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# Nevada State Board of Pharmacy

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March 14, 2019

**BY CERTIFIED MAIL AND ELECTRONIC MAIL**

Markey Donnell Wilson, P.A.

6070 S. Ft. Apache Rd. #100

Las Vegas, NV 89148

9171 9690 0935 0157 5495 03

Re: **CEASE AND DESIST ORDER: Prescribing Without a Current Registration**

Dear Ms. Wilson,

It has come to the attention of the Nevada State Board of Pharmacy (Board) that your Nevada Physician's Assistant – Prescribe Registration, Certificate of Registration No. PA00655, expired on October 31, 2018, and was not renewed. The Board has information to show that even though you do not have a current registration with the Board, you have continued to prescribe controlled substances and dangerous drugs. Prescribing any prescription medication without a current registration is unlawful under various federal and state statutes, including NRS 639.1373 and NRS 453.226 through 453.232.

The Board therefore orders you, pursuant to NRS 639.2895(1), to CEASE and DESIST the unlicensed practice of prescribing controlled substances and dangerous drugs immediately. You may not prescribe any prescription medication until your prescribing registration is active and in good standing.

Please be aware that this Cease and Desist Order does not take the place of formal discipline for unlawful prescribing or a hearing before the Board to determine whether it will renew your registration. A hearing on that matter will be scheduled once you submit an application to renew your registration.

Feel free to contact me if you have questions at (775) 850-1440.

Best regards,

S. Paul Edwards

General Counsel

Nevada State Board of Pharmacy

Cc: J. David Wuest, Executive Secretary of the Nevada Board of Pharmacy

### Renewal Application Controlled Substance

Application Fee : \$80.00  
Convenience Fee : \$6.00  
License Number : CS12316  
License Type : Controlled Substance  
New Expiration Date : 10/31/2020

#### Personal Information

First Name :

Middle (initial only) :  Last Name :

License # :

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

#### Practice Address :

Name/Practice Name/DBA :

Military Address :

Street :

Country :

City :  State :  Zip :

Practice Phone :  Practice Fax :

Email Address :

**Legal Information**

1. Since your last renewal or recent licensure have you 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
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?  Yes  No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?  Yes  No
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?  Yes  No

Pending administrative action with the Board of Pharmacy in Nevada due to an oversight in renewing my license.

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Case #:

**Criminal Action :**

State:  Date:

Case #:

County:  Court:

**Acknowledgement and Declaration**

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

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 Of Application:

Please type only the First and Last Name that are listed at the top of the page

**Fee Detail(s)**

**The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.**

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	\$80.00
	Convenience Fee	\$6.00
	Late Fee	\$40.00
	<b>Total :</b>	<b>\$126.00</b>

Fee and Payment

Payment Method : Credit / Debit Card ▼

Application Fees : 80

Convenience Fee : 6

Late Fees : 40

Reference Number : 61619429486

InvoiceDate : 03/15/2019

**Paid**

Pay & Submit

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Documentation for this agenda item will be provided at a later date.