILITY 10624 S. EASTERN AVE. HENDERSON NV. 89052 MEDICAL EQUIPMENT BUSINESS	4840 Hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DIRECTOR OF SALES	MARKETING/SALES/EDUCATION	RICK MILLER
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A
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.

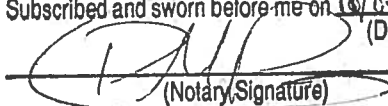
6. SINCE MR. WALKER IS ALSO THE DIRECTOR
OF MARKETING & SALES FOR THE COMPANY,
THERE MAY BE TIMES WHEN MARKETING OR
SALES EVENTS WILL CONFLICT W/HIS ADMINISTRATOR
DUTIES, IN WHICH CASE, DIANA WALKER WILL
COVER OFFICE TIME.

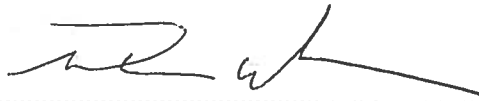


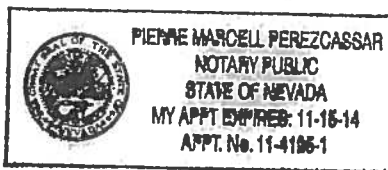
Date of photograph NOV. 4th, 2014

I, THOMAS JOSEPH WALKER, 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.

State of Nevada County of Clerk
Subscribed and sworn before me on 10/04/14
(Date)

(Notary Signature)


Original Signature of Applicant



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date NOV. 3rd, 2014

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MEDICAL DURABLE EQUIPMENT & SUPPLIES
Nature of License
ARIZE MEDICAL EQUIPMENT REPAIR - 7630 WESTCLIFF DR. LAS VEGAS, NV. 89145
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

WALKER DIANA ESTHER
Last Name First Name Middle Name
DIANA ESTHER ALVARADO
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
3352 CHELTENHAM ST. LAS VEGAS NEVADA / 89129
Present Residence Address-Street or RFD City State/Zip
7630 WESTCLIFF DR. LAS VEGAS NEVADA / 89145
Present Business Address City State/Zip
BUSINESS OWNER MARCH 2012 - PRESENT
Occupation Dates

MIRAFLORES, LIMA, PERU
Place of Birth (City, County, State)
36 FEMALE
Age Sex
BROWN BROWN OLIVE 140 MEDIUM 5'7"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial D.W.

MARITAL INFORMATION-Continued

A. Current Marriage

MIRAFLORES, LIMA, PERU

Spouse's full name (Maiden) ^{Date} THOMAS JOSEPH WALKER

Date of Birth.. Place of Birth COLUMBUS, OHIO

Resident address 3352 CHELTENHAM ST. LAS VEGAS NEVADA 89129
Street City State Zip

Telephone: Residence Business (702) 778-9771

Spouse's employer OZOMOR MEDICAL SUPPLIES INC. Occupation MARKETING CONSULTANT

Address of employer 4481 W. RENO AVE. LAS VEGAS NEVADA 89118
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial D.W.

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

in-law or legal guardian. If rel

list last address and occupation.

Name (Maiden) _____

Address _____ Occupation _____

FERNANDO ALVARADOLIMA, PERU ENGINEER

Father

ESTHER A. MEJIALIMA, PERU HOUSEWIFE

Mother

RICHARD L. WALKERDECEASED.

Father-in-Law

ELEANOR D. WALKER5102 REED RD. RETIRED

Mother-in-Law

COLUMBUS, OH. 43220**D. Brothers and Sisters:**

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

Name (Maiden) _____ Birth Date _____ Address _____ Occupation _____

LUIS F. ALVARADOLIMA, PERU. ELECTRO. ENGINEERSpouse N/ASpouse N/ASpouse N/ASpouse N/A**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>SANTA RITA DEL CARMEN</u>	<u>LIMA, PERU</u>	<u>1983-1988</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>CRISTO DE LAS LAGRIMAS</u>	<u>LIMA, PERU</u>	<u>1989-1993</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>LA MOLINA NATIONAL AGRARIAN UNIVERSITY</u>	<u>LIMA, PERU</u>	<u>1995-II-2001-I</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>LA MOLINA NATIONAL AGRARIAN UNIV.</u>	<u>LIMA, PERU</u>	<u>2005-II-2007-I</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Mg. SC. ECONOMICS OF THE NATURAL RESOURCES & THE ENVIRONMENTCollege or university where obtained LA MOLINA NATIONAL AGRARIAN UNIVERSITYApplicant's initial D.W.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial D. W.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Yes ☐ No ☒ (Other than divorces)

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

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

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

AUG 2011 - PRESENT 3352 CHELTENHAM ST. LAS VEGAS. NEVADA

JAN 2011 - JUL 2011 477 WATERWHEEL FALLS DR. HENDERSON. NEVADA

BORN - JAN 2011 879 CAJAMARQUILLA ST. LIMA PERU.

Applicant's initial D.W.

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MARCH 2012 - PRESENT	ARIZE MEDICAL EQUIPMENT REPAIR	N/A
OWNER	AR MANAGER/BILLER/OWNER	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2011 - Feb 2012	JASPER MEDICAL 1135 EUGENIA PL. STE B. CARPINTERIA, CA. 93013	PREGNANCY
MARKETING REP.	MARKETING/SALES/PURCHASING AGENT	BRIAN HIAMOVITZ
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Aug 2009 - Apr 2011	Ministry of Environment of PERU 1440 Javier Prado Ave. San Isidro, Lima, Peru	Had to migrate to USA.
SPECIALIST IN LAND USE PLANNING PROJECTS	Formulation & Evaluation of Proj., in charge of grants/financial aid, in charge of the economic topics of the Division, others.	Donis Rueda
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2008 - Jul 2009	Independent consultant DITERRA CONSULTORES S.A.C.	Found a full time job at the Ministry of Environment.
Independent Consultant	Development of the Economic part of studies performed (budget, cost-benefit etc.)	Norma Quinteros.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jun 2007 - Dec 2007	Bank of the Nation Employees Fund - FEBAN 390 CAMANA ST. LIMA, PERU	I chose not to renew contract.
Logistics office specialist.	Management of pharmaceutical logistics, Purchase & control of inventories	Marco Romero.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov. 2006 - May 2007	Bank of the Nation Employees Fund - FEBAN 390 CAMANA ST. LIMA, PERU.	Promoted to the logistics office
Loan office specialist	Evaluation, approval/denial of credit applications. Personal assistance/Education to customers.	Janet Sihuinchu.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2006 - Oct 2006	INRENA PERU - US DEPT. OF INTERIOR. NATIONAL PARK SERVICE (WPS) 355 DIECISIETE ST. SAN ISIDRO, LIMA, PERU	granted provided for specific project.
Project Executor	Implementation of Project: "Payment for Hydro Survival based in the National Park Yanachaga-Chemillen-Oxapampa."	Roger Loyola
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nov 2005 - Dec 2005	INRENA - National Institute of Natural Resources (now SERNAMP) 355 DIECISIETE ST. SAN ISIDRO, LIMA, PERU.	I had a chance to be part of an environmental Project.
Execution Budget Analyst	Assistant in the execution of budget, changes & budget increases. use of SIAF (software).	Angelica Ramos.

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

Applicant's initial D.W.
Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name RANDI ORZOFF	Home 5024 ROYAL AVE.	LV.	NV.	89103		7 YEARS.
REMAX AFFILIATES REALTY	Business 181 N. ARROYO GRANDE BLVD.	#B190	HENDERSON, NV.	89074		
Name MICHAEL JAMES	Home 1321 BLUE VIEW CT.	NORTH LAS VEGAS.	NV.	89031		12 YEARS.
NELLIS AIR FORCE SPACE.	Business					
Name ROBERT NYLAND	Home 477 WATERWHEEL FALLS DR.	HENDERSON, NV.	89015			6 YEARS
RETIRED (FROM SMITH'S GROCERY STORE)	Business					
Name ELIZABETH SWIATEK	Home 604 BOLLINGER Rd.	BELLVILLE, OH.	44813			32 YEARS
HOUSE WIFE	Business					
Name ROBERT SNYDER	Home 7805 SNOWDEN LANE UNIT 101.	LAS VEGAS.	NV.	89128		6 YEARS
RETIRED.	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial D.W.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

N/A

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

N/A

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

N/A

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

N/A

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

N/A

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A



Date of photograph Nov. 4th, 2014

Applicant's initial D.W.

