

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane • Reno, NV 89509

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Scott Middle: Dean Last: Huft

Mailing Address: E. Ardmore Rd.

City: Phoenix State: AZ Zip Code: 85044

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Harvey, North Dakota

Social Security Number: _____ Sex: M or F
(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: Arizona Date of Issuance: 7/31/1987

College of Pharmacy Information

Graduation Date: _____
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Idaho State University

Location of School: Pocatello, Idaho

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: 12.18.17 Amount: \$330.00 Entity #: 99316

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>CA</u>	<u>41154</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>CO</u>	<u>PHA.0022049</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
_____		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes No

Branch: _____
 Military Occupation/Specialty: _____
 Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

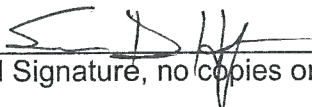
							Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....							<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or 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 or board citation 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 & documentation:								
Board Administrative Action: <u>Susp/Probation</u> <u>Susp/Probation</u>		State: <u>AZ</u>	Date: <u>3/29/91</u> <u>8/17/05</u>	Case #: <u>91-62-H</u> <u>05-0015-PHR</u>	See attached			
Criminal Action: <u>M.S. Leaver</u>	State: <u>AZ</u>	Date: <u>6/1/2005</u>	Case #: <u>?</u>	County: <u>Maricopa</u>	Court: <u>Phoenix</u>	See Attached		
FEDERALLY MANDATED REQUIREMENTS								
In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.								
4. Are you the subject of a court order for the support of a child?.....							Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....							Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist 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.


Original Signature, no copies or stamps accepted

12/5/2017
Date

Summary of Board Violations

No. 91-02-H

3/29/1991 My Arizona License was Suspended for 6 months and put on probation for 4 1/2 years due to my theft and use of cocaine.

I participated in Arizonas 'Pharmacist Assisting Pharmacists of Arizona" (PAPA) program, and successfully completed i the 5 years time.

No. 05-0015-PHR

Aug 17, 2005

My Arizona license was suspended for 6 months and placed on probation for 4 1/2 years after the suspension. I did remove Hydrocodone/APAP tablets, however I was not ingesting the product. I successfully completed the PAPA program at the conclusion of the 5 years.

Letters of completion of the PAPA program are attached.

In response to these charges, My California license was given a fine (It was in inactive status).

California case numbers:

1684 9/17/1993

5057 1/12/15

I never worked in California, and my license remains "inactive" and "delinquent" due to charges imposed.

I was charged with a misdemeanor approximately June, 2005, from the State of Arizona in Maricopa County. Records do not exist anymore and a document from The Courts is attached.

**Jim Corrington, Jr. MSW, LCSW
Addictions Recovery
5010 East Shea Suite D-202
Scottsdale, Az. 85254
602-740-8403**

8-19-10

Re: Scott Huff support letter (completed his PAPA contract)

To Arizona State Board of Pharmacy:

This letter is in support of Scott Huff. He has successfully completed his PAPA contract and obligations. He has been a huge asset to the group and we will surely miss him and his input. Scott should be congratulated. He has helped many other pharmacists on their journey in recovery as well. I have no doubt he will continue on his positive path. I wish him well. Feel free to contact me if any further information is needed.

Sincerely,

A handwritten signature in cursive script that reads "Jim Corrington, Jr. MSW, LCSW". The signature is written in black ink and is positioned below the word "Sincerely,".

Jim Corrington, Jr. MSW, LCSW

THIS COPY IS FOR
YOUR RECORDS

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 JOEL S. PRIMES, Supervising
Deputy Attorney General
3 ARTHUR TAGGART,
Deputy Attorney General
4 1515 K Street, Suite 511
P.O. Box 944255
5 Sacramento, California 94244-2550
Telephone: (916) 324-5339

6 Attorneys for Complainants
7
8

9 BEFORE THE
10 CALIFORNIA STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
11 STATE OF CALIFORNIA
12

13 In the Matter of the Accusation) No. 1684
Against:)
14)
SCOTT DEAN HUFT)
15 East Rockledge Road) STIPULATION, DECISION AND
Phoenix, Arizona 85044-0392) ORDER
16 Pharmacist Licentiate)
No. RPH 41154,)
17 Respondent.)
18

19 The California Board of Pharmacy, through its legal
20 counsel, Daniel E. Lungren, Attorney General, by and through
21 Deputy Attorney General Arthur Taggart, and Scott Dean Huft
22 (hereinafter "Respondent"), stipulate that matters set forth in
23 the following paragraphs numbered one through seventeen of the
24 Stipulation, Decision and Order ("stipulation") are true and
25 correct:

26 1. Complainant Patricia F. Harris made and filed.
27 Accusation No. 1684 (hereinafter "accusation") in her official
28 capacity of Executive Officer, Board of Pharmacy, Department of

1. Consumer Affairs (hereinafter "Board") and in no other capacity.

2. On August 20, 1987, the board issued pharmacist
3. licentiate No. RPH 41154 (hereinafter "License") to Respondent.
4. The license is in full force and effect until April 30, 1995.

