

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: Volunteers in Medicine of Southern Nevada

Physical Address: 1240. North Martin Luther King Blvd.

Mailing Address: Same as above

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-967-0530 Fax: 702-967-0538

Toll Free Number: n/a

E-mail: redgeworth@vmsn.org Website: www.vmsn.org

Managing Pharmacist: Lisa Harris Baker License Number: 14725

Hours of Operation:

Monday, ~~Thu~~ ^{Wed} Friday 9 am 5 pm Saturday 9 am 1 pm
 Sunday 12 am 8 pm Tuesday 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 checked="" 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

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.

Florence Jameson M.D.
Original Signature of Person Authorized to Submit Application, no copies or stamps
Florence Jameson, MD 2/5/16
Print Name of Authorized Person 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: VMSN Inc DBA / Volunteers in medicine of So NV

Mailing Address: 1240 n. martin Luther King Blvd.

City: Las Vegas State: NV Zip: 89106

Telephone: 702-967-0530 Fax: 702-967-0538

Contact Person: Florence Jameson, MD

For any corporation non publicly traded, disclose the following:

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

a) n/A VMSN Inc is a 501(c)3 nonprofit
Name Address

b) see attached list of Board of Directors
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. n/A

3) What was the price paid per share? n/A

4) What date did the corporation actually receive the cash assets? n/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/A %: _____

Name: n/A %: _____

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Florence Jameson
Responsible Person of Vmsn Inc. DBA/Volunteers in medicine of
hereby acknowledge and understand that in addition to the corporation's, any owner(s), SO NV
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.

Florence Jameson MD 2.5.16
Original Signature, no stamps or copies Date
Founder & Chairman of the Board



2016 VMSN Board of Directors

Dr. Florence Jameson, MD – Founder and Chairman of the Board

- Private Practice OB/GYN Physician
- **Phone:** 702-218-8899 (Cell)
- **E-mail:** florncj@me.com
- **Address:** PO Box 60250, Boulder City, NV 89006

Dr. Miriam Bar-on, MD – Secretary

- Professor of Pediatrics, Associate Dean for Graduate Medical Education, University of Nevada School of Medicine
- **Phone:** 702-671-6400 (Cell)
- **E-mail:** mbar-on@medicine.nevada.edu
- **Address:** 1153 Jamesbury Road, Las Vegas, NV 89135

Frank “Gard” Jameson – Treasurer

- Retired CPA/Certified Financial Planner, Professor of Philosophy, UNLV
- **Phone:** 702-271-3409 (Cell)
- **E-mail:** gardj@me.com
- **Address:** PO Box 60250, Boulder City, NV 89006

Randy Garcia

- Founder, Chief Executive Officer and Chief Investment Officer, The Investment Counsel Company
- **Phone:** 702-871-8510
- **E-mail:** randy@iccnv.com
- **Address:** 10000 W, Charleston Blvd, Suite 280, Las Vegas, NV 89135

Richard Goeglein

- Chairman of the Board, Pinnacle Entertainment
- **Phone:** 702-595-4759 (Cell)
- **E-mail:** rjgoeglein@aol.com
- **Address:** 9215 Tesoras Dr., Las Vegas, NV 89144

Dr. Aron Rogers, D.O.

- Associate Professor, Program Director, Department of Family and Community Medicine, University of Nevada School of Medicine
- **Phone:** 702-809-5995 (Cell)
- **E-mail:** counters00@yahoo.com
- **Address:** 2410 Fire Mesa St., Ste. 180, Las Vegas, NV 89128

Dr. Robert Shiroff, MD

- Cardiologist (Retired)
- **Phone:** 702-885-6227 (Cell)
- **E-mail:** rshiroff@aol.com
- **Address:** 52 Contra Costa Pl, Henderson, NV 89052

Sandee Tiberti

- Philanthropist and Community Activist
- **Phone:** 702-349-0159, 702-379-6516
- **E-mail:** stiberti@aol.com
- **Address:** 16 Wild Dunes Ct., Las Vegas, NV 89113

Matt Milone, Esq.

- Senior Associate Dean for Legal Affairs, University of Nevada School of Medicine
- **Phone:** 702-376-5752 (Cell)
- **E-mail:** mmilone@medicine.nevada.edu
- **Address:** 9555 Hillwood Drive, Ste. 200, Las Vegas, NV 89134

Cortney S. Warren, PhD

- Associate Professor, Department of Psychology, UNLV
- **Phone:** 979-676-3737 (Cell)
- **E-mail:** Cortney.Warren@unlv.edu
- **Address:** 800 Canyon Greens Dr., Las Vegas, NV 89144

Dr. Christine Petersen

- Retired medical doctor, COO
- **Phone:** 702-240-9271
- **Email:** christinepetersenmd@gmail.com
- **Address:** 10395 Brillare, Las Vegas, NV 89135

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Lisa Harris Baker

License #: 14725

Pharmacy Name: Volunteers in Medicine of Southern Nevada

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	<input checked="" type="radio"/> No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/> NO
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>WI</u>	Date: <u>8/21/96</u> Case #: <u>DE 00000002195</u>
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____



State of Wisconsin Department of Regulation & Licensing



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location: [License lookup](#) > [Health professionals](#) > [Details](#)

Health professional details

□ Name: BAKER, LISA HARRIS.	Profession: Pharmacist (40)
License number: 12465	Current through: 31-MAY-2008
Location: LAS VEGAS, NV 89138	Status: ACTIVE
<i>Additional information:</i>	Eligible to practice: YES
View payment history	Granted on: 29-MAR-1996
	Discipline: Yes
	Speciality description: Not applicable
	Old Credential Holder Name: HARRIS
	Old Credential Holder Name: HARRIS-BAKER

Consistent with JCAHO and NCQA standards for primary source verification.

