

**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 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: WESTSIDE PHARMACY

Physical Address: 6125 W Sahara ave LV NV 89146

Mailing Address: 11700 W. Charleston Blvd # 170-436

City: Las Vegas State: NV Zip Code: 89135

Telephone: 702 248 4119 Fax: 702 248 6884

Toll Free Number: \_\_\_\_\_

E-mail: westsidepharmacylasvegas@gmail.com Website: westsidepharmacylasvegas.com

Managing Pharmacist: Shahin Banayan License Number: 17272

**Hours of Operation:**

Monday thru Friday 8 am 8 pm                      Saturday 8 am 8 pm

Sunday 8 am 6 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.

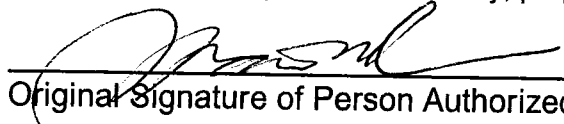
Within the last five (5) years:

- 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.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

JESSICA NGUYEN  
Print Name of Authorized Person

5/9/16  
Date

<b>Board Use Only</b>	Received: _____	Amount: <u>\$500.00</u>
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# APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: NG FAMILY TRUST (JESSICA NGUYEN Manager member)  
Business Name: WESTSIDE PHARMACY  
Current Business Address: 6125 W. Sahara ave  
City: Las Vegas State: NV Zip Code: 89146  
Telephone: 702 248 4119 Fax: 702 248 6884

List any physician shareholders and percentage of ownership. N/A

Name: \_\_\_\_\_ %: \_\_\_\_\_  
Name: \_\_\_\_\_ %: \_\_\_\_\_

Are you a registered pharmacist in Nevada? Yes  No  License #: 15397

## SOLE OWNER

*APR per Ms. Nguyen at meeting.*

### 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, JESSICA NGUYEN


Responsible Person of WESTSIDE PHARMACY LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said 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

9/9/16  
Date

# Statement of Responsibility

## Managing Pharmacist

Pharmacist Name: Shahin Banayan

License #: 17272

Pharmacy Name: westside 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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? <i>I was fined due to forgetting to renew my license. My license was back-dated to original renewal date during meeting. State: NV</i>	<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: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

## **From October 2016 Meeting Minutes**

### Westside Pharmacy – Las Vegas

Shahin Banayan, pharmacy manager, and Jessica Nguyen, owner and pharmacist, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Darla Zarley disclosed that Mr. Banayan was a former student, but stated she would be able to participate in this matter fairly and without bias.

Jason Penrod disclosed that Mr. Banayan was a former classmate, but stated he would be able to participate in this matter fairly and without bias.

Mr. Banayan stated that Westside Pharmacy is a retail pharmacy that will provide over-the-counter vitamins and supplements for athletes as well as cosmetics items.

Mr. Banayan and Ms. Nguyen answered questions to the Board satisfaction regarding the pharmacy layout, services provided, pharmacy ownership and past discipline.

Ms. Nguyen requested the Board update Westside Pharmacy's application to reflect that she is the sole owner and on the ownership form to reflect that she is a pharmacist in Nevada and to enter her Pharmacist License #15397.

#### Board Action:

Motion: Kevin Desmond moved to approve Westside Pharmacy's Application for Nevada Pharmacy pending a positive inspection.

Second: Kirk Wentworth

Mr. Edwards questioned Ms. Nguyen if there are any open investigations regarding another pharmacy she owns. Ms. Nguyen answered no.

Action: Passed unanimously

# ***WESTSIDE PHARMACY***

**6125 W. SAHARA AVE. #1A LAS VEGAS. NV 89146**



## **POLICIES *and* PROCEDURES**

10/2016

# WESTSIDE PHARMACY

## POLICIES AND PROCEDURES

Welcome to WESTSIDE PHARMACY. Our goal is to help you build a long, satisfying career with this company. A new journey awaits us, and we look forward to having you. We recognize, encourage, and welcome your desire, commitment, and ability to work for this company. This employee handbook is intended to help you and WESTSIDE PHARMACY to succeed. We truly hope that your employment with us is a rewarding experience!