5. On June 3, 1993, the accusation was filed against
6. Respondent. The accusation and the other documents required by
7. law have been duly and properly served on Respondent.

8. Respondent filed a timely notice of defense.

9. CAUSES OF DISCIPLINE

10. Respondent is subject to disciplinary order
11. pursuant to Business and Professions Code section 4350.5 and 4355
12. as is more specifically set forth below:

13. A. On or about March 29, 1991, the Arizona State
14. Board of Pharmacy issued a decision entitled "In the Matter of:
15. Scott Dean Huft, Certificate of Registration, NU 8864, No 91-02-
16. H" suspending Respondent's Arizona Certificate of Registration.
17. The suspension was stayed and a five year probation imposed with
18. numerous terms and conditions. The factual basis for the
19. decision was Respondent's "removal of controlled substances for
20. personal use without a prescription order and adulteration and
21. misbranding of Cocaine Hydrochloride."

22. WAIVER OF RIGHTS

23. Respondent gives-up, relinquishes and waives the
24. right to a hearing, the right to subpoena witnesses and documents
25. on his behalf, the right to cross-examine witnesses, the right to
26. present evidence in his defense, the right to introduce evidence
27. in mitigation, the right to reconsideration, and the right to
28. appeal any adverse decision or order, which might be rendered by

1 on probation for a period of three years upon the terms and
2 conditions provided in paragraphs 1 through 16 of the
3 disciplinary order. However, paragraphs 3, 4, 5, 6, 8 and 9
4 through 16 of the disciplinary order are stayed until Respondent
5 is authorized by the Board to commence probation in California.
6 Paragraphs 1, 2 and 7 of the disciplinary order become effective
7 thirty (30) days from the effective date of the stipulation. The
8 three-year probationary period shall not commence until
9 Respondent receives notification from the Board.

10 C. Terms and Conditions of Probation.

11 1. Authorization to Practice In California.

12 Respondent is currently practicing pharmacy in Arizona and is
13 uncertain whether he will practice pharmacy in California. If
14 Respondent intends to practice pharmacy in California, no less
15 than one hundred and twenty (120) days prior to coming to
16 California for such purpose, Respondent shall inform a designated
17 Board representative in writing of his arrival date and the
18 location, if known, of his pharmacist practice. Respondent shall
19 not practice pharmacy in California until he receives written
20 authorization from the Board in writing that he may commence the
21 practice of pharmacy.

22 2. Pharmacists Recovery Program (formerly
23 Impaired Pharmacist Program). Not less than thirty (30) days
24 prior to commencing the practice of pharmacy in California,
25 Respondent shall contact the Pharmacist Recovery Program (PRP)
26 for evaluation and shall successfully participate in and complete
27 the treatment contract as recommended by the PRP. The cost for
28 PRP participation shall be borne by Respondent.

THIS COPY IS FOR
YOUR RECORDS

Exhibit A

Accusation No. 5057

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 ANAHITA S. CRAWFORD
Deputy Attorney General
4 State Bar No. 209545
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 322-8311
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

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

10
11 In the Matter of the Accusation Against:

Case No. 5057

12 **SCOTT DEAN HUFT**
13 **E. ROCKLEDGE ROAD**
14 **PHOENIX, AZ 85048**

A C C U S A T I O N

15 **Pharmacist License Number RPH 41154**

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Virginia K. Herold (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Officer of the California State Board of Pharmacy.

22 2. On or about August 20, 1987, the California State Board of Pharmacy issued
23 Pharmacist License Number RPH 41154 to Scott Dean Huft (Respondent). The Pharmacist
24 License expired on April 30, 2015, and has not been renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the California State Board of Pharmacy, under the
27 authority of the following laws. All section references are to the Business and Professions Code
28 unless otherwise indicated.

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1 4. Section 4300 of the Code states:

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

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

6 (1) Suspending judgment.

7 (2) Placing him or her upon probation.

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

9 (4) Revoking his or her license.

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

12 (e) The proceedings under this article shall be conducted in accordance with
13 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the
14 Government Code, and the board shall have all the powers granted therein. The
15 action shall be final, except that the propriety of the action is subject to review by the
16 superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

17 5. Section 4300.1 of the Code states:

18 The expiration, cancellation, forfeiture, or suspension of a board-issued license
19 by operation of law or by order or decision of the board or a court of law, the
20 placement of a license on a retired status, or the voluntary surrender of a license by a
21 licensee shall not deprive the board of jurisdiction to commence or proceed with any
22 investigation of, or action or disciplinary proceeding against, the licensee or to render
23 a decision suspending or revoking the license.

24 STATUTORY PROVISIONS

25 6. Section 4301 of the Code states:

26 The board shall take action against any holder of a license who is guilty of
27 unprofessional conduct or whose license has been procured by fraud or
28 misrepresentation or issued by mistake. Unprofessional conduct shall include, but is
not limited to, any of the following:

...

(n) The revocation, suspension, or other discipline by another state of a license
to practice pharmacy, operate a pharmacy, or do any other act for which a license is
required by this chapter.

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