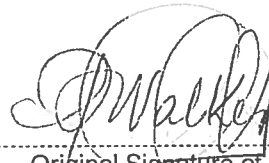
STATE OF Nevada

ss.

COUNTY OF Clark

I, DIANA E. WALKER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

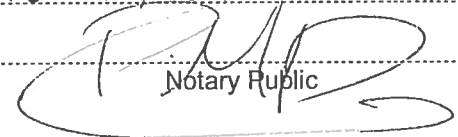
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

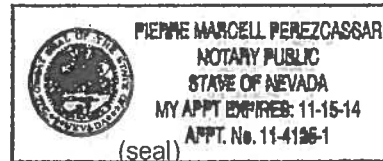


Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

November, 2014


Notary Public



Applicant's initial D.W.

8. EMPLOYMENT. (cont.)

AUG. 2004 - DEC. 2005 LA MOLINA NATIONAL AGRARIAN UNIVERSITY - UNALM (LIMA, PERU)
ASSISTANT TO THE PROJECT DEVELOPER (FORMULATION, EVAL, IMPLM.)

FORMULATION OF ENVIRONMENTAL PROJECTS, EVALUATION OF ENV. PRDT.

Ph.D. LUIS JIMENEZ.

Reason to leave: I GOT AN OPPORTUNITY TO BE PART OF A PROJECT RELATED TO
THE VALUATION OF ENVIRONMENTAL SERVICES SPONSORED BY
THE DEPARTMENT OF INTERIOR OF U.S.

AUG 2003 - JULY 2004 CORPORACION PESQUERA SAN FRANCISCO S.A. (LIMA, PERU)

ASSISTANT TO THE GENERAL MANAGER

CONDUCTING MARKET RESEARCH, EVENTUALLY HELPING THE G.M. IN MAKING BUSINESS
DECISIONS ABOUT PRODUCTION & EXPORT OF FISHERY PRODUCTS, ENSURE CLIENT'S
SATISFACTION W/COMPANY SERVICES, PREPARATION OF STATISTICAL INFORMATION, ETC.

ENG. ROLF KLINGERBERGER

Reason to leave: FOUND A JOB MORE SUITABLE TO MY EXPECTATIONS.

MAY 2003 - JULY 2003 AUSTRAL GROUP - (PAITA, PERU.)

PRACTITIONER IN THE COST & BUDGET OFFICE.

IN CHARGE OF PERFORMANCE CHARTS FOR ALL STAGES OF CANNED FISH PRODUCTION,
GETTING PRELIMINARY BUDGET FOR LINES TO BE PRODUCED & REAL COST OF PRODUCTION

ENG. MANUEL ROJAS Reason to leave: FOUND A JOB IN MY HOMETOWN (LIMA).

SEPT 2001 - APR 2003 GENERAL WORKS S.A.C. (LIMA, PERU)

ASSISTANT TO THE GENERAL MANAGEMENT OFFICE.

SCHEDULE EXECUTIVE MEETINGS, ATTEND PHONE CALLS/RESPOND EMAILS, UPDATE EXECUTIVE
AGENDA, RANDOMLY NEEDED TO TAKE STAFF MEETINGS ON BEHALF OF MANAGER.

RAMIRO ALIAGA

Reason to leave: THE COMPANY CLOSED DOWN.

JAN 18th, 1996 (18 years old) - AUG 2001 → I WAS ATTENDING COLLEGE/
STUDYING.

Applicant's initial D.W.

Blank

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 <u>NA</u>)			

<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: Bluebird Medical Supply Inc.

Physical Address: 1400 S. Decatur Blvd, Las Vegas NV 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1400 S. Decatur Blvd

City: Las Vegas State: NV Zip Code: 89102

Telephone: (702) 998-1437 Fax: (702) 998-0249

E-mail: bluebirdmedical1400@gmail.com Website: on process

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 AM to 5:00 PM Tue: 9:00 AM to 5:00 PM Wed: 9:00 AM to 5:00 PM Thu: 9:00 AM to 5:00 PM
Fri: 9:00 AM to Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: KARINE GHADYAN

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis <u>over the shelf</u> |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Incontinence supplies</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: Karine Ghadyan Telephone: (702) 465-4609

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:

<u>Medicaid</u>	<u>still on process (BOP application sent)</u>	
<u>Medicare</u>	<u>None</u>	

- 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: <u>NA</u> |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

NA

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

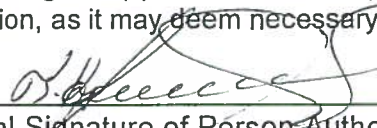
Within the last five (5) years:

- 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

KARINE GHADYAN
Print Name of Authorized Person

11-3-14
Date

Board Use Only

Received: 11/12/14

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: NA
Corporation Name: Bluebird Medical Supply Inc
Mailing Address: 1400 S. Decatur Blvd
City: Las Vegas State: NV Zip: 89102
Telephone: (702) 998-1437 Fax: (702) 998-0249
Contact Person: Karine Ghadyan

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>Karine Ghadyan</u>	<u>3066 Harbor Heights Dr. Las Vegas</u>
	Name	Address
		<u>NV 89117</u>
b)	<u>NA</u>	
	Name	Address
c)	<u>NA</u>	
	Name	Address
d)	<u>NA</u>	
	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. 75 000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 10-6-2014
- 5) Provide a copy of the corporation's stock register evidencing the above information
- Pls see attached copy.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date

11-3-2014

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 Medical Equipment + Supply

Nature of MDEG

Bluebird Medical Supply Inc, 1400 S. Decatur Blvd, Las Vegas

Name and Address of Business for Which MDEG Administrator Is Requested

NA

NV 89101

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

GHAOYAN KARINE NA
Last Name First Name Middle Name

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

3066 Harbor Heights Drive Las Vegas NV 89117
Present Residence Address-Street or RFD City State/Zip

Dates
Present Business Address 1400 S. Decatur City Las Vegas State/Zip NV 89102

Dates
Present Position with the MDEG

Phone: (702) 998-1437 Fax: (702) 998-0249

Email address: bluebird medical supply 1400@gmail.com

Date of Birth Place of Birth (City, County, State)

40 years old
Age

Social Security Number Sex

Brown Black 140 lbs 5'3"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If alien, registration No NA

If naturalized, certificate No Date 5/11/12

Place Las Vegas NV (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.

3/1/14 - 10/1/14	Pure Medical Equipment 3750 S. Jones Las Vegas NV	1600
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient Intake Coordinator	Responsible for patient orders, supplies, insurance verification	Pat Magallon
Title	Description of Duties	Name of Supervisor

12/2012 - present	Bridal Elegance 3935 W. Reno Las Vegas NV 89118	Full time
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Owner	Responsible for all phases of the operation	Myself
Title	Description of Duties	Name of Supervisor

2006 - 11/2012	Bridal Elegance 3935 W. Reno Las Vegas NV 89118	Full time
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Manager	Responsible in the store inventory & customer orders	Colby Irish
Title	Description of Duties	Name of Supervisor

NA

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

NA

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

NA

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: NA
b)

Date: _____

Case Number: _____

c) Criminal Action: State: NA

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.

