

## Shirley Hunting

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**From:** >  
**Sent:** Friday, June 17, 2016 9:08 PM  
**To:** Shirley Hunting  
**Subject:** Re: renewal of License numbers CS07316 and PD00189.

Thank you for your response.

I was completely unaware that my licenses had expired. I immediately applied to renew the licenses when I became aware of the situation. I am currently not dispensing and will not dispense any prescription strength products until I obtain the licenses.

I will appreciate a notice of exact time and the date of the meeting I need to attend as soon as possible so I can plan my schedules accordingly.

Thank you,

Jin Lee, MD

On Friday, June 17, 2016 8:24 AM, Shirley Hunting

Dr. Lee,

We are in receipt of your renewal application for a Nevada Dispensing Practitioner Registration and Nevada Controlled Substance Registration. The applications have been placed on the agenda of our July 2016 board meeting.

You are being asked to appear because it has come to the attention of the Nevada State Board of Pharmacy that your Nevada Dispensing Practitioner Registration PD00189 and Nevada Controlled Substance Registration CS07316 both expired on October 31, 2014. It has also come to the Board's attention that you have, nonetheless, been dispensing prescription products without a current practitioner dispensing registration and prescribing controlled substances without a current controlled substance registration.

The July board meeting is scheduled for July 20-21, 2016. The location of the meeting is the Hilton Garden Inn, 7830 South Las Vegas Blvd., Las Vegas, Nevada. You will be notified by letter of the date and time that your appearance is scheduled.

If you have any questions, please contact the Board Office.

Shirley Hunting  
Board Coordinator  
Custodian of Records

Nevada State Board of Pharmacy

Phone: 775-850-1440

Fax: 775-850-1448

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From: .

Sent: Tuesday, June 14, 2016 5:40 PM

To: Pharmacy Board

Subject: renewal of License numbers CS07316 and PD00189.

Please send status of renewal of above licenses.

Thank you.

Jin Lee,MD

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

**Renewal Application – CONTROLLED SUBSTANCE**

**For the period of November 1, 2014 to October 31, 2016**

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$120.00 (postmarked after 10/31/2014)

**LICENSE: CS07316**

**JIN OK LEE**

6980 SMOKE RANCH #150,  
Las Vegas, NV 89128

*Make changes below. Must be Nevada Practicing address ONLY*

**RENEW BY MAIL**

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



Empty rectangular box for stamp or marking.

**Section 1:** Since your last renewal or recent licensure have you: *(Please fill in completely)* **Yes No**

- Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..**  **Yes**  **No**
1. Been charged, arrested or convicted of a felony or misdemeanor in any state? .....  **Yes**  **No**
  2. Been the subject of a board citation or an administrative action whether completed or pending in any state?...  **Yes**  **No**
  3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....  **Yes**  **No**

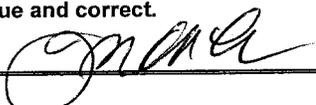
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

**Section 2:** By signing and submitting this renewal application, I certify that:

1. My DEA certificate is current and reflects my current NV practicing address, and
2. I hold an active and current Nevada license with my professional licensing board

**Section 3:** It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Original Signature:  Date: 6/6/16

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

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### Renewal Application – DISPENSING PRACTITIONER

For the period of November 1, 2014 to October 31, 2016  
Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)  
\$450.00 (postmarked after 10/31/2014)

**LICENSE: PD00189**  
**JIN OK LEE**  
6980 SMOKE RANCH #150,  
Las Vegas, NV 89128

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

#### RENEW BY MAIL

1. Complete this form
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3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. **NO COPIES OR STAMPS ACCEPTED**



**Section 1:** Since your last renewal or recent licensure have you: *(Please fill in completely)* **Yes No**

**Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or**

**Physical condition that would impair your ability to perform the essential functions of your license?..**

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

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

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		/ /	
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		/ /	
			County
			Court

**Section 2:** By signing and submitting this renewal application, I certify that:

1. My DEA certificate (if required) is current and reflects my current NV practicing address, and
2. I hold an active and current Nevada license with my professional licensing board.

**Section 3:**

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

Signature:  Date: 6.16.16