13

13A

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Nevada State Board of Pharmacy

Home Individual Renewal Reports Administration Company Inspection Compliance

License Renewal

Add

Search By Name :

License # : 18141 SS # : XXX-XX-XXXX

Last Name : First Name :

Email : Status : Select

Search Cancel

Show All

License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
18141	Pharmacist	DEEPA	RAMASWAMY	10/31/2019		Submitted	

Renewal Application Pharmacist

Application Fee : $180.00
Convenience Fee : $10.00
License Number : 18141
License Type : Pharmacist
New Expiration Date : 10/31/2021

Personal Information

First Name : * DEEPA

Middle (initial only) : Last Name : * RAMASWAMY

License # : 18141

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 : * VESTAL AVE

Country : * United States

City : * CASTRO VALLEY State : * California Zip : * 94546

Practice Phone : (XXX) XXX-XXXX Practice Fax : (XXX) XXX-XXXX

Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : * VESTAL AVE

Country :* United States

City :* CASTRO VALLEY State :* California Zip :* 94546

Home Phone : (XXX) XXX-XXXX Cell Phone :

Email Address :* Fax : (XXX) XXX-XXXX

☑ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- ● I DO NOT have a Nevada Business license number.
- ○ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- ○ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License

Business License #

Child Support Information – Check appropriate answer

- ● I am NOT SUBJECT to a court order for the support of a child
- ○ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * ○ Yes ● No

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

wet and reckless misdemeanor in the state of california. Rehab classes taken for 3 months and have maintaned active pharmacist licensure in california

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action

No Record Found

Document Name Document Type -Select DocumentType

Document

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : California Date : MM/DD/YYYY

Case #

Criminal Action :

State: California

Date: MM/DD/YYYY

Case #:

County:

Court:

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

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Deepa Ramaswamy

Date Of Application * 10/31/2019

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 11/1/2019 to 10/31/2021	License Renewal Fee	$180.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$190.00**

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

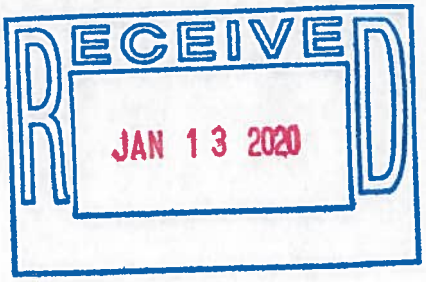
Reference Number

InvoiceDate 10/31/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()



Deepa Ramaswamy
2400 Sierra Blvd Apt 67
Sacramento, CA 95825

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Suite 206, Reno, NV 89521

Hello,

I am Deepa Ramaswamy, Pharm.D., NV Pharmacist Licensure # 18141. Please find the attached copy of documents regarding the misdemeanor in California. Pleading for the reinstatement of my Nevada state board of pharmacy licensure. Please let me know if I can provide any additional documents. I can be reached via email at [illegible]@gmail.com or by phone at [illegible]

Sincerely,

Deepa Ramaswamy, Pharm.D.
1/8/2020

BREINING INSTITUTE
2775 Cottage Way, Ste. 25, Sacramento, CA 95825
(916) 972-8175 (phone)
(916) 972-1032 (fax)

WET & RECKLESS VERIFICATION

ENROLLMENT / COMPLETION

Court: Sacramento Participant Name: Deepa Ramaswamy

Case #: 18M10050315 Date of Birth: _____

Driver's License #: _____ Address: Sierra Blvd

Enrollment Date: 3.4.19 City/Zip: Sacramento 95825

REPORTING PROGRAM:

{ } Breining Institute
#34-003-01-100
2360 E. Bidwell St, Ste. 107
Folsom, CA 95630
(916) 987-0662 (phone)
(916)987-9384 (fax)

{ } Breining Institute
#34-003-01-100
8894 Greenback Lane
Orangevale, CA 95662
(916) 987-0662 (phone)
(916) 987-9384 (fax)

{ } Breining Institute
#34-003-02-100
3137 Dwight Road, Ste. 500
Elk Grove, CA 95758
(916) 422-2408 (phone)
(916) 422-2418 (fax)

{X} Breining Institute
#34-003-03-100
2775 Cottage Way, Ste. 25
Sacramento, CA 95825
(916) 972-8175 (phone)
(916) 972-1032 (fax)

This notification certifies that the above named individual completed a Wet and Reckless Driving-Under-the-Influence Program (12 hours of education) on 4.10.19.

Comments: _____

Authorized Staff: B Hakansen Title: Manager Date: 4/10/19
Revised 11/2014

NAME AND ADDRESS OF COURT:
SUPERIOR COURT SACRAMENTO COUNTY
720 9th Street Room 101
SACRAMENTO, CALIFORNIA 95814

FOR COURT USE ONLY

NAME OF DEFENDANT: Deepa Ramaswamy
STREET ADDRESS:
MAILING ADDRESS: 2400 Sierra Blvd Apt 67
CITY AND ZIP CODE: Sacramento CA 95825

DATE OF COURT ORDER:

(check one)

☑ PROOF OF ENROLLMENT IN ALCOHOL OR DRUG PROGRAM

☑ PROOF OF COMPLETION OF ALCOHOL OR DRUG PROGRAM

CASE NUMBER: 18M1005031S

DESCRIPTION OF ALCOHOL OR DRUG PROGRAM
Name of Program: Breining Institute
Address of Program: 2775 Cottage Wy. Suite 25, Sacramento, Ca. 95825
Program License Number: 3400301100 Program Telephone Number: 916-972-8175

PROOF OF ENROLLMENT

1. Defendant (name): Deepa Ramaswamy enrolled in the alcohol or drug education program described above on (specify date of enrollment): 3.4.19
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: 3.4.19 Deepa Ramaswamy
(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)
Date: 3.4.19 B Falar
(TYPE OR PRINT NAME) (SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)
Manager
(TITLE)

PROOF OF COMPLETION

2. Defendant (name): successfully completed the alcohol or drug education program described above on (specify date of completion): 6/11/2019
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: 6/10/2019
Deepa Ramaswamy
(TYPE OR PRINT NAME) (SIGNATURE OF DEFENDANT)
Date: 6/10/19
B Falar
(TYPE OR PRINT NAME) (SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)
Manager
D.D.P. Coordinator
(TITLE)

YOU NEED TWO OF THESE FORMS: — INSTRUCTIONS —

1. UPON ENROLLMENT IN A COURT-ORDERED ALCOHOL OR DRUG EDUCATION PROGRAM, FILL OUT THE PROOF OF ENROLLMENT PORTION OF ONE COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.
2. UPON SUCCESSFUL COMPLETION OF THE PROGRAM, FILL OUT THE PROOF OF COMPLETION PORTION OF A SECOND COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.

FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN THE REVOCATION OF YOUR PROBATION.

SI USTED NO CUMPLE CON ESTOS REQUISITOS, SU INCUMPLIMIENTO PUEDE RESULTAR EN LA REVOCACION DE SU LIBERTAD CONDICIONAL.

April 10, 2019

BREINING INSTITUTE
2775 Cottage Way Suite 25
Sacramento, California 95825

RE: Deepa Ramaswamy
DOB1
DL#'
Sacramento Superior Court Case Number 18MI0050315

To Whom It May Concern:

Ms. Ramaswamy completed the WET RECKLESS component of the First Offender Drinking Driver Program on April 10, 2019.

She is continuing to attend the (3)Month component of the First Offender Drinking Driver Program.

She is in full compliance with the rules and regulations of the program at this time.

Sincerely,

B. Hakensen
Manager

916.972.8175

#34.003.03.100

NOTICE OF COMPLETION CERTIFICATE

DL 101

A Public Service Agency

NAME (LAST, FIRST MIDDLE SUFFIX)	BIRTHDATE	DRIVER LICENSE NUMBER
Ramaswamy, Deepa		

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
) Sierra Blvd#	Sacramento	CA	95825

The above named individual has successfully completed a Driving-Under-the-Influence Program licensed by the California Department of Alcohol and Drug Programs to provide the following services: ☐ Education Component Only (23140 CVC Conviction) 1st Offender Program 03 months

Multiple Offender Program ☐ 12 months ☐ 18 months ☐ 30 months ☐ Multiple Offender Program (IID restriction only) ____ months of ____ months

DATE OF ENROLLMENT	DATE OF COMPLETION	VIOLATION DATE	COURT CODE	DOCKET NUMBER
03/04/2019	06/11/2019	02/02/2018		

PROGRAM NAME	ADP LICENSE NUMBER
Breining Institute	3400303100

PROGRAM ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
2775 Cottage Way, Suite 25	Sacramento	CA	958251215

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PARTICIPANT'S SIGNATURE		TELEPHONE NUMBER
	X	DL 804 on file	
DATE	**AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME**	**AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE**	**TELEPHONE NUMBER**
06/11/2019	Barbara Hakensen	X	(916) 972-8175

NSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signatures (program representative and participant), retain ı copy, and distribute to participant and court.

NOTE: Before a restriction is processed, Proof of Financial Responsibility and reissue fee payment must be received.

This Notice of Completion Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is ıot valid for DMV purposes.

ıL 101 (REV 6/2005) WWW **UNIQUE ID#:** 3400303100061120191401 04BREININGINSTSAC@ATT.NETD7851942DL101

Superior Court of California
County of Sacramento

720 Ninth Street
Sacramento CA 95814

This letter is confirmation that the annexed instrument (inclusive) is a Correct copy of the original on file in the Sacramento Superior Court file.

Sacramento Superior Court in and for the County of Sacramento, State of California.

CASE NAME RAMASWAMY, DEEPA

CASE NUMBER 18MI005087

ATTEST CERTIFIED DATE 01/02/2020

BY _____ DEPUTY CLERK

TOTAL NUMBER OF PAGES 10

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - HEADER/PROCEEDINGS

DEFENDANT NAME	DEF	XREF	CASE
RAMASWAMY DEEPA	1	4988915	18MI005087 SUP

CUSTODY STATUS: 8536
DOB:
LEA: SACRAMENTO POLICE DEPARTMENT
BAIL SET: $1,482.00
BAIL POSTED:

DATE FILED: 03/15/2018
ARREST #: 10062791-01

BOND #:

PROSECUTOR: DISTRICT ATTORNEY

DEFENSE: HOLBUS, JOHN
TYPE: RET

SECTION(S) VIOLATED:
02/02/2018 (CT 1) VC 23152(A)
02/02/2018 (CT 2) VC 23152(B) — r/r Wet

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
020619	STANGER	02	5334	DR	Plea/set (1ct)
08:30					Atty pres 977 PLEA IN ABSENTIA
					See Plea & Informal Probation Order
					☐ Restitution Order filed
					Deft to pay: $40 COA;
					$30 CCF: $ Ø Atty Fees
					All Fees Payable: ☒ DRR / ☐ Forthwith JIMS 95

DO NOT FILE ANY DOCUMENTS EXCEPT OUTSTANDING WARRANTS ON TOP OF THIS

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - HEADER/PROCEEDINGS

DEFENDANT NAME	DEF	XREF	CASE
RAMASWAMY DEEPA	1	4988915	18MI005087 SUP

CUSTODY STATUS: 9536
DOB:
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BAIL SET: $1,482.00
BAIL POSTED:

DATE FILED: 03/15/2018
ARREST #: 10062791-01

BOND #:

PROSECUTOR: DISTRICT ATTORNEY

DEFENSE: HOLBUS, JOHN
TYPE: RET

SECTION(S) VIOLATED:
02/02/2018 (CT 1) VC 23152(A)

02/02/2018 (CT 2) VC 23152(B)

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
091918	TALLEY	02	853.6	DR	FP (CB: 1)
08:30					atty David Knoll S/A 977
					cont 10.22.18 830 2 FP
OCT 22 2018	JILL H. TALLEY	2	836	DR	FP (Ctd)
					Atty 977
					12.10.18 830 2
					Plea/Set
12-10-18	JILL H. TALLEY	2	853.6	DR	Plea/set (1cts)
8:30					Atty Holbus Pros 977
					2-6-19 830 2 plea/set
					JIMS 26