NA

ATTACH PH

TAKEN W

30 DAYS

Date of photograph

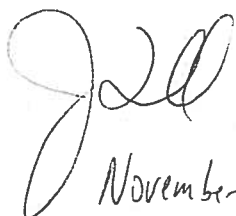


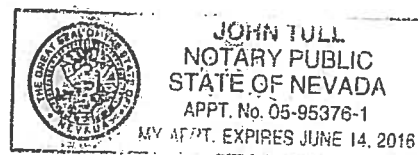
11/3/14

I, Karine Gadyan, 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


November 6, 2014



**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

Date 11-3-14

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
Bluebird Medical Supply Inc. 1400 S. Decatur Blvd Las Vegas
Name and Address of Business for Which Designated Representative Is Requested NU 89102
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Ghadyan First Name Karine Middle Name None
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
NA

Present Residence Address-Street or RFD 3066 Harbor Heights City Las Vegas State/Zip NU 89117
Present Business Address 1400 S. Decatur Blvd City Las Vegas State/Zip NU 89102
Present Position with the Pharmacy or Wholesaler

Date of Birth Armenia, Gyumri Place of Birth (City, County, State)

Age 40 yrs old Sex F
Color of Eyes Brown Color of Hair Black Complexion 140 lbs Build 5'3"
Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, cert Date 5/11/12

Place Las Vegas Nevada (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial KG

MARITAL INFORMATION-Continued

A. Current Marriage.

Spouse's full name (Maiden) Fredrik Abulyan Date Los Vegas NV 8911
 City, County and State
 Place of Birth Iran
 Resident address 3066 Harbor Heights dr Las Vegas NV 89117
 Street City State Zip
 Telephone: Reside _____ ness _____
 Spouse's employer West Proline Occupation Truck Driver
 Address of employer P.O. BOX 12238 La Crescenta CA 91224
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NA				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
NA					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial KG

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Zalibek Ghadyan

Armenia Gyumri

Mother

Ovsanna Gndlyan

Armenia Gyumri

Father-in-Law

Arponik Khizakhanyan

1132 Rosedale Av #8 Gndol GA 91201

Mother-in-Law

Sultan Abulyan

1132 Rosedale Av #8 Gndol CH 91201

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Narine Ghadyan

Russia

Spouse

Andranik Movsesyan

Russia

Armen Ghadyan

Russia

Spouse

NA

Spouse

NA

Spouse

NA

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>#24</u>	<u>Armenia</u>	<u>1981-1990</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>#24</u>	<u>Armenia</u>	<u>1990-1992</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Progresiv</u>	<u>Armenia</u>	<u>1992-1996</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Lawyer

College or university where obtained _____

Applicant's initial K.G.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch NA Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County NA State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NA</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>Fredrik Abalgan</u>	<u>Spouse</u>	<u>credit card</u>	<u>Texas</u>	<u>9/11/2008</u>
<u>NA</u>				
<u>NA</u>				

Applicant's initial KG

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

NA

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

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

NA

7. RESIDENCES:

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

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

2009 - to present 3066 Harbor Heights dr Las Vegas NV 89117

2006 - 2009 613 Belsay Crestle of Las Vegas NV 89117

1998 - 2006 5525 W. Flamingo rd. Las Vegas NV 89118

1988 - 1998 10 street Bld. 10 D17 Gyumri Armenia.

Applicant's initial K.G.

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

9/1/14 - 10/1/14	Pure Medical Equipment 3750 S. Jones Blvd #190 Las Vegas NV 89103	1600 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Patient Intake Coordinator	Responsible for patient orders, supplies, insurance verification	Pat Magallan
Title	Description of Duties	Name of Supervisor
12/20/12 - present	Bridal Elegance 3935 W. Reno, Las Vegas NV 89118	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Owner	Responsible for all phases of operation	Myself - full time
Title	Description of Duties	Name of Supervisor
2006 - 11/20/12	Bridal Elegance 3935 W. Reno Las Vegas NV 89118	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	Responsible for store inventory & customer orders	Cathy Irish full time
Title	Description of Duties	Name of Supervisor
NA		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
NA		
Title	Description of Duties	Name of Supervisor
NA		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
NA		
Title	Description of Duties	Name of Supervisor
NA		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
NA		
Title	Description of Duties	Name of Supervisor
NA		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
NA		
Title	Description of Duties	Name of Supervisor
NA		

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

Applicant's initial K.G.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip
Name	Ana James	Home	Las Vegas	NV
Employer	Retired	Business		
Name	Naira Baghsaryan	Home	Las Vegas	NV
Employer	Ultra Sound Technician	Business		
Name	Lianna Mazmanyan	Home	Las Vegas	NV
Employer		Business		
Name	Tigran Unfalyan	Home	Las Vegas	NV
Employer	Ultra Sound Technician	Business		
Name	Ruben Grigoryan	Home	Las Vegas	NV
Employer	Retired	Business		

Years Known
10 year
17 year
5 year
17 year
12 year

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

NA

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

NA

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason: NA

Applicant's initial K. G.

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

ATTACH PHOTOGRAPH



Date of photograph 11/3/14

Applicant's initial KG

STATE OF _____

ss.

COUNTY OF _____

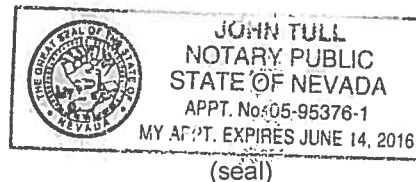
I, Karine Ghadyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of November 2014

[Signature]
John Tull
Notary Public



Applicant's initial KG

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: Harris Industrial Gases, dba Harris Welding Supply

Physical Address: 236 East Sydney Drive, McCarran, NV 89434
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8475 Auburn Blvd.,

City: Citrus Heights State: CA Zip Code: 95610

Telephone: (916) 725-2168 Fax: (916) 725-2117

E-mail: khamis@harrisgas.com Website: www.harrisgas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Mark Stavig

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: <u>Medical Cylinder Regulators</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: Mark Stavig Telephone: store (775) 343-1260

Harris Welding Supply

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:

none
n/a

_____	_____	_____
_____	_____	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? * Yes ☒ No ☐

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

<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.

*This is our business (in California.)

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.

Kathleen Harris

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

KATHLEEN HARRIS

Print Name of Authorized Person

11/4/2014

Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☑ Date 10.20.14

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 Medical Gas Wholesaler/Re-seller

Nature of MDEG

Harris Industrial Gases, 236 East Sydney Drive, Sparks, NV 89434

Name and Address of Business for Which MDEG Administrator Is Requested

Harris Welding Supply

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Starig Last Name Mark First Name Steven Middle Name

None Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

17001 George Way, Grass Valley, Ca Present Residence Address-Street or RFD City State/Zip moving 11.7.14 to "Lakeview West" 6155 Plumas St. Reno 89519

236 East Sydney Dr. Present Business Address Dates 10.16.14 Sparks NV 89434 City State/Zip

Branch Manager Present Position with the MDEG Dates 10.16.14

Phone: (771) 343-1260 Fax: (771) 343-1268

Email address: mstarig@harrisgas.com

Richmond, Contra Costa Co., CA Date of Birth 51 Place of Birth (City, County, State)

Grn Age Brn/Gry Sex M Color of Eyes Color of Hair

162 Weight 6'0" Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
6.6.1994	Harris Industrial Gases	41,900

Title	Description of Duties	Name of Supervisor
Branch Mgr.	• Run entire Facility in Nevada. • Specialized Training through GAWDA (Gases And Welding Supplies Assoc.)	Kathleen Harris

Possesses 30 years of Technical, Hands-on experience in the Compressed/cylinder gases field, including medical regulators and gauges, Flowmeters, O-rings, and associated fill devices and Apparatus.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:
b)

State: _____

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written

.....
.....
.....
.....
.....



Date of photograph 10.20.14

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

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


Original Signature of Applicant

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA 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: HEALTH FIRST TECHNOLOGIES

Physical Address: 777 E. WILLIAMS STREET #210
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: CARSON CITY State: NV Zip Code: 89701

Telephone: 775-246-1444 Fax: 775-546-6156

E-mail: MR@RENEWAL MEDICAL.COM Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: GARY MICHAEL WHITE

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: OME

**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: _____

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:

<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

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.