### IMPORTANT INFORMATION ABOUT THIS GUIDEBOOK

This Guidebook takes the place of and revokes all previous guidebooks issued under the WESTSIDE PHARMACY 10/2016.

The purpose of this guide is to communicate the WESTSIDE PHARMACY's employment policies and practices. This guide is intended to provide only general guidance to employees and does not create a contract, express or implied. This guide is applicable to all employees.

All employees of the Company, regardless of position, are employed "at will". This means that an employee is free to end his/ her relationship with the Company at any time and for any reason, and the Company is likewise free to end the relationship at any time and for any reason that it deems is appropriate. This guidebook does not alter the "at-will" relationship nor does it guarantee employment for any defined period of time.

Because of the ever-changing competitive environment in which we operate, and the potential need to revise provisions to make them consistent with needed policies and applicable law, the Company reserves the right to change, replace or withdraw this guide at any time without the necessity of publishing a new guide or otherwise giving notice to all potentially affected employees.

### OUR VISION

With our team oriented approach, we will be the customers' first choice for health, wellness, information, and excellent service. You are important to the team because you are participating in building a successful business that contributes to our community.

### THE WAY WE WORK AT WESTSIDE PHARMACY

#### GENERAL EMPLOYMENT POLICIES, PRACTICES AND PROCEDURES

#### EMPLOYEE STATUS

Each employee will fall into one of the following classifications:

- Full-time, Regular Employee: An employee who is hired to work a regular schedule of at least 40 hours per week.
- Part-time, Regular Employee: An employee who regularly works less than 40 hours per week (although he/she may work in excess of 470 hours during some weeks). Part-time employees are



not eligible for coverage under the WESTSIDE PHARMACY benefits program. In addition, part-time employees who are later moved to full-time status will be subject to an introductory evaluation period like any newly-hired, full-time employee.

### **INTRODUCTORY EVALUATION PERIOD**

Every newly hired individual will have an initial 90-calendar-day working period during which the employee and the Company can evaluate each other. This allows the Company to ensure that the employee is both capable and willing to adequately perform the assigned job. It also gives the employee the opportunity to evaluate WESTSIDE PHARMACY as a company for which to work. Part-time employees transitioning to full-time positions will be subject to the 90-calendar day evaluation period as well. The evaluation may be extended at the hiring manager's approval. Any and all extensions are performance based and no evaluation period will exceed 210- calendar days. (2 90-calendar days, 1 30 calendar days) Employment is to remain at-will during this status as well.

### **POLICY PROHIBITING SEXUAL HARASSMENT**

WESTSIDE PHARMACY forbids sexual harassment in the work place, on WESTSIDE PHARMACY property, in the field, or at any time while on company business. No employee should ever threaten or imply, even in jest, that an individual's submission to or rejection of sexual advances will in any way influence any decision regarding that individual's employment, performance evaluation, pay, advancement, assigned duties, or any other condition of employment or career development. Violations of this policy constitute a serious offense and will be disciplined appropriately.

### **JOB ABANDONMENT**

In the event that an employee is absent from work and fails to contact his/her supervisor, or an acting supervisor, directly will be considered a "No call/No show". If this occurs for 2 or more consecutive work days, the employee will be considered to have abandoned his/her job.

When an employee leaves the job (i.e. "walks off the job") without properly notifying his/her supervisor or and acting supervisor, the employee will be considered to have abandoned their job.

In both instances, job abandonment will result in immediate termination.

### **TREATING PEOPLE WITH RESPECT**

At WESTSIDE PHARMACY, we believe that it is impossible to serve our customers well and operate to our highest potential without treating each other with respect. Regardless of your position, you will be treated with respect.

