



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

December 15, 2015

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL

Mary Susan Emerson
2616 Tumble Brook Dr.
Las Vegas, NV 89134

**Re: CEASE AND DESIST ORDER WITH CITATION FOR UNLICENSED
PRESCRIBING**

Dear Ms. Emerson:

As you know, the Nevada State Board of Pharmacy (Board) is aware that you, for a time, were prescribing controlled substances for Nevada patients without a Controlled Substance Registration. Under Nevada law, specifically NRS 453.226, a *practitioner may not prescribe controlled substances without first registering* with the Board of Pharmacy.

NRS 453.226 Requirements for registration; authority of registrant; exemptions and waivers; inspections.

1. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this State shall obtain biennially a registration issued by the Board in accordance with its regulations.

....

As used in the statute, the term "dispense" includes prescribing:

NRS 453.056 "Dispense" defined.

1. . . . "dispense" means to deliver a controlled substance to an ultimate user, patient or research subject by or pursuant to the lawful order of a practitioner, *including the prescribing*, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

....

Additionally, you should be aware that prescribing without being properly registered is a felony under NRS 453.232: "A person who dispenses a controlled substance without being registered by the Board if required by NRS 453.231 is guilty of a category D felony"

It is my understanding that you have already stopped prescribing controlled substances. Nonetheless, this letter shall serve as an order to CEASE and DESIST, immediately, that practice. You may not resume that activity until you submit an application to the Board of Pharmacy for a Controlled Substance Registration and such application is approved, if the Board so chooses.

Secondly, this letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for practicing without being properly licensed. In association with that citation, the Board is assessing an administrative fine of \$2,000.00. You shall pay this administrative fine within thirty (30) days of receipt of this citation. Payment must be by *cashier's check, certified check or money order* made payable to the "Nevada State Board of Pharmacy." Send payment to the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509.

You have the right to appeal this citation. See NRS 639.2895(2). If you choose to appeal, you must submit a written request for a hearing to the Board not later than 30 days after receipt of this Citation.

Please be aware that the forgoing Order and Citation, and any hearing held to review the Citation, if you so request, do not take the place of a hearing before the Board to determine whether the Board will grant your Application for a Controlled Substance Registration.

Feel free to contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE • PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable money order only, no cash)

First: MARY Middle: SUSAN Last: EMERSON

Home Address: 2621 TUMBLE BROOK DR.

City: LAS VEGAS State: NV Zip Code: 89134

SS#: _____ Date of Birth: _____ Sex: M or F

Telephone: 918.606.0505 E-mail address: _____

Board of Nursing APRN Certificate #: 001486 Issued: 08-23-2014 Expires: 08-23-2016

PRACTICING LOCATION (Required)

Practice Name (if any): CARE MORE

Physical Address: 3041 E FLAMINGO RD Suite #: A

City: LAS VEGAS State: NV Zip Code: 89121

Telephone: 702.436.0835 Fax: 702.473.6058

		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 a board citation, 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 an explanation & 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 APRN 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.

By checking this box, no collaborating physician is required per my Nursing Board license.

Mary Susan Emerson
Original Signature of APRN, no copies or stamps accepted

05-25-2015
Date

COLLABORATING PHYSICIAN's name (if required): _____

Original Signature of Supervising Physician, no copies or stamps accepted

Date 88484

Board Use Only: Date Processed 6/8/15 Amount \$80.00

Name: MARY SUSAN EMERSON

License Number: APRN001486

License Type: ADV PRACTICE REG NURSE

Original NV Issue Date: 02/01/2013

[Print This License](#)

LICENSE STATUS

Status: ACTIVE
Expiration Date: 08/23/2016
Discipline Against Nurse: NO
Collaborating Physician: [Display Info](#)

APRN STATUS LEGEND

ACTIVE is the status ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements for prescribing privileges.

ACTIVE PRESCRIBING is the status that all APRNs who qualify to prescribe will be given at the onset of licensure with the NSBN. This status allows the APRN to prescribe all legend drugs and may include schedule III-V controlled substances if they have provided us with their current DEA number.

ACTIVE PRESCRIBING-CII is the status that APRNs are given when they have provided us with their current DEA number showing the CII-V designation, and have practiced for longer than 2 years or 2000 hours.

ACTIVE PRESCRIBING-CII-COLL is the status that APRNs are given when they have provided us with their current DEA number showing the CII-V designation, have practiced less than 2 years or 2000 hours, and have provided the NSBN a copy of their collaborative agreement with a physician.

ADDITIONAL LICENSES

License Type: REGISTERED NURSE
License #: RN73193
Status: ACTIVE
Original NV Issue Date: 09/10/2012
Expiration Date: 08/23/2016

License Type: TEMP RN
License #: TRN334861
Status: LAPSED/EXPIRED
Original NV Issue Date: 08/20/2012
Expiration Date: 10/08/2012

License Type: TEMP APRN
License #: TAPN700843
Status: LAPSED/EXPIRED
Original NV Issue Date: 10/08/2012
Expiration Date: 02/02/2013

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