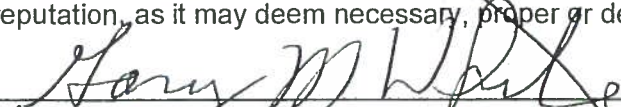
Within the last five (5) years:

- 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

Gary M White

Print Name of Authorized Person

11-4-14
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Gary Michael White
Business Name: Health First Technologies
Current Business Address: 777 E. Williams St Suite 210
City: Carson City State: NV Zip: 89701
Telephone: 775-246-1444 Fax: 775-546-6156

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11 - 2014

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
Health First Technologies
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name White First Name GARY Middle Name MICHAEL
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 1899 MAYWELL City CARSON CITY NV State/Zip 89706 Dates 2011 CURRENT
 Present Business Address 777 E. WILLIAMS ST. #210 City CARSON CITY NV State/Zip 89701 Dates 4/2012 CURRENT
 Occupation OWNER

WASHINGTON

Place of Birth (City, County, State)

Age 65 Social Security Number 175 Sex M
BROWN BLK W Average 5 10
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Ø

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial GMV

MARITAL INFORMATION-Continued

A. **Current Marriage** DIA

Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Leslie White	1999	8/83	Divorce	Washoe Cty. NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
DIA					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
DOVE			

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

[Signature]

FAMILY INFORMATION-Continued

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

Name

N/A

Address

Contact person

C. Parents:

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

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

Name (Maiden)

Birth Date

Address

Occupation

Father

N/A

Mother

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)

Birth Date

Address

Occupation

Virginia Grober

UNKNOWN

Accounting

Spouse

Joyce Matofski

UNKNOWN

Retired

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Northhill Elem	Bellevue WA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Mt Rainier High	" "		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	SAN JACINTO UNIV	HOUSTON, TX		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University	GREEN RIVER	AUBURN, WA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	PACIFIC	TACOMA, WA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

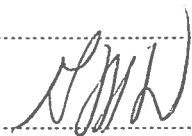
Type of degree obtained, if any

Ø

College or university where obtained

Ø

Applicant's initial



5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☒ No ☐

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒

If yes, when? city, county and state

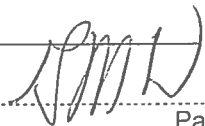
G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒

If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
McNEAR Cook	3-14	UNK	LV, NV	Settled
Yotly	3-14	UNK	SO CAL	Settled
NeuroCare	3-14	UNK	Seattle, Oregon	Settled

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

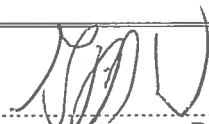
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
FTC	Corp	1995 - Settled

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2011 - Current	1899 Maxwell	Carson City, NV	89706
2004 - 2010	260 Comstock	Dayton, NV	89403
2002 - 2004	Eastlake	Washoe Valley, NV	
1992 - 2002	Glacier Meadows	RENO, NV	

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year 1970	Name/Mailing Address of Employer/Business Seattle Connection	Reason for Leaving left to work for
Title Shipplog	Description of Duties	Name of Supervisor WOK
Month and Year 1971	Name/Mailing Address of Employer/Business Office Furniture	Reason for Leaving BECAME SELF EMPLOYED
Title ADVERTISING	Description of Duties	Name of Supervisor
Month and Year 1972	Name/Mailing Address of Employer/Business SELF - EMPLOYED - Health First Technologies	Reason for Leaving
Title OWNER	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Elsie Colome</u>	Home	<u>5130</u>	<u>PUEBLO</u>	<u>DR</u>		<u>4 yrs</u>
Employer <u>Self Employed</u>	Business	<u>MEDICAL</u>				
Name <u>Joe Pechnack</u>	Home	<u>DAYTON</u>	<u>DR</u>			<u>9 yrs</u>
Employer <u>St of NV</u>	Business					
Name <u>STEGIO Colome</u>	Home	<u>5130</u>	<u>PUEBLO</u>	<u>DR</u>		<u>7 yrs</u>
Employer <u>RETIRED</u>	Business					
Name <u>Steve Francisco</u>	Home	<u>IRVINE</u>	<u>CAL</u>			<u>5 yrs</u>
Employer <u>RETIRED</u>	Business	<u>MEDICAL</u>				
Name <u>Joni Wajpach</u>	Home	<u>CARSON CITY</u>	<u>NV</u>			<u>4 yrs</u>
Employer <u>RETIRED</u>	Business	<u>MEDICAL</u>				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒

If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

<u>Liquor</u>	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

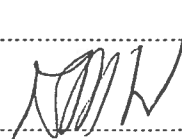
NEVADA 2010

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Seattle Budget Papers Inc
1985

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

Nevada Liquor Board

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 11-4-14

Applicant's initial JWH

STATE OF Nevada SS.

COUNTY OF Carson City

I, GARY M. WHITE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

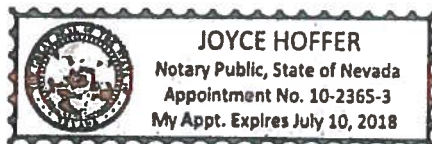

Original Signature of Applicant

Subscribed and Sworn to before me this 04 day of

November


Notary Public

(seal)



Applicant's initial GMW Page 9

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

<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: INTEGRATED MEDICAL SYSTEMS, L.O.C.

Physical Address: 1839 DENING ST
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1839 DENING ST

City: SPARKS State: NV Zip Code: 89431

Telephone: 800-755-3800 Fax: 708-597-7259

E-mail: ACCOUNTING@INTEGRATEMEDSYS.COM Website: INTEGRATEDMEDSYS.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: IVETTE REYNOLDS

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: PAT DIOZIO Telephone: 708-597-7105

77720

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.

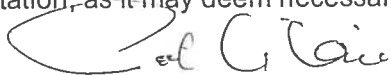
Within the last five (5) years:

- 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.

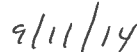
I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to 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



Print Name of Authorized Person



Date

Board Use Only

Received: 

Amount: 

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: ILLINOIS
Parent Company if any: _____
Corporation Name: INTEGRATED MEDICAL SYSTEMS, INC.
Mailing Address: 12600 HOLIDAY DR
City: Alsip State: IL Zip: 60803
Telephone: 800-755-3800 Fax: 708-597-7259
Contact Person: DEBBIE PROCCACCIO - KAREN BURKE

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>PAT DIORIO</u>	<u>14351 MASON CANE, ORLANDO FL 32832</u>
	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. 100
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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

September 10, 2014

Date

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy Wholesaler
Integrated Medical Systems, Inc. 1839 Deming Street, Reno, NV 89431
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Diorio Patrick James
Last Name First Name Middle Name
Pat
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
14351 Mason Lane Orland Park IL 60462
Present Residence Address-Street or RFD City State/Zip
12600 Holiday Dr, Alsip, IL Alsip IL 60803
Dates
Present Business Address 1994 City State/Zip
President til present Dates
Occupation
Chicago, Cook Cty, Illinois
Date of Birth Place of Birth (City, County, State)
57 M
Age Social Security Number Sex
Brown Brown 181 Medium 5'7"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics n/a

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial 

A. **Current Marriage**.....
 Date PAULA ANN O'CONNELL City, County and State IL
 Spouse's full name (Maiden)..... S.S. No.....
 Date of Birth..... Place of Birth CHICAGO, IL
 Resident address 14351 Mason Lane Orland Park, IL 60462
 Street City State Zip
 Telephone: Residence 708-460-2251 Business na
 Spouse's employer none Occupation Homemaker
 Address of employer.....
 Street City State Zip

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
2/2				

Name	Street	City	State	Zip	Telephone
K/A					

Name	Birth Date	Birth Place	Residence Address

Applicant's initial Page 2

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

	Name (Maiden)	Birth Date	Address	Occupation
Father	NICK DIONIO DECEASED		5525 S. KILPATRICK	TRUCK DRIVER
Mother	CAROLINE DIONIO (BAIO)		18312 WHITE OAK CT TINLEY PARK, IL	HOME MAKER
Father-in-Law	JOHN O'CONNELL		6331 PINE RIDGE CT TINLEY PARK, IL 60477	RETIRED
Mother-in-Law	GENEVE O'CONNELL		" " "	REGISTERED NURSE

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	LISA CHEVAL (DIONIO)		8642 SADDLEBRED	REGISTERED NURSE
Spouse	N/A (DIVORCED)		FRANKFORD, IL 60423	

Spouse

Spouse


Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Bede	CHICAGO	1967 - 1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	BOYAN	"	1971 - 1975	Yes <input type="checkbox"/> No <input type="checkbox"/>
College University	ST. XAVIER COLLEGE	"	1975 - 1980	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.A. BUSINESS ADMIN.