Everyone should strive to always:

- Be the first to say "hello" or "Good morning"
- Say "Please" and "Thank you" often
- Complement at least three people a day
- Be a good listener- opportunity sometimes knocks very softly
- Praise in public and criticize in private
- Take responsibility for every area of your work and avoid blaming others

## OPEN DOOR POLICY

We promote a culture that provides a friendly work environment. By keeping the lines of communication open, we encourage pleasant and enjoyable day-to-day work relations. We invite you to raise concerns and issues as they arise to avoid potential complication.

## YOU AND THE CUSTOMER/ WHO ARE THE CUSTOMERS?

Our clients include not only the patients who fill prescriptions, but also our suppliers and distributors.

## CUSTOMER EXPERIENCE

Service is the basis of our business and superior customer service is essential to our ongoing success, both as a company and as individuals. Therefore, excellent customer service is a first priority. All employees are expected to conduct themselves in a professional manner at all times. It is of the utmost importance that you practice common courtesy with customers and realize their importance. A smile and a "thank you" costs nothing and takes very little effort, but they go a long way in keeping the environment pleasant for everyone.

Remember about the ten truths about our customers:

- 1- Customers are the most important people in any business.
- 2- Customers are dependent on us--- We are dependent on them
- 3- Customers are not an interruption to our work. They are the purpose of our mission
- 7- Customers are not people with whom to argue or match wits
- 8- Customers bring us needs and wants and we have to fulfill them
- 9- Customers deserve courteous and attentive treatment
- 10- Customers are the lifeblood at our business

Our policies in Customer satisfaction

- Treat each customer as if he or she is the only one you will have today
- Be sensitive to the customer's needs
- Greet every customer and thank them as they leave the store or hang up the phone
- Invite them back
- Be patient and smile

Telephone Etiquette- answer no later than 3 rings, promptly and courteously: " Thank you for calling Spring Valley Pharmacy, this is (your name) speaking. How may I help you?"

## WORKPLACE RULES/ REGULATIONS/ NON DISCLOSURE AGREEMENTS

WESTSIDE PHARMCY is an equal opportunity employer. We have no discrimination Policy and do not tolerate harassment in the workplace.

Information and database that are related pharmacy practices, pharmacy personnel, and patients of WESTSIDE PHARMCY are all considered trade secret(s) all inclusive, of WESTSIDE PHARMCY, LLC. Any violation of disclosing this information to a non-affiliate party (or parties) may result in lawsuit, fees, attorney fees, or/and compensation of any damages.

## BACKGROUND CHECKS

We are committed to hiring and retaining qualified and motivated, customer-friendly employees. As part of the hiring process, we may conduct background checks on the applicant. WESTSIDE PHARMCY reserves the right to conduct background checks as a part of its hiring and promotion practices, all the while adhering to employment laws, regulations, and company related policies.

## PROFESSIONAL GUIDELINES AND EXPECTATIONS

Employees are expected to conduct themselves in a professional manner at all times.

The following guidelines are designed to further explain how we define professional conduct:

- 1- Read and follow the guidelines established in this hand book
- 2- Perform the duties as assigned. There is no such thing as "its not my job"
- 3- Be pleasant and display a positive and display an attitude that conveys that you are there to support and help the customer. Do whatever is necessary to meet company and customer needs in a polite, professional manner by treating customers and coworkers courteously and respectfully
- 4- Be sensitive as to whether a customer desires health information or simply wants to an quick fill on his or her prescription.
- 5- Avoid discussing customer or business matters in the presence of others who are not part of the discussion. WESTSIDE PHARMCY complies with HIPPA
- 6- If there is a conflict with a fellow employee, do not discuss the issue with others employees, or where you might be overheard by a customer. Internal conflict should be addressed privately with management
- 7- Be on time! All tasks must be completed by the assigned deadline
- 8- Following all guidelines in customer service and customer satisfaction. If a problem that involves a customer's can't be resolved, immediately advise your manager and seek assistance
- 9- **Follow company dress code policy- comply with OSHA policy at the work place.** We expect employees to be well groomed and professional in their appearance. No facial jewelry (eyebrow, nose, lip rings, posts, studs, or chains). Earrings and hair color should be conservative. Offensive or suggestive of any tattoos must be kept covered. Violation may result in suspension without pay and can result in termination.
- 10- Maintain work areas in a **clean and orderly fashion**. Conduct a **safety check** of assigned equipment before beginning work and immediately report any equipment problems to management.
- 11- Produce quality work in a safe manner with minimal errors. Prescription errors or poor work performance can result in discipline and possible termination.
- 12- Physical requirement being able to stand and walk around up to 9 hours at a time, and lift approximately 35lbs.