Discipline/Orders

Hearing ID	Order date	Subject
DE00000002195	21-AUG-1996	FINAL DECISION & ORDER

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FILE COPY

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

FINAL DECISION AND ORDER

LISA T. HARRIS, R.Ph.
RESPONDENT.

96 PHM 12

The parties to this action for the purposes of §227.53, Wis. Stats., are:

Lisa T. Harris, R.Ph.
10201 W. Fond du Lac Ave., #202
Milwaukee, WI 53224

Wisconsin Pharmacy Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Respondent Lisa T. Harris (dob 2/14/70) is and was at all times relevant to the facts set forth herein a registered pharmacist licensed in the State of Wisconsin pursuant to license #12465, originally granted on 3/29/96.

2. On April 17, 1996, a department investigator observed respondent, while on duty as the only pharmacist at a community pharmacy in Wauwatosa, Wisconsin, to permit unlicensed persons to transfer prescribed drugs or devices to eight separate patients, without providing a consultation.

CONCLUSIONS OF LAW

3. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter pursuant to §450.10, Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.

4. The conduct described in paragraph 2, above, violated § Phar 7.01(1)(e), Wis. Adm. Code. Such conduct constitutes unprofessional conduct within the meaning of the Code and statutes. Each and every patient (or patient's agent) must receive a face-to-face consultation from a registered pharmacist (or supervised intern) at the time a prescribed drug or device is transferred to the patient in the pharmacy, whether the prescription is new or a refilled or renewed prescription.

This duty is non-delegable and is not satisfied by having auxiliary staff ask if the patient has questions.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED, that Lisa T. Harris, R.Ph., is REPRIMANDED for her unprofessional conduct in this matter.


IT IS FURTHER ORDERED, that respondent shall FORFEIT \$100, to be paid within 30 days of this order.

IT IS FURTHER ORDERED, that respondent shall pay COSTS in this matter in the amount of \$300, within 30 days of this order.

IT IS FURTHER ORDERED, that pursuant to §227.51(3), Wis. Stats., and ch. RL 6, Wis. Adm. Code, if the Board determines that there is probable cause to believe that respondent has violated any term of this Final Decision and Order, the Board may order that the license of respondent be summarily suspended pending investigation of the alleged violation.

Dated this September 10, 1996,

WISCONSIN PHARMACY EXAMINING BOARD by:



a member of the board

akt
i\harris.stp

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

LISA T. HARRIS, R.Ph.,
RESPONDENT.

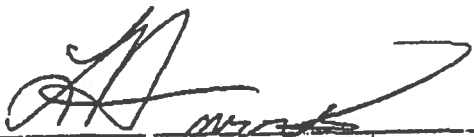
STIPULATION
96 PHM 12

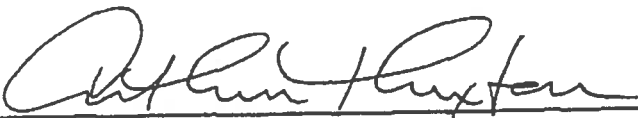
It is hereby stipulated between the above Respondent and the undersigned prosecuting attorney for the Division of Enforcement of the Department of Regulation and Licensing, as follows:

1. This Stipulation is entered into as a result of a pending investigation of licensure of Respondent by the Division of Enforcement. Respondent consents to the resolution of this investigation by agreement and without the issuance of a formal complaint.
2. Respondent understands that by signing this Stipulation, respondent waives the following rights with respect to disciplinary proceedings: the right to a statement of the allegations against respondent; a right to a hearing at which time the State has the burden of proving those allegations; the right to confront and cross-examine the witnesses against respondent; the right to call witnesses on respondent's behalf and to compel attendance of witnesses by subpoena; the right to testify personally; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, and the Wisconsin Administrative Code.
3. Respondent is aware of respondent's right to seek legal representation and has been provided the opportunity to seek legal advice before signing this Stipulation.
4. Respondent agrees to the adoption of the attached Final Decision and Order by the Board. The parties consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.
5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation or the proposed Final Decision and Order, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.
6. The parties agree that an attorney for the Division of Enforcement may appear before the Board, in open or closed session, without the presence of Respondent or Respondent's attorney, for the purposes of speaking in support of this agreement and answering questions that the members of the Board and its staff may have in connection with their deliberations on the case.
7. The Board Advisor in this matter may participate freely in any deliberations of the Board regarding acceptance of this Stipulation and the proposed Final Order, and may relate to the Board any knowledge and views of the case acquired during the investigation.