DO NOT FILE ANY DOCUMENTS EXCEPT OUTSTANDING WARRANTS ON TOP OF THIS

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - HEADER/PROCEEDINGS

DEFENDANT NAME	DEF	XREF	CASE
RAMASWAMY DEEPA	1	4988915	18MI005087 SUP

CUSTODY STATUS: 8536
DOB:
LEA: SACRAMENTO POLICE DEPARTMENT
BAIL SET: $1,482.00
BAIL POSTED:

DATE FILED: 03/15/2018
ARREST #: 10062791-01

BOND #:

PROSECUTOR: DISTRICT ATTORNEY

DEFENSE: ~~Lucy McCallister~~ Ret'd
TYPE: Atty John Holbus

SECTION(S) VIOLATED:

02/02/2018	(CT 1)	VC	23152(A)
02/02/2018	(CT 2)	VC	23152(B)

CTS: 1

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
032118	DAMRELL	02	653.6	DR	ARR
01:30					atty Elsabel Flores 977 S/A
					for atty Lucy McCallister
					ret'd FAW
					cont 5.17.18 830 2 FP
	L. DAMRELL	2	653.6	DR	FP (1cts)
					Atty Flores S/A 977 JIMS 95
					7-18-18 830 2 FP
JUL 13 2018	Shepard	2	653.6	DR	FP (1cts) JIMS 95
					Atty John Holbus ret'd
					Atty McCallister ret'd
					9-19-18 830 2 FP
					JIMS 53

DO NOT FILE ANY DOCUMENTS EXCEPT OUTSTANDING WARRANTS ON TOP OF THIS

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - PLEA

RAMASWAMY DEEPA 1 4988915 18MI005087 SUP

PLEA DATE: 2/6/19 JUDGE: Stanger DEPT: 2

RIGHTS:

ADV	WVD		ADVISED	
✓		COUNSEL, retained or appointed	✓	possible maximum sentence
		PRELIMINARY HEARING		possibility of 1203.03 PC
	✓	JURY TRIAL, speedy and public		parole rights
		CONFRONTATION, of witness		option of changing plea
		SELF INCRIMINATION, remain silent		in re: West
			✓	consequences of plea

✓ If you are not a citizen, you are hereby advised that conviction of the offense for which you have been charged may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.

Video mass advisement transcript on request
✓ Tape Number 9 25
Court Reporter (transcript on request)
✓ The written Waiver and Plea form filed herein is ordered incorporated in the record

Defendant advised of above rights, penalties and consequences of plea. Court found defendant understood same. Court found that defendant knowingly, intelligently, voluntarily and expressly waived the rights as indicated by initials above. Defendant entered a plea of:

PLEA IN ABSENTIA

GUILTY

✓ NOLO CONTENDERE (acknowledged it is same as guilty)

NGRI (PC 1026)

to the charges of: VC 23103.5 r/r to CT. 2

BAC: 09

Court dismissed: CT. 1

Insufficient Evidence
✓ Interest of Justice
✓ In View of Plea
Proof Shown
Harvey Waiver

Court found that the above plea(s) was voluntary and there was a factual basis for same.

SACRAMENTO SUPERIOR COURT - ORDER OF INFORMAL PROBATION WET RECKLESS

Case Number	Def. Name (Last, First, Middle)	Violation(s):
18M1005087	Ramaswamy, Deepa	VC 23103.5 (R/R to 23152) Wet Reckless

The defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced, **IT IS ORDERED THAT** imposition of sentence be suspended and that the defendant be placed on INFORMAL probation to this court for the term of **THREE (3)** years from this date on the conditions checked below:

☒ 1. **(OAL)** Obey all laws

☒ 2. **(DRINK/DRIVE)** Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system. Do not refuse to complete blood alcohol chemical test when offered by any peace officer with reasonable cause to do so

☒ 3. **(VALID/LIC)** Do not drive without a valid California driver's license or in violation of California Vehicle licensing laws.

☒ 4. **(VALID/INS)** Do not drive without insurance.

☐ 5. **(REST/LOSS)** Make restitution for personal injury/property damage/loss caused in this offense. Purs. to 1202.4(f)(7) & (11) PC, you shall prepare and file a financial disclosure form (CR-115) with the court and an updated form within 90 days prior to release from probation if there is any unpaid restitution or fine.

☐ 6. **(REST/TBD)** Restitution to be determined by the DA ☐ Amt: $ _____ Victim(s): _____

☐ Restitution to be determined to the responding LEA. *(Specify agency)*: _____

☒ 7. **(FINE/ASMT)(FINE/TIME)** Fine &Assessments: Pay the following fines/assessments or serve 2 days County Jail.

Fine / Assessment Type	Amount		Reduced Amount	
Base Fine per VC 23538(a)	$250.00	JAIL CREDIT	$125.00	OR SERVE
☒ *CIF (PC1465.7(a)) **(CIF)**	$50.00		$25.00	
*Penalty Assessment (PC 1464, GC 76000)	$425.00		$221.00	
*Court Construction Penalty Assessment **(CTCONST)** (GC70372(a)) (Effective 01/01/03)	$75.00	1	$39.00	1
*ICNA Penalty Assessment GC 70372(a) (Effective 01/01/09)	$50.00		$26.00	
*DNA Penalty Assessment (GC76104.6) **(DNA1)** (Effective 11/04/04)	$25.00		$13.00	
*DNA Penalty Assessment (GC76104.7) **(DNA2)** (Effective 07/12/06)	$25.00	DAY(S) REDUCES FINE(S)	$13.00	DAYS CJ C/S IN LIEU OF FINE
*DNA Penalty Assessment (GC76104.7) **(DNA2A)** (Effective 06/10/10)	$50.00		$26.00	
*DNA Penalty Assessment (GC 76104.7) **(DNA2B)** (Effective 06/24/12)	$25.00		$13.00	
*EMS-Co. Penalty Assessment **(EMSCOPA)** (GC 76000.5) (Eff. 01/01/2018)	$50.00		$26.00	

**** THE FINES & ASSESSMENTS LISTED BELOW ARE NOT CONVERTIBLE TO COUNTY JAIL OR REDUCED BY CREDITS. SEE REVERSE SIDE OF THIS DOCUMENT FOR A CALCULATION OF PENALTY ASSESSMENTS****

☒ **(REST MISD)** Rest Fine in the amt. of $150.00 purs. to PC 1202.4(b)

☒ Emergency Medical Air Transport Fund (GC76000.10) (EMAT) $4.00

☒ **(1202.44 PC)** Addtl. Rest. Fine in the amt. of $150.00 purs.to PC 1202.44 stayed pending revocation.of probation.