College or university where obtained ST. XAVIER COLLEGE.

Applicant's initial 

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Cook State IL Date registered 1973

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)


- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☐
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☐
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☐
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐ If yes, when? city, county and state
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☐ If yes when? city, county and state
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
11/1990 Present	14351 MASON LN.	ORLAND PK,	IL
5/2008 "	7059 East Eagle Feather Rd	Scottsdale,	AZ

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1996 to Present	Integrated Medical Systems, Inc	N/A
Title	Description of Duties	Name of Supervisor
President	Director of Gen- Operations	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1992-1996	OMNISCARE Medical Products, Inc	Started IMS.
Title	Description of Duties	Name of Supervisor
President		N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 1991	ADVANCED CARDIOVASCULAR SYSTEMS.	Went into my own business
Title	Description of Duties	Name of Supervisor
Representative	Sales Rep. SELLING Angioplasty product	Frank Lissen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
NOV 1988	NEILCOR	Went to ACS
Title	Description of Duties	Name of Supervisor
Sales Rep	SOLD Pulse Oximetry	RALPH GERMSCHIED
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 1983	IVAC CORPORATION	Went to NEILCOR
Title	Description of Duties	Name of Supervisor
Sales Rep	SOLD I.V. INFUSION Pumps	John ISENBAUGH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
NOV 1980	CODMAN AND SHURTLEFF	Went to IVAC
Title	Description of Duties	Name of Supervisor
Sales Rep	SOLD operating Room instruments	Bob Brown
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 1980	MODERN BUSINESS SYSTEMS, INC	Went to Codman
Title	Description of Duties	Name of Supervisor
Sales Rep	SOLD Copiers Business to Business	VAN STEEN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1979 JAN	KINNEY SHOES	College classes
Title	Description of Duties	Name of Supervisor
Sales Rep.	SOLD Ladies Shoes	MIKE JONES

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

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>PAT FOLLIAUD</u>	Home	<u>4901 W 105th place</u>	<u>IL</u>	<u>60453</u>		<u>30+ years</u>
Employer <u>Accountant</u>	Business	<u>Patrick J. Folliaud & Associates</u>				
Name <u>Steve Henry</u>	Home	<u>13814 Lincoln street</u>	<u>IL</u>	<u>60462</u>		<u>30+ years</u>
Employer <u>Gallagher Henry</u>	Business	<u>HOME BUILDERS</u>				
Name <u>John Zajewski</u>	Home	<u>17169 Knopp CT</u>	<u>ILLINOIS PARK, IL</u>	<u>60467</u>		
Employer	Business	<u>TRUCKING INDUSTRY</u>				<u>8 years</u>
Name <u>George Schroeder</u>	Home	<u>11625 Brookwood DR</u>	<u>IL</u>	<u>60467</u>		<u>10 years</u>
Employer <u>OSCO DRUG</u>	Business	<u>OSCO Retail Drug Stores</u>				
Name <u>Stan Tribula</u>	Home	<u>9003 FDR HT GLEN</u>	<u>IL</u>	<u>60462</u>		
Employer <u>McDonalds</u>	Business	<u>ONE BROOK, IL</u>				<u>10+ years</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Integrated Medical Systems, Inc. in Maryland,

Florida, Massachusetts, Texas, Georgia

.....

.....

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph _____

Applicant's initial _____

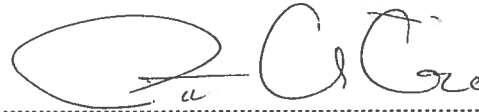
STATE OF _____

ss.

COUNTY OF _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

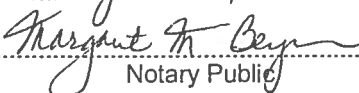
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



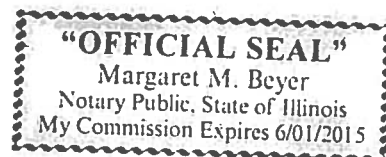
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of

September, 2014


Notary Public

(seal)



Applicant's initial EG

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Page 10

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R137-14

(The provisions of LCB File No. R138-14 are included in this regulation.)

October 20, 2014

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-3, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; rescheduling certain controlled substances that contain hydrocodone from schedule III of the Uniform Controlled Substances Act to schedule II in conformity with federal regulations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing federal and state regulations list hydrocodone as a controlled substance in schedule II of the federal Controlled Substances Act and of the state Uniform Controlled Substances Act respectively. (21 U.S.C. §§ 801 et seq.; 21 C.F.R. § 1308.12; NRS 453.166-453.219; NAC 453.520) Before August 22, 2014, both federal and state regulations also listed certain hydrocodone combination products as controlled substances in schedule III of those acts respectively. Those products contain specified doses of hydrocodone in combination with specified amounts of certain other drugs. (21 C.F.R. § 1308.13; NAC 453.530)

On August 22, 2014, the Drug Enforcement Administration of the United States Department of Justice deleted all hydrocodone combination products from schedule III. Accordingly, under federal regulations, all products that contain hydrocodone, whether produced as a single-entity product or in combination with any other active ingredient, are listed as controlled substances in schedule II of the Controlled Substances Act. (79 Fed.Reg. 49,661, 49,682)

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing law also provides that, if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain limited exceptions, to similarly treat the substance under the

Uniform Controlled Substances Act within 60 days after the publication in the Federal Register of the final order concerning the federal action. (NRS 453.2182)

This regulation brings the treatment of hydrocodone, whether produced as a single-entity product or in combination with any other active ingredient, into conformity with federal regulations. **Section 1** of this regulation specifies that all hydrocodone combination products are controlled substances listed in schedule II. **Section 2** of this regulation deletes the specified hydrogen combination products from schedule III. **Section 3** of this regulation provides that the reclassification of hydrocodone combination products from schedule III to schedule II does not apply to a prescription for a schedule III hydrocodone combination product that is issued before the effective date of this regulation if the product is dispensed before April 8, 2015.

Section 1. NAC 453.520 is hereby amended to read as follows:

453.520 1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrophan, nalbuphine, nalmeferine, naloxone and naltrexone, and their respective salts, but including:

Codeine;

Diprenorphine;

Ethylmorphine;

Etorphine hydrochloride;

Granulated opium;

Hydrocodone;

Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);

Hydromorphone;

Metopon;

Morphine;

Opium extracts;

Opium fluid;

Powdered opium;

Raw opium;

Oxycodone;

Oxymorphone;

Thebaine; and

Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is

properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzoylcegonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrophan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;

Alphaprodine;

Anileridine;

Bezitramide;

Bulk dextropropoxyphene (in nondosage forms);

Carfentanil;

Dihydrocodeine;

Diphenoxylate;

Fentanyl;

Isomethadone;

Levo-alphaacetylmethadol (some trade or other names: levo-alpha-acetylmethadol;

levomethadyl acetate; LAAM);

Levomethorphan;

Levorphanol;

Metazocine;

Methadone;

Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;

Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;

Pethidine (meperidine);

Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;

Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;

Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

Phenazocine;

Piminodine;

Racemethorphan;

Racemorphan;

Ramifentanil;

Sufentanil; or

Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

- (a) Amphetamine, its salts, optical isomers and salts of optical isomers;
- (b) Phenmetrazine and its salts;
- (c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;

(d) Methylphenidate; or

(e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;

Glutethimide;

Pentobarbital; or

Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or

1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

Sec. 2. NAC 453.530 is hereby amended to read as follows:

453.530 1. Schedule III consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including their salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III, including:

(a) Those compounds, mixtures or preparations in dosage unit form containing any substance listed in schedule II which has a stimulant effect on the central nervous system, which compounds, mixtures or preparations were listed on August 25, 1971, as excepted compounds under the regulations of the Drug Enforcement Administration of the Department of Justice, and any other drug of the same quantitative composition as a drug shown on the list or which is the same except that it contains a lesser quantity of controlled substances;

(b) Benzphetamine;

(c) Chlorphentermine;

(d) Clortermine; or

(e) Phendimetrazine.