8. The Division of Enforcement joins Respondent in recommending that the Board adopt this Stipulation and issue the attached Final Decision and Order.

9. Respondent is informed that should the Board adopt this stipulation, the board's final decision and order is a public record and will be published in the monthly *Report of Decisions* issued by the department. A summary of the order will be published in the *Wisconsin Regulatory Digest* issued semiannually by the Board. This is standard department procedure and in no way specially directed at Respondent.


Respondent _____ Date 8/12/96


Prosecuting Attorney _____ Date 8/21/96
Division of Enforcement

Department of Regulation & Licensing

State of Wisconsin

P.O. Box 8935, Madison, WI 53708-8935
(608)

TTY# (608) 267-2416, hearing or speech
TRS# 1-800-947-3529, impaired only

GUIDELINES FOR PAYMENT OF COSTS AND/OR FORFEITURES

On September 10, 1996, the Pharmacy Examining Board
took disciplinary action against your license. Part of the discipline was an assessment of costs and/or a
forfeiture.

The amount of the costs assessed is: \$300.00 Case #: 96 PHM 12

The amount of the forfeiture is: \$100.00 Case # 96 PHM 12

Please submit a check or a money order in the amount of \$ 400.00

The costs and/or forfeitures are due: October 10, 1996

NAME: Lisa T. Harris LICENSE NUMBER: 12465

STREET ADDRESS: 10201 W. Fond du Lac Avenue #202

CITY: Milwaukee STATE: WI ZIP CODE: 53224

Check whether the payment is for costs or for a forfeiture or both:

COSTS FORFEITURE

Check whether the payment is for an individual license or an establishment license:

INDIVIDUAL ESTABLISHMENT

If a payment plan has been established, the amount due monthly is:

Make checks payable to:

DEPARTMENT OF REGULATION AND LICENSING
1400 E. WASHINGTON AVE., ROOM 141
P.O. BOX 8935
MADISON, WI 53708-8935

For Receipting Use Only

#2145 (Rev. 9/96)
Ch. 440.22, Stats.
G:\BDLS\FM2145.DOC

Committed to Equal Opportunity in Employment and Licensing

BEFORE THE STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST

LISA T. HARRIS, R.P.H.,
RESPONDENT.

:
:
:
:
:

AFFIDAVIT OF SERVICE

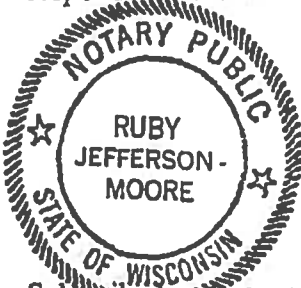
Katie Rotenberg, being first duly sworn on oath deposes and states that she is in the
employ of the Department of Regulation and Licensing, and that on September 13, 1996, she
served the following upon the respondent:

Final Decision and Order and Guidelines for Payment of Costs and/or Forfeitures dated
September 10, 1996

by mailing a true and accurate copy of the above-described document, which is attached hereto,
by certified mail with a return receipt requested in an envelope properly addressed to the
above-named respondent at:

10201 W. Fond du Lac Avenue, #202
Milwaukee, WI 53224
Certified P 213 148 283

an address which appears in the files and records of the Pharmacy Examining Board as the
respondent's last known address.



Katie Rotenberg
Katie Rotenberg
Department of Regulation and Licensing

Subscribed and sworn to before me

this 13th day of September, 1996.

Ruby Jefferson-Moore
Notary Public
Dane County, Wisconsin
My Commission is Permanent

NOTICE OF APPEAL INFORMATION

Notice Of Rights For Rehearing Or Judicial Review, The Times Allowed For Each, And The Identification Of The Party To Be Named As Respondent.

Serve Petition for Rehearing or Judicial Review on:

STATE OF WISCONSIN PHARMACY EXAMINING BOARD

1400 East Washington Avenue

P.O. Box 8935

Madison, WI 53708.

The Date of Mailing this Decision is:

September 13, 1996

1. REHEARING

Any person aggrieved by this order may file a written petition for rehearing within 20 days after service of this order, as provided in sec. 227.49 of the *Wisconsin Statutes*, a copy of which is reprinted on side two of this sheet. The 20 day period commences the day of personal service or mailing of this decision. (The date of mailing this decision is shown above.)

A petition for rehearing should name as respondent and be filed with the party identified in the box above.

A petition for rehearing is not a prerequisite for appeal or review.

2. JUDICIAL REVIEW.

Any person aggrieved by this decision may petition for judicial review as specified in sec. 227.53, *Wisconsin Statutes* a copy of which is reprinted on side two of this sheet. By law, a petition for review must be filed in circuit court and should name as the respondent the party listed in the box above. A copy of the petition for judicial review should be served upon the party listed in the box above.

A petition must be filed within 30 days after service of this decision if there is no petition for rehearing, or within 30 days after service of the order finally disposing of a petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing.

The 30-day period for serving and filing a petition commences on the day after personal service or mailing of the decision by the agency, or the day after the final disposition by operation of the law of any petition for rehearing. (The date of mailing this decision is shown above.)