☒ **(ALC/ASMT2)** Alcohol &Drug Program Assessment (VC 23649) $10.00

☐ **(HIST/FEE)** DMV History Fee $10.00 (VC 40508.6)

☒ **(NCA)** Night Court Assessment (VC 42006) $1.00

☐ **(BOOK/FEE)** MJ Book.Fee $402.38 (GC 29550.2(a)) ☐ **(CLASS/FEE)** Class.Fee $99.19 (GC 29550.2(a)) ☐ **(RCCC/FEE)** RCCC Book.Fee $267.71 (GC 29550.2(a))

☐ **(CITE/FEE)** Citation Processing Fee $10.00 (GC 29550(c)) ☐ **(OR/FEE)** Crim. Justice Proc. Fee $25.00 (GC 29550(c))

All fines/fees payable through: ☒ **PAY/DRR** through DRR ☐ **(PAY/FW)** Forthwith ☐ **Fine Stayed**, payments to begin _____. ☐ Stay fee waived.
☐ **(ASP/LIEUF)** Alternative Sentencing Program in lieu of fine, _____ hours to be completed by/within _____ days/months.
☐ Jail in lieu of fine to be served _____, consecutive. ☐ Work Release

☒ 8. **(JAIL)SERVE** 0 days / hours in the CJ, credit for time served _____ days. ☒ Consecutive ☐ Concurrent to _____

☐ Straight time ☐ Jail stayed pending completion of _____

☐ Court has no objection to a Work Release Program. Qualify or surrender at ☐ Main Jail ☐ RCCC on: _____

☐ Stay to sign up on or before: _____ **Court objects to:** ☐ **SWP** ☐ **HD/Medical HD.**

☐ CJ may be done in _____ County. ☐ Show proof of enroll /completion on: _____ at _____ in Dept. _____

☐ County Jail converted to _____ hours of ASP by / within _____ days / months.

☒ 9. **(WETPROG)** You are hereby ordered to report to and enroll in the ☒ Wet Reckless ☐ First Offender ☐ 9-month Alcohol & Drug Education ☐ SB-38 Program within 72 hours from today or release from custody

☐ Provide proof of enrollment by: _____ (date). ☒ Stay to sign up on or before 3·22·19 (date).

☐ Program may be done in _____ County. ☐ Program to run C/C with case number: _____.

☐ 10. **(ATTEND/AA)** Defendant to attend _____ AA or 12-Step meetings and provide proof of attendance on _____ at _____, in Dept. _____ or in the alternative serve _____ days in the county jail consecutive.

☐ 11. **(LIC/REST)** Driver's License revoked/suspended / restricted for a period of _____ months/years pursuant 13202.5 VC.
☐ Proof of critical need shown; pursuant VC 13202.5(c), court recommends restricted driver's license with codes S, T, & V. Amended DMV abstract to be issued.

☐ 12. **(S&S)SEARCH:** Deft shall submit his/her person, property and automobile and any object under defendant's control to search and seizure, in or out of the presence of the defendant, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same.

☒ 13. **(ADV23593VC)** Advised pursuant 23593(a) VC that a DUI resulting in someone's death can be charged as murder.

☒ 14. **(BBSS)** Defendant shall not refuse to complete a blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. Your blood and/or breath will be subject to search and seizure by any law enforcement officer at any time of the day or night, with our without your consent, and with or without a warrant.

☐ 15. Other: _____

Judge of the Superior Court	Dept.	Date
Stanger	2	2/6/19

READ AND SIGN THE OTHER SIDE OF THIS ORDER!

GENERAL CONDITIONS OF INFORMAL PROBATION

NOTICE: This is your order of probation. It limits what you can do. A violation of probation can result in your arrest and confinement. If you do not understand any condition of probation, discuss it with your attorney or the judge who sentenced you.

WHAT MUST YOU DO?

You must obey all of the rules set out for you on the front side of this sheet. You do not have to report to a probation officer. But, if you are notified to return to court and do not do so, a warrant will be issued for your Arrest. Any notice will normally be sent to the address you gave on the front of this sheet. Be sure to notify the Post Office to forward your mail if you move.

WHAT IF YOU VIOLATE PROBATION?

If you fail to obey any of the rules set out for you, your probation can be revoked and a warrant be issued for your Arrest. If, after a hearing in court, the judge finds that you did, in fact, violate probation, you can be sentenced to the maximum jail term allowed by law. You could also receive additional fines or additional conditions of probation.

WHAT IF YOU SUCCESSFULLY COMPLETE PROBATION?

In general, at any time after the termination of the period of probation and upon completion of the requirements of Penal Code section 1203.4, probationers may petition the court to exercise its discretion to allow the probationer to withdraw a plea of guilty or nolo contendere or to set aside a verdict of guilty and dismiss the accusations against the probationer. If such relief is granted by the court, the probationer may also petition the court for a certificate of rehabilitation and pardon upon completion of the requirements of Penal Code section 4852.01. Probationers convicted of certain offenses are not eligible for this relief. (See Penal Code Section 1203.4(b).)

WHAT IF YOU FEEL YOUR PROBATION SHOULD BE ENDED EARLY OR CERTAIN CONDITIONS SHOULD BE CHANGED?

Talk to your attorney, or petition this Court if you want to change your probation order in any way. Remember though, only a judge of the Sacramento Superior Court can change any condition or term of your probation. No other person, agency, or court can do that.

WHAT DOES PROBATION REALLY MEAN?