↪ For the purposes of this subsection, "isomer" includes the optical, position or geometric isomer.

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system is hereby enumerated on schedule III:

(a) Any substance which contains any quantity of a derivative of barbituric acid or any salt thereof;

(b) Chlorhexadol;

(c) Embutramide;

(d) Lysergic acid;

(e) Lysergic acid amide;

(f) Methyprylon;

(g) Sulfondiethylmethane;

(h) Sulfonethylmethane;

(i) Sulfonmethane;

(j) Any compound, mixture or preparation containing amobarbital, secobarbital, pentobarbital or any salt thereof and one or more other active medicinal ingredients, which are not listed in any schedule;

(k) Any suppository dosage form containing amobarbital, secobarbital, pentobarbital, or any salt of any of these drugs approved by the Food and Drug Administration of the United States Department of Health and Human Services for marketing only as a suppository; or

(l) Tiletamine and zolazepam or any salt thereof. (Some trade or other names for a tiletamine-zolazepam combination product: Telazol. Some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone. Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e][1,4]-diazepin-7(1H)-one, flupyrzapon).

4. Nalorphine is hereby enumerated on schedule III.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs or their salts, calculated as the free anhydrous base or alkaloid, in quantities is hereby enumerated on schedule III:

(a) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(b) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(c) ~~Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;~~

~~—(d) Not more than 300 milligrams of dihydrocodeinone (hydrocodone) per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;~~

~~—(e)}~~ Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

~~{(f)}~~ (d) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

~~{(g)}~~ (e) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts; or

~~{(h)}~~ (f) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

6. Unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of:

(a) N-methylephedrine, its optical isomers, salts and salts of optical isomers;

(b) Hydriodic acid; or

(c) Hydrogen iodide gas,

→ are, as immediate precursors, controlled, the control of which is necessary to prevent, curtail or limit the manufacture of the controlled substances methamphetamine and N, N-dimethylamphetamine.

7. Except as otherwise provided in subsections 8 and 9, or specifically excepted or listed in another schedule, any material, compound, mixture or preparation containing any quantity of anabolic steroids, including their salts, isomers, esters and salts of isomers, whenever the existence of such salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule III:

(a) Androisoxazole;

(b) Androstenediol;

(c) Bolandiol;

(d) Bolasterone;

- (e) Boldenone;
- (f) Chlormethandienone;
- (g) Clostebol;
- (h) Chorionic gonadotropin (HCG);
- (i) Dehydrochlormethyltestosterone;
- (j) Dihydromesterone;
- (k) Drostanolone;
- (l) Ethylestrenol;
- (m) Fluoxymesterone;
- (n) Formebolone;
- (o) Formyldienolone;
- (p) 4-Hydroxy-19-nortestosterone;
- (q) Mesterolone;
- (r) Methandrenone;
- (s) Methandriol;
- (t) Methandrostenolone;
- (u) Methenolone;
- (v) 17-Methyltestosterone;
- (w) Methyltrienolone;
- (x) Mibolerone;
- (y) Nandrolone;
- (z) Norbolethone;

(aa) Norethandrolone;

(bb) Normethandrolone;

(cc) Oxandrolone;

(dd) Oxymesterone;

(ee) Oxymetholone;

(ff) Quinbolone;

(gg) Stanolone;

(hh) Stanozolol;

(ii) Stenbolone;

(jj) Testolactone;

(kk) Testosterone; or

(ll) Trenbolone.

8. Any anabolic steroid described in subsection 7 which is used solely for implantation in cattle or any other nonhuman species and is approved by the Food and Drug Administration for that use is not a controlled substance.

9. The following classifications are not controlled substances for the purposes of this section:

(a) Oral combinations containing therapeutic doses of estrogen and androgen;

(b) Parenteral preparations containing therapeutic doses of estrogen and androgen;

(c) Topical preparations containing androgens or combinations of androgen and estrogen; and

(d) Vaginal preparations.

10. Ketamine HCL is hereby enumerated on schedule III.

11. Synthetic Dronabinol in sesame oil encapsulated in a soft gelatin capsule in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR-trans)-6a,7,8,10a-tetrahydro-6; 6,9-trimethyl-3-pentyl-6H-dibenzo [b,d]pyran- 1-ol; (-)-delta-9-(trans)-tetrahydrocannabinol; Marinol) is hereby enumerated on schedule III.

12. Gamma-hydroxybutyrate prepared by a registered pharmaceutical manufacturer of the Food and Drug Administration which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Food and Drug Administration is hereby enumerated on schedule III.

13. Human growth hormone (HGH) is hereby enumerated on schedule III.

14. Any material, compound, mixture or preparation containing buprenorphine, including its salts, is hereby enumerated on schedule III.

Sec. 3. The amendatory provisions of this regulation do not apply to a prescription for a product that contains hydrocodone in combination with any other active ingredient that is issued before the effective date of this regulation if the product is dispensed before April 8, 2015.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop December 3, 2014

Explanation – Language in italics is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;

1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-

phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-

phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-

piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacymorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphenol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (some trade or other names: AB-CHMINACA)

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphetamine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

~~2,5-dimethoxy-4-iodo-N-(methoxybenzyl)phenethylamine (some trade or other names: 25I-NBOMe, 25I-NB2OMe, 25I-NB3OMe, 25I-NB4OMe);~~ 2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

All 2,5-Dimethoxy-N-(~~2~~-methoxybenzyl) phenethylamine (NBOMe) derivatives (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-BOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe)

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[2-(Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N,N-dimethyltryptamine; 4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT)

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA)

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22)

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names:

JWH-200);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-

pentyl-N-tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indazole-3-carboxamide; APINACA;

AKB48)

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-

methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-

pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-

methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4;

RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other

names: UR-144);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names:

1- pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC)

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole;

3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-

dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any

part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized,

compounds of these structures, regardless of numerical designation of atomic positions covered);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-

trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP)

➔ For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone);

Aminorex;

Butylone (some trade or other names: β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,N-dimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4-methylenedioxycathinone; N,N-dimethyl- β -keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA)

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA)

Fenethylamine;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone) and 3-Fluoromethcathinone (3-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(\pm)cis-4-methylaminorex ((+)-cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypyrovalerone (some trade or other names: 3,4-

Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-

methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone,

Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-

MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-

benzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

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 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: North Beaches Pharmacy Inc.

Physical Address: 1510 Penman Road

Mailing Address: Same

City: Jacksonville Beach State: FL Zip Code: 32250

Telephone: 904-241-5171 Fax: 904-241-0437

Toll Free Number: 877-818-5311 (Required per NAC 639.708)

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

Managing Pharmacist: R. Michael Poland License Number: PS19244

TYPE OF PHARMACY	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 checked="" type="checkbox"/> <input 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,**

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

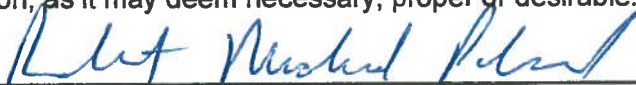
Within the last five (5) years:

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

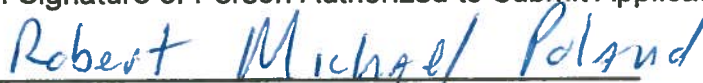
If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

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



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



Print Name of Authorized Person


Date

Board Use Only

Received: 

Amount: 

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: N/A
Corporation Name: North Beaches Pharmacy Inc.
Mailing Address: 1510 Penman Rd
City: Jacksonville Beach State: FL Zip: 32250
Telephone: 904-241-5171 Fax: 904-241-0437
Contact Person: R. Michael Poland

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>R. Michael Poland</u>	<u>2333 Beachcomber Trail, Atlantic Beach FL</u>	
	Name	Address	100% owner 32233
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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Robert M. Poland
Responsible Person of North Beaches Pharmacy, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Robert Michael Poland
Original Signature of Person Authorized to Submit Application, no copies or stamps

Robert Michael Poland 8-18-14
Print Name of Authorized Person Date

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: Pharmacy Creations, L.L.C.