## PERSONNEL FILES

WESTSIDE PHARMCY maintains personnel files on each employee. Files may contain documentation regarding all aspects such as performance, disciplinary warning notices, letters of commendation, w-4 changes. Files are the property of WESTSIDE PHARMCY and no copies of files will be released without the written consent from the employee, regardless of his/her work status, authorizing its use for external or inquiring parties. A fee may be applied upon release of files.

## PATIENT PRIVACY

The federal HIPAA Privacy Regulation provides standards for that protection and WESTSIDE PHARMCY conforms to those standards HIPAA regulation, calls Protection Health Information, means information that can be identified as being about an individual and that relates to that individual's past, present, or future physical or mental condition. Such information is absolutely private and every employee has an obligation to protect that privacy. All employees must complete the HIPAA training within 30 days of their hire date. Violations of privacy regulations or policies will result in discipline up to and including termination.

## CORPORATE INTEGRITY AGREEMENT

WESTSIDE PHARMCY is committed to truth, accuracy, and integrity in its handling of prescription/medical billing that includes billing to government health program or to private third party payers.

## CHEMICAL EXPOSURE AND HEALTH RISK DISCLOSURE

In addition to dispensing pre-manufacture products, WESTSIDE PHARMCY is also manufacturing/compounding/prepare pharmaceutical products that are may/may not readily available in the market. Therefore, WESTSIDE PHARMCY wants to inform the employees about the known health risk factors in exposure to pharmaceutical products via direct contact, air way, or environmental that might affect health of employees. By signing/acknowledging this agreement, employees give a waiver in understanding the risks and affects Employees will take the full responsibility for the decision of being continue to be employed at WESTSIDE PHARMCY with the disclosed/undisclosed risks that may be present.

## FEDERAL FALSE CLAIMS ACT

To protect public health and public finances, this act will allow the Federal government to recover fraudulent healthcare costs and to deter others from submitting them to federal healthcare programs such as Medicaid and Medicare. Employees are required to understand and know the law and may be personally liable for submitting improper claims for payment. All Claims that are billed to insurance companies must be able to prove through written or electronic documentation that the patient received the medications.

**A defendant found guilty under the False Claims Act can be forced to pay between 5000 to 10000 for each false claim, plus three times damages suffered by the federal government, court costs and attorney's fees.**

## WORK ETHICS

All employees are expected to adhere to the highest standard of personal, professional, and business ethics and use common sense and good judgment regarding the way they conduct themselves when on duty or representing the company.

Unethical conduct is unacceptable and will not be tolerated. This may result in suspension without pay or termination.

Unethical conduct includes, but is not limited to:

- Failing to comply with HIPPA, state laws, and the company's privacy policy
- Failing to disclose/report ongoing company problems to the supervisor
- Engaging in medical billing fraud
- Engaging in business conduct that is damaging to Spring Valley Pharmacy's business or reputation
- Disclosing or misusing trade secrets or confidential financial or business information belonging to the company or, personal/medical information belonging to the company and its patients
- Promising or giving something of value to anyone doing or seeking to do business with our company in order to influence them.
- Directing business to relative, friend, or company in which you or one of your family members has a direct or indirect financial or personal interest.