Before you plead guilty or no contest, the judge explained to you what the maximum penalty was. In most cases it is one year in jail and a fine of one thousand dollars. The judge could have imposed that maximum penalty when you were sentenced. The imposition of that maximum penalty has simply been held back to see if you complete your period of probation without violating any of the special rules now established for you. Therefore, being on probation means that you do not have the same rights as other citizens. The special rules that apply to you are set forth on this form. Make sure that you understand and follow those rules.

PENALTY ASSESSMENT CALCULATION (See reverse):

PENALTY ASSESSMENT TYPE AND AUTHORITY	AMOUNT BASED ON...
Penalty Assessment pursuant PC 1464 (State) (Effective 07/09/91)	$10 for each $10, or part of $10, of base fine
Penalty Assessment pursuant GC 76000 (County) (Effective 07/09/91)	$7 for each $10, or part of $10, of base fine
Court Construction Penalty Assessment GC 70372(a) (Effective 01/01/03)	$3 for each $10, or part of $10, of base fine
ICNA Penalty Assessment GC 70372(a) (Effective 01/01/09)	$2 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.6(Effective 11/04/04)	$ 1 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.7(Effective 07/12/06)	$ 1 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.7 (Effective 06/10/10)	$ 2 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.7 (Effective 06/27/12)	$ 1 for each $10, or part of $10, of base fine
EMS-Co. Penalty pursuant to GC 76000.5 (Effective 01/01/18)	$ 2 for each $10, or part of $10, of base fine
SURCHARGES / ASSESSMENTS AND AUTHORITY	
Criminal Impact Assessment Fee pursuant PC1465.7(a) (Effective 01/01/02)	20% of the base fine amount
Court Operations Assessment PC 1465.8 (Effective 01/01/10)	$40 per conviction
Criminal Conviction Assessment GC 70373 (Effective 01/01/09)	$30 per conviction

The foregoing terms and conditions of informal probation have been explained to me and I fully understand them and agree in every particular to abide by them.

DEFENDANT SIGNATURE	DATE
[illegible]	2-5-18

DEFENDANT ADDRESS (STREET, CITY, STATE, ZIP)

Sierra 37V0 Sac, Ca 95822

TELEPHONE

SACRAMENTO SUPERIOR COURT DUI / DRUG REHABILITATION PROGRAM REFERRAL

Case Number	Referral Status	Defendant Name	Xref No.	Date of Birth	Driver's License
18M:005087	ORIG	RAMASWAMY, DEEPA	4988915	[redacted]	
Section(s) Violated	**Priors**	**Viol. Date**	**Prob. Status**	**BAC / HBA**	**Telephone Number**
VC. 23103.5		2/2/18	INF	.09	(916)
Home Address			**City**	**State**	**Zip**
7 Mar Sierra Blvd			Sacramento	CA	95825

1. The Court has ordered you to attend the program checked below and to comply with the program rules and fee requirements.

- [x] **12-HOUR** Wet & Reckless, 18-20 Year-old
- [ ] **3-MONTH** 1st Offender DUI (< 0.15% BAC) 30 hour, Min. 3 Months
- [ ] **6-MONTH** 1st Offender DUI (0.15%-0.19% BAC) 45 Hour, Min. 6 Months
- [ ] **9-MONTH** 1st Offender DUI (0.20% BAC or higher) 60 Hour, Min. 9 Months
- [ ] **18-MONTH** Multiple Offender DUI Program 76.5 Hour, Min. 18 Months
- [ ] **DUI and SSAT Programs**
- [ ] **ASSESSMENT PROGRAM** – Call Health and Human Services at (916) 874 – 9754 to make an appointment for assessment.

2. Call the DUI Program checked below WITHIN 72 HOURS TO SCHEDULE AN APPOINTMENT to enroll

✓	Area	Location / Name	Address	City	State	Zip	Telephone	Language(s) Avail.	Programs Offered: Wet / Reckless	First Offender	Multi. Offender
	1	Breining Institute	3159 Dwight Road, Suite 100	Elk Grove	CA	95758	916-422-2408	English	X	X	
	2	Breining Institute	2360 East Bidwell Street, Suite 107	Folsom	CA	95630	916-987-0662	English	X	X	
	3	Breining Institute	8894 Greenback Lane	Orangevale	CA	95662	916-987-0662	English	X	X	
	4	Breining Institute	2775 Cottage Way, Suite 25	Sacramento	CA	95825	916-972-8175	English	X	X	
	1	Bridges	4241 Florin Road, Suite 75	Sacramento	CA	95823	916-450-0700	English/Spanish	X	X	X
	2	Bridges	908 C Street, Suite F-1	Galt	CA	95632	916-450-0700	English/Spanish	X	X	X
X	1	Safety Center	6060 Sunrise Vista Dr., Suite 1625	Citrus Heights	CA	95610	916-721-3748	English	X	X (6&9 month only)	X
	2	Safety Center	3909 Bradshaw Road	Sacramento	CA	95827	916-438-3360	English/Spanish/ Russian	X	X	X
	3	Safety Center	4704 Roseville Road, Suite 102	North Highlands	CA	95660	916-394-2320	English/Spanish/ Russian	X	X	X
	1	Terra Nova DDP	2012 H Street, Suite 101 & 102	Sacramento	CA	95811	916-444-5680	English	X	X	X
	2	Terra Nova DDP	4700 Northgate Blvd., Suite 122	Sacramento	CA	95834	916-564-0600	English	X	X	X
	3	Terra Nova DDP	5777 Madison Ave., Suite 590	Sacramento	CA	95841	916-239-6379 916-999-0108	English	X	X	

	1	WellSpace Health	1820 J Street	Sacramento	CA	95811	916-313-8434	Interpreter Services Avail.	Substance Abuse Treatment

- [ ] Program to run C/C with case number _____
- [ ] Return court date: _____ at _____ in Dept. _____.

- [ ] Out of county transfer to _____ County. **You have 21 days** to enroll. To find a DUI Program Directory go to http://www.dhcs.ca.gov/provgovpart/Documents/DUI_Provider_Directory_Full_5-9-2017as.pdf. If you are having trouble finding a provider, call Health and Human Services at (916) 875-2056.
- [ ] Return to Court for proof of enrollment on: (date) _____, at _____, in Dept. _____.