Physical Address: 540 Route 10 west

Mailing Address: 46 Imprimis 12264 El Camino Real #350 San Diego Ca 9212

City: Randolph State: NJ Zip Code: 07869

Telephone: 973-328-8756 Fax: 973-328-8731

Toll Free Number: 866.792.7328 (Required per NAC 639.708)

E-mail: imprimislabs@imprimispharma.com Website: www.pharmacycreations.com

Managing Pharmacist: Kullen T. Peters Kuper License Number: 28R10343250

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,

71300

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.


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

Andrew Z. Boll
Print Name of Authorized Person

8/19/14
Date

Page 2

Board Use Only

Date Processed: 8/26/14

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Imprimis Pharmaceuticals, Inc.
Corporation Name: (same as above)
Mailing Address: 12264 El Camino Real #350
City: San Diego State: Ca Zip: 92126 92130
Telephone: 858-704-4043 Fax: 973-328-8731
Contact Person: Sandie Torres

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: 1/11/2006
Registration number issued: 333-182846
Stock Exchange: NASDAQ

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>5</u> pm	Saturday	<u>N/A</u> am	<u>N/A</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A.

Must be included 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.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Andrew Boll
Responsible Person of Pharmacy Creations, L.L.C.
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

Andrew Z. Boll
Print Name of Authorized Person

5/13/14
Date

PHARMACY CREATIONS NS

Dear Respected Board Official,

We are applying for a nonresident pharmacy permit or are renewing our pharmacy permit. In our application, we disclosed that Pharmacy Creations has been the subject of discipline by New Jersey or another state.

Pharmacy Creations strives to provide pharmacy services with highest degree of professionalism and in full compliance with pharmacy practice laws. Despite our best efforts, we have been subject to discipline in the past. The following is a description of our disciplinary history and the corrective actions we have taken to prevent similar infractions.

- **October 16, 2003: Fine: \$1625.00, New Jersey Board of Pharmacy.** during a routine inspection by the New Jersey Board of Pharmacy, Pharmacy Creations was issued fines for the following infractions: (1) a total of seven medications were found present in the active drug stock inventory that were either expired, misbranded, or improperly stored (\$1325.00); (2) the aseptic technique of staff pharmacist Bernie Covalsky had not been tested since March 2002 (\$200.00); and (3) prescription labels for sterile admixture products did not have the time prepared (\$100.00).

Corrective action: Pharmacy Creations implemented and enforces an inventory management policy that requires the staff review the entire drug inventory on a regular basis. This assures that our drugs are not approaching, or past, their expiration date and that all products have an appropriate label that is legible and affixed to every bottle. Any medication that has lost its label, or a portion of the label, is quarantined and scheduled for return or destruction as appropriate. Aseptic compounding staff records are reviewed on a regular basis to ensure that they are complete. Staff with incomplete files are not permitted to compound. Finally, all compounded prescription labels are double checked to ensure all required elements appear on the label. Since 2003, Pharmacy Creations has not been cited for similar infractions.

- **May 14, 2007: Fine: \$100.00, New Jersey Board of Pharmacy.** During a routine inspection by the New Jersey Board of Pharmacy, Pharmacy Creations was issued a fine for the following infractions: (1) the phrase "discard after" appeared on the prescription label for prescription number Rx 131888 instead of the required phrase "use by;" (2) the same prescription (Rx 131888) was

dispensed to a surgery center for administration to a patient but the pharmacy failed to obtain the name of the patient prior to dispensing (as such, the prescription label lacked the patient's name and no patient profile was created); and (3) a prescription for a schedule II controlled substance was missing the name and address of the patient (an order for a CII medication invoiced by Pharmacy Creations to a DEA registered veterinary practice was inadvertently distributed pursuant to a prescription order instead of the required DEA Form-222).

- **Response:** The language used on all labels uses the phrase "use by" to describe the expiration date. Following this inspection, all medications dispensed by Pharmacy Creations require a patient-specific prescription. Pharmacy Creations does not dispense, or invoice medications, for "office use." Finally, Pharmacy Creations is no longer in the business of invoicing medications for office use. However, if an emergency arose in which a CII medication needed to be transferred by the pharmacy to another DEA registrant, the transfer would only be accomplished using a DEA Form-222 as required by state and federal law.
- **October 17, 2013: Probation, Nonresident Pharmacy Permit, Indiana State Board of Pharmacy.** In April 2013, the pharmacist in charge (PIC) of Pharmacy Creations personally appeared before the Indiana Board requesting approval of Pharmacy Creations' nonresident pharmacy permit. During the interview with the Board, the PIC disclosed that Pharmacy Creations had shipped medications to patients in Indiana without a license. Because the Board noted for the record that Pharmacy Creations is performing a valuable and needed service to Indiana patients¹, the Indiana Board approved the application for a nonresident permit but placed the license on probation for at least 16 months. Upon expiration of the 16-month period, Pharmacy Creations will petition the Board to withdraw the probation.

Corrective action: Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations is in the process of becoming licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

- **April 22, 2014: \$2000.00 Fine, Probation, Nonresident Pharmacy Permit, Ohio State Board of Pharmacy.** In October 2012, Pharmacy Creations applied for a nonresident Terminal Distributor of Dangerous Drugs permit (nonresident pharmacy permit). The application was delayed because the Board had

¹ In the matter of Pharmacy Creations. Cause No. 2013 IBP 0046. Indiana Board of Pharmacy Oct. 17, 2013 at 3.

evidence that Pharmacy Creations had shipped medications into Ohio without a permit prior to the application. At issue was a single shipment of an injectable compound to an ophthalmologist who returned the shipment once it was determined that Pharmacy Creations was not licensed. The adjudication process for issuance of a license took almost 18 months to complete. At the conclusion of the process, the Board of Pharmacy issued a fine of \$2000.00, granted the request for the nonresident license, and immediately placed the new license on probation for 12 months.

Corrective action: The shipment of drugs into Ohio took place prior to the corrective action related to the shipment of drugs into Indiana. Nonetheless, Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations has decided to become licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

Thank you for the opportunity to answer your questions. Pharmacy Creations is committed to patient safety and compliance and has taken each of these matters seriously. Please do not hesitate to request additional information from me about Pharmacy Creations.

Sincerely,

Scott Karolchyk, MS, RPh, FIACP, DNM
Pharmacy Creations
540 Route 10 West
Randolph, NJ 07869
973-328-8756

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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: Soleo Health Inc.

Physical Address: 415 S. 48th Street, Suite 101 - Tempe, AZ 85281

Mailing Address: 415 S. 48th Street, Suite 101

City: Tempe State: AZ Zip Code: 85281

Telephone: 480.296.0222 Fax: 480.264.0495

Toll Free Number: 844.296.0222 (Required per NAC 639.708)

E-mail: zstratton@soleohealth.com Website: www.soleohealth.com

Managing Pharmacist: Zachary William Stratton License Number: S016040

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Independent (Home Infusion)

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,**

177438

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

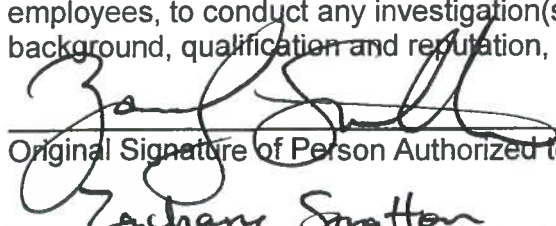
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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.

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


Zachary Spatter

Print Name of Authorized Person

8/8/14
Date

Page 2

Board Use Only

Date Processed: 11/5/14

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Soleo Healthcare Holdings, Inc.

Mailing Address: 950 Calcon Hook Road, Suite 19

City: Sharon Hill State: PA Zip: 19079

Telephone: 610-586-2340 Fax: 610-586-3340

Contact Person: Jeanne Warsing

For any corporation non publicly traded, disclose the following:

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

a) Soleo Health Holdings Inc. 950 Calcon Hook Road, Suite 19, Sharon Hill, PA 19079
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? @0.01

4) What date did the corporation actually receive the cash assets? July 31, 2014

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 %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours on-call

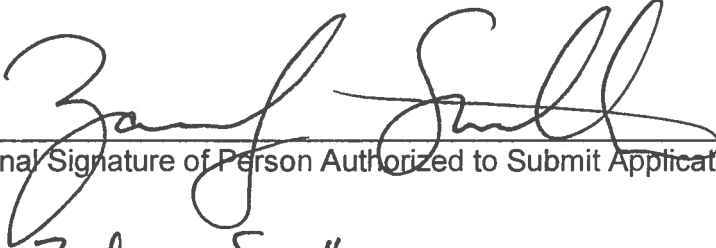
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: We do not have a NV business license.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Zachary Stratton
Responsible Person of Soleo Health - Phoenix, AZ
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

Zachary Stratton
Print Name of Authorized Person

8/8/14
Date

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

Name: Soleo Health Inc.

Address: 415 S. 48th Street, Suite 101

City: Tempe State: AZ Zip: 85281

I hereby authorize the State of Arizona Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>1005972</u>	<u>Open</u>	<u>06.16.2014</u>	<u>10.31.2014</u>

Has this license been
encumbered in any way?
☐ Yes ☒ No

Type of Encumbrance: (if any N/A)
☐ Revoked ☐ Surrendered ☐ Limited
☐ Suspended ☐ Restricted ☐ Probation
Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State
<u>[Signature]</u>	<u>Executive Secretary</u>	<u>AZ</u>	<u>10.7.2014</u>	



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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: TRUCARE PHARMACY

Physical Address: 1875 CALIFORNIA AVE

Mailing Address: _____

City: CORONA State: CA Zip Code: 92881

Telephone: 951-817-1005 Fax: 951-817-1020

Toll Free Number: 844-446-0808 (Required per NAC 639.708)

E-mail: INFO@TRUCAREDRUGS.COM Website: WWW.TRUCAREDRUGS.COM

Managing Pharmacist: MINA A KOLTA License Number: CA 62002

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,**

173139

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.

Mina Kolta

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

MINA A KOLTA

Print Name of Authorized Person

09/25/2014

Date

Page 2

Board Use Only

Date Processed: 10/8/14

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA
Parent Company if any: N/A
Mailing Address: 1875 CALIFORNIA AVE
City: CORONA State: CA Zip: 92881
Telephone: 951-817-1005 Fax: 951-817-1020
Contact Person: MINA KOLTA

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) MINA KOLTA 12772 WINE CELLAR CT, RANCHO CUCAMONGA, CA 91739
Name Address
 - b) GENEVIEVE BENJAMIN 16 CABRILLO TERRACE, AISO VIEJO, CA 92656
Name Address
 - c) _____
Name Address
 - d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. 1500
- 3) What was the price paid per share? \$0.01
- 4) What date did the corporation actually receive the cash assets? 08/18/2009
- 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 %: N/A
Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 8:00 pm Saturday 9:00 am 6:00 CLOSED pm
Sunday CLOSED am CLOSED pm 24 Hours NO

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, MINA A KOLTA

Responsible Person of EGYPTIAN 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.

MINA KOLTA

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

MINA KOLTA

Print Name of Authorized Person

09/25/2014

Date



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

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

September 10, 2014

TruCare Pharmacy
1875 California Ave
Corona, CA 92881

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: TRUCARE PHARMACY

License Type: PHARMACY

License Number: PHY 51885

Status: ACTIVE

Issue Date: 06/09/14

Expiration Date: 06/01/15

Address of Record: 1875 CALIFORNIA AVE CORONA CA 92881

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By *Barbera Schleicher*

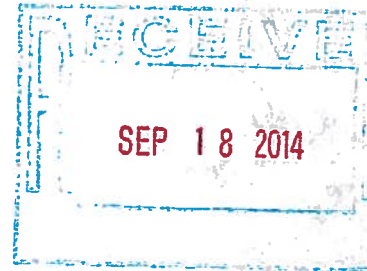
Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov

Blank

Blu PHARMACEUTICALS

301 Robey Street • Franklin, Kentucky 42134
Phone: 270-586-6386 • Fax 270-586-6389 • Toll Free: 1-877-264-0BLU

September 12, 2014



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

RE: **Request to Decrease Bond Amount**
 Blu Pharmaceuticals, LLC License # WH01548

To whom it may concern,

We would like to request a Surety Bond Reduction for our wholesale license with Nevada State Board of Pharmacy. We have been a Nevada license holder with a \$100,000 surety bond since 2009 and have had no disciplinary during this time.

If you have questions or need more information please call me at (270) 586-6386 ext. 110.

Thank you,

A handwritten signature in blue ink, appearing to be "SB" or "Sharon B.".

Sharon B. Luster
Vice President

DISCUSSION AND DETERMINATION – DECEMBER 2014

1) Return of Prescription Drugs to a Pharmacy

In an effort to get unused prescription drugs out of homes and not have to be the “wastebasket” of the pharmaceutical industry, DEA has changed the rules to allow retail pharmacies, hospitals, and other registrants to voluntarily “take back” drugs for destruction, including controlled substances. Registrants must apply to change their registration to do so. Currently, Nevada state law prohibits pharmacies from taking back drugs (NAC 639.760)

2) Wholesaler Pedigree Requirements

DQSA has established federal pedigree requirements that supersede all state requirements (NRS 639.535 start). Note, this is in statute . . .

3) Third Party Logistic Companies (3PL's)

Currently we license 3PL's as “wholesalers”, which really is not an accurate fit. Do we create another licensing category??

4) Outsourcing Facilities

The FDA's new category of compounding “pharmacies” called “outsourcing facilities” has drawn much discussion over the past year. We have been licensing them as “pharmacies”, when actually they manufacture. Do we create a new licensing category here as well?

TEMPORARY LICENSES
(Issued since last board meeting)

PETNET Solutions

Linette Ching

Blank



Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

OCTOBER 15-16, 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 October, 2014 Board meeting.

Licensing Activity:

- 6 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 31 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 14 licenses were granted for Out-of-State wholesalers.
- 4 licenses were granted for a Nevada MDEG license.
- 6 licenses were granted for Nevada pharmacies.
- 1 application for a controlled substance registration for a dentist was granted after discussing past discipline.
- 1 application for a pharmaceutical technician was tabled pending evaluation by PRN-PRN and one was granted after discussing past issues.

Disciplinary Actions:

- Pharmacist CM was ordered to successfully pass the PARE examination within 180 days of the order to have his probationary status removed. He must also complete four weeks of on the job training before he can work independently. He is not permitted to work as a pharmacist-in-charge for six months.
- Pharmacist NZ was ordered a letter of reprimand; a fine and administration fees. She must also complete one extra hour of continuing education on the topic of error prevention and one extra hour of continuing education on the topic of counseling.
- Pharmacy technician-in-training KY had his license suspended pending evaluation by PRN-PRN. He must reappear for reinstatement.
- Pharmacy technician SC had her license revoked for diversion of controlled substances.

- Pharmacy technician AS had his license revoked for diversion of controlled substances for sale.
- Pharmacy technician RB had his license revoked for diversion of controlled substances.

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.
- A discussion was held regarding the status of license renewals.
- A discussion was held regarding the DEA drug Take Back event in September.

Workshop:

Amendment of Nevada Administrative Code 639. NEW LANGUAGE
Compounding of nasal medications.

Public Hearing:

Amendment of Nevada Administrative Code 453.540 Schedule IV On July 2, 2014, the Federal Drug Enforcement Agency (DEA) published a final ruling in the Federal Register placing tramadol into Schedule IV of the Controlled Substance Act. The rule became effective August 18, 2014.