- [x] Stay granted to enroll by / within: 3/22/19.

Program staff will report failure to honor the contract to the court. The Program may immediately dismiss a participant who appears to be under the influence of alcohol or other drugs. Program will not issue a completion certificate to DMV until all program requirements are completed. Failure to comply with this court order may result in the issuance of a bench warrant for your arrest.

I have received a copy of the Notice to Report and I understand that I must enroll in the program that is checked above and present this notice to program staff.

Def. Signature:→	**Date:** 2-6-15

Provider Use Only

Intake Date	Intake Time	Down Payment Amt. Due at Intake

Superior Court of California, County of Sacramento
Waiver and Plea to Reckless Driving (Alcohol Related) Reckless Driving (VC 23103 and 23103.5)

(For Court Use Only)
FILED / ENDORSED
FEB 6 2019
By M. McAlister, Deputy Clerk

Case Number 18mi005087

I, Deepa Ramaswamy, understand that I am charged with driving a vehicle on (Date) 2/2/18 while under the influence of an alcoholic beverage or drugs or both (23152(a) Veh. Code), and/or while having 0.08 percent or more, by weight, of alcohol in my blood (23152(b) Veh. Code), but for reasons specified by the prosecution, said charge is being reduced to a violation of Section 23103 of the Vehicle Code (Reckless Driving).

I understand that I am also charged with having a conviction for a separate violation of an offense specified in Sections 23103 and 23103.5 of the Vehicle Code with an offense date of _____.

I understand the penalties are:

A. **Maximum:** Fine of $1,000.00, plus penalty assessments of $2,790.00, plus additional fees up to an amount of $839.00, plus restitution to victim(s) in an amount to be determined, if any, or restitution fund assessment of $1,000.00, 90 days in jail, and a suspension of driving privilege for 30 days.

B. **Minimum Without Probation:** Fine of $145.00, plus penalty assessments of $405.00, plus additional fees up to an amount of $668.00, plus restitution to victim(s) in an amount to be determined, if any, or restitution fund assessment of $150.00, or 5 days in jail, or both.

C. **Minimum With Probation:** Fine of $145.00, plus penalty assessments of $405.00, plus additional fees up to an amount of $668.00, plus restitution to victim(s) in an amount to be determined, if any, or restitution fund assessment of $150.00 (plus an additional $150.00 suspended pending violation of probation); Enrollment in an alcohol and drug education program and completion, at a minimum, of educational component of that program except under compelling circumstances (Veh. Code 23103.5(e)). understand that I may be ordered to attend an alcohol and drug problem assessment program (23647 Veh. Code). Standard probation terms and conditions to include: obey all laws, not drive a motor vehicle with any drugs or measurable amount of alcohol in your system, not refuse to complete a blood alcohol chemical test when offered by any peace officer, not drive without a valid California driver's license or without valid insurance.

I further understand that a conviction resulting from a plea of guilty or no contest in this matter shall be a prior offense for the purpose of subsequent sentencing as specified in Sections 23540, 23546, 23550, 23560, 23566 or 23622 of the Vehicle Code if I am convicted of a subsequent offense under Sections 23152 or 23153 of the Vehicle Code which occurs within ten years of this offense. In such a case, this conviction shall not be stricken by the court to avoid imposing the minimum penalties provided in the Vehicle Code for a violation of Sections 23152 or 23153 with prior convictions.

I understand that if I am not a citizen of the United States, a plea of guilty or no contest could result in my being deported from the United States, excluded from admission to the United States, or denied naturalization as a United States Citizen.

I understand that if I am currently on probation or parole for any other criminal offense, that such probation could be revoked as a result of my plea today.
I understand that my driver's license suspension or revocation from DMV administrative proceedings is independent of court imposed penalties.

Conviction with one or more prior violations of Vehicle Code sections 23103/23103.5:
If I am subsequently convicted of a violation of Vehicle Code section 23103 and 23103.5 within 10 years of a conviction for the same offense, which violation results in my placement on probation, I shall be subject to the above penalties except that I will be required to participate in an alcohol education program for at least nine months (VC 23103.5(f)(1)).

DEFENDANT TO PERSONALLY WRITE YES OR NO IN EACH BOX:	I understand this right	I give up this right
1. Right to a speedy and public jury trial. At the trial, I would be presumed to be innocent, and I could not be found guilty unless, after hearing all of the evidence, 12 impartial jurors chosen from the community were unanimously convinced beyond a reasonable doubt that I am guilty. I have a right, through my lawyer, to participate in jury selection.	Yes	Yes
2. Right to confront and cross examine all witnesses against me.	Yes	Yes
3. Right to remain silent and not incriminate myself.	Yes	Yes
4. Right to subpoena and produce evidence.	Yes	Yes
5. Right to be sentenced by a judge: I understand that by giving up this right I stipulate that I may be sentenced by a temporary judge.	Yes	Yes
6. Right to be represented by an attorney at all stages of the proceedings and to have the court appoint one at no charge if I cannot afford my own.	Yes	No
7. Right to delay sentencing not less than 6 hours nor more than 5 days after the entry of this plea.	Yes	Yes

DEFENDANT TO PERSONALLY WRITE YES IN ONE OF THE TWO BOXES:	
REPRESENTED BY SELF: I give up my right to an attorney	
REPRESENTED BY AN ATTORNEY: I have discussed my case with an attorney, we discussed the rights I am giving up by my plea, the elements of the offense(s) charged, the possible defenses and the consequences of my plea.	Yes

I have read this document or have had it read for me, and I understand it. I have personally and voluntarily placed the answers in the boxes.

I enter a plea of no contest (No Contest or Guilty) to the charge(s) of violation of the Vehicle Code Section 23103.

Signed: _____ Date: 2/4/2019

Vehicle Code Section 23593(a) states: "You are hereby advised that being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If you continue to drive while under the influence of alcohol or drugs, or both, and as a result of that driving someone is killed, you can be charged with murder."

READ AND COMPLETE REVERSE

ATTORNEY'S STATEMENT

I certify that I am the attorney on record for the defendant, that I have fully discussed the matters herein with the defendant and advised the defendant thereon, that the representations of the defendant are the defendant's own, that I believe that the plea and waivers are intelligently and expressly made, that I join the plea and waiver, that I stipulate there is a factual basis for the plea and that the time is waived for judgment and sentencing.

☑ Absentia form attached.

Signed: _____ Date: 2/6/19

INTERPRETER'S STATEMENT

I, _____, a certified/registered interpreter, having been sworn, truly translated this form and all the questions therein to the defendant in the language. With the exception of the defendant's signature, I have completed this form at the defendant's direction. The defendant indicated understanding the contents of the form and then signed the form.

Signed: _____ Date: _____

DISTRICT ATTORNEY'S STATEMENT

This offense is alcohol related. This reduction to a charge of reckless driving is made for the following reasons:

- ☐ Accuracy of chemical test
- ☑ May be unable to sustain burden of proof
- ☐ Questionable probable cause
- ☐ Negotiated disposition involving a guilty plea to related or other offense
- ☐ Other: _____

Signed: Robert E. Clancy Date: 2/6/19

FINDINGS AND ORDER

The court has advised the defendant of the consequences of a conviction of a violation of Section 23103 as set forth in the 23013.5(c) of the Vehicle Code, and has done so prior to accepting the plea, I accept the defendant's plea and the prosecutor's statement that the offense was alcohol related.

Signed: Philip J. Sonny Date: 2/6/19
(Judge / Temporary Judge, Superior Court of California, County of Sacramento)

Sacramento Superior Court, Plea in Absentia

FILED/ENDORSED
FEB 6 2019
By M. McAlister, Deputy Clerk

Defendant Name	Case Number
Deepa Ramaswamy	18mi005087

Defendant Certification

☐ **NON DUI**

I certify that I have read the attached form # _____ entirely, that I understand it; that my attorney has orally explained it to me; that I have personally and voluntarily placed the answers in the boxes and I enter a plea of _____ to the charge of violation of the code section(s) _____.

I authorize and direct my attorney, _____, in my absence, to enter my plea to the court and admit any prior convictions and/or any allegation(s) as indicated on the attached waiver form(s). My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. I specifically waive my right to personally enter my plea, I waive my right to be personally present when the sentence is imposed. I waive my right to delay sentencing not less than six hours nor more than five days after entry of the plea, and I waive my right to personally address the court in mitigation of any sentence which may be imposed. I understand that if the court grants probation, it shall be for not less than 3 years nor more than 5 years, and the terms and conditions of probation shall include, but not be limited to , fine, jail time, restitution and obey all laws. I authorize my attorney to accept the conditions on my behalf.

☑ **DUI (VC 23152, 23153, 23103)**

I certify that I have read the attached form # CR-63 entirely, that I understand it; that my attorney has orally explained it to me; that I have personally and voluntarily placed the answers in the boxes and I enter a plea of no contest to the charge of violation of the Veh. Code Sections 23103.5.

I authorize and direct my attorney, John Holbus, in my absence, to enter my plea to the court and admit any prior convictions and/or any allegation(s) as indicated on the attached waiver form(s). My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. I specifically waive my right, in my absence, to enter my plea and admit any prior convictions and/or any allegation(s) as indicated on the attached waiver form(s). My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. I specifically waive my right to personally enter my plea, I waive my right to be personally present when the sentence is imposed. I waive my right to delay sentencing not less than six hours nor more than five days after entry of the plea, and I waive my right to personally address the court in mitigation of any sentence which may be imposed. I understand that if the court grants probation, it shall be for not less than 3 years nor more than 5 years, and the terms and conditions of probation shall include, but not be limited to, fine, jail time, restitution and the conditions that I not drive without a valid California driver's license, not drive with any measurable amount of alcohol in my system, not refuse to take a chemical test or tests of blood, breath or urine when requested to do so by a peace officer, and obey all laws. I authorize my attorney to accept the conditions on my behalf.

Defendant Signature	Date 2/4/2019

Attorney Certification

I certify that I am the attorney of record for the defendant; that I have fully discussed the matters on the attached form # CR-63 with the defendant and advised the defendant thereon; that the representations above are the defendant's own; that I believe the plea and waivers were intelligently, voluntarily and expressly made; that I join in the plea and waivers, and that the above signature and the signature on the waiver form, if not notarized, were made in my presence. I stipulate there is a factual basis for the plea, and that time is waived for the judgment and sentencing. I have discussed potential conditions of probation with the defendant and I am satisf ied that he/she understands them.

Attorney Signature	Date 2/6/19

Findings and Order

This document having been completed and presented to the Court; the Court being satisfied that the plea and waivers were expressly, intelligently and voluntarily made; and the Court finding that there is a factual basis for said plea, the Court accepts such plea and enters it on the record.

Judge / Commissioner Signature	Date 2/6/19

ANNE MARIE SCHUBERT
DISTRICT ATTORNEY
901 G STREET
SACRAMENTO, CA 95814
(916) 874-6218

SPD-18-33187

03/21/2018 (853.6)
XRef: 4988915

FILED
Superior Court of California
Sacramento
03/15/2018
Electronically Filed
Case Number:
18MI005087

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

THE PEOPLE OF THE STATE OF CALIFORNIA, vs. DEEPA RAMASWAMY(10062791-01), Defendant.	No. MISDEMEANOR COMPLAINT

The People of the State of California upon oath of the undersigned, upon information and belief complain against the defendant above named for the crime(s) as follows:

COUNT ONE

On or about February 2, 2018, at and in the County of Sacramento, State of California, the defendant, DEEPA RAMASWAMY, did commit a misdemeanor, namely: a violation of Section 23152(a) of the Vehicle Code of the State of California, in that said defendant did willfully and unlawfully, while under the influence of an alcoholic beverage, drive a vehicle.

COUNT TWO

For a further and separate cause of action, being a different offense of the same class of crimes and offenses and connected in its commission with the charges set forth in Count One hereof: On or about February 2, 2018, at and in the County of Sacramento, State of California, the defendant, DEEPA RAMASWAMY, did commit a misdemeanor, namely: a violation of Section 23152(b) of the Vehicle Code of the State of California, in that said defendant did willfully and unlawfully, while having a 0.08 percent and more, by weight, of alcohol in her blood, drive a vehicle.

870480

I declare upon information and belief and under penalty of perjury that the foregoing is true and correct.

Executed at Sacramento County, California, the 15th day of March, 2018.

DONNA GISSING
SACRAMENTO COUNTY DISTRICT ATTORNEY
(916) 874-6218
Telephone Number

VP

870480

13B

985 Damonte Ranch Pkwy #206, Reno, NV 89521
For the period of November 1, 2019 to October 31, 2021
Credit/Debit Card (print at bottom) , Money Order , Cashier 's Check, Business or Personal Check: Payable to NSBP
NO CASH

LICENSE: 09328

Please make any changes to name or addr ess next to the old information

Massoud Zarkesh
CONCHITA WAY,
TARZANA, CA 91356

RENEW BY MAIL/IN-PERSON

1. Complete ALL sections on this form with an original Signature & date (NO STAMPS OR COPIES)
2. Mail/Bring in the form and a FEE for $205 (on-time) ($180 renewal fee plus $25 paper-use fee)
3. Renewals submitted after 10/31/2019 will also be charged A LATE/REINST ATEMENT FEE of $190. ($180 renewal, $90 late fee, $100 reinstatement fee plus $25 paper-use fee) TOTAL DUE: $395
4. The form will be returned if missing correct fee. You may renew on-line to AVOID the $25 paper fee
5. Please allow 2-3 WEEKS for processing by mail/in-person

< OR >

RENEW ONLINE

1. Go to https://online.nvbop.org
2. Click to REGISTER , then follow the prompts (only required once)
3. Credit Cards ONLY: On time renewal fee - $180

Late renewal fee - $370

*On-line fee of $10 will be charged during submission.

Licenses renewed online will update immediately once approved by board staff . Please allow 2-3 DAYS

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

	Yes	No
Been diagnosed or tr eated 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 & letter of explanation: Included

Board Administrative Action:	State	Date	Case #:
Administrative Probation	CA	Aug 28.19	Administrative Case No: 5611

Criminal Action:	State	Date	Case #:	County	Court
-	-	-	-	-	-

Section 2:

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
If you marked YES to the question above, are you in compliance with the court order?	☐	☐

Section 3: NON-DISCIPLINAR Y STATE-MANDA TED OUESTIONS:

1. Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide

#_____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired Yes ☐ No ☑ Branch : _____

Military occupation specialty : _____ Dates of service : _____

Section 4: (Fees apply to either status) (see insert for details)

By signing below, you certify that you have completed ALL required CE Hours due for the 19/21 Renewal period.

(Dated from Nov. 1, 17 – Oct. 31, 19; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE

Inactive ☐ By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See insert for more information.

Section 5:

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature : _____ Date : 10-15-19

Card Type : ☐ Visa ☐ M/C ☐ Discover ☐ Amex Exp Date: __/__ (MM/YY) Amount of Charge: $205 on-time/$395 late

Card #:_____ CVV (3 digits back of card): _____ Billing Zip: _____

To: Nevada Board of pharmacy Case# 5611

letter of explanation:

In may 2018 califoria state Board of pharmacy, notify me of hearing for 2011 to 2013 of 5 doctors in the area, and our pharmacy which I was PIC. had "Administrative" not Watching

1. Tech,s To Complet Cures on 3 occatio was rejected from Computer.
2. tech,s did not properly record doctors call back from the office. (all Doctors ok call the Rf,s.)
3. tech missed to place Proper backing on 2 Rf. Same patient, Same Mediation
4. Record for 2011 was expired we did not have 2011 on {2018 Inspection. 2015
5. we where charged not cooperating to get the File of 2011.

*** 6. at this time As of PIC I have accepted the charged that I must be more Watch full over Tech Work.

M. [illegible] 10/10/19

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **AMERICAN COMPOUNDING DBA NORTHRIDGE TOWER PHARMACY, MASSOUD ZARKESH, PHARMACIST-IN-CHARGE** **18250 Roscoe Blvd.** **Northridge, CA 91325** **Pharmacy Permit No. PHY 43998,** **and** **MASSOUD ZARKESH** **Conchita Way** **Tarzana, CA 91356** **Pharmacist License No. RPH 41592** Respondents.	Case No. 5611

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on August 28, 2019.

It is so ORDERED on July 29, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By

Greg Lippe
Board Vice President (Acting President)

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General
WILLIAM D. GARDNER
Deputy Attorney General
State Bar No. 244817
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6292
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **AMERICAN COMPOUNDING DBA NORTHRIDGE TOWER PHARMACY, MASSOUD ZARKESH, PHARMACIST-IN-CHARGE** **18250 Roscoe Bld.** **Northridge, CA 91325** **Pharmacy Permit No. PHY 43998,** **and** **MASSOUD ZARKESH** **Conchita Way** **Tarzana, CA 91356** **Pharmacist License No. RPH 41592** Respondents.	Case No. 5611 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** (*As to Respondent Massoud Zarkesh Only*)

IT IS HEREBY STIPULATED AND AGREED by and between the parties to this Stipulated Settlement and Disciplinary Order that the following matters are true:

///

///

PARTIES

1. Anne Sodergren ("Complainant") is the Interim Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by William D. Gardner, Deputy Attorney General.

2. On or about April 23, 1988, the Board of Pharmacy issued Pharmacist License Number RPH 41592 to Massoud Zarkesh ("Respondent"). The Pharmacist License expires on June 30, 2019, unless renewed.

JURISDICTION

3. Accusation No. 5611 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 24, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 5611 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 5611. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 5611, if proven at a hearing, constitute cause for imposing discipline upon his license.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that his Pharmacist License is subject to discipline, and he agree to be bound by the terms set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agree that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License Number RPH 41592 issued to Massoud Zarkesh is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. **Obey All Laws** ✓ 72hr - E mail

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. **Report to the Board**

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. **Interview with the Board**

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. **Cooperate with Board Staff**

Respondent shall timely cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of Entity probation, including but not limited to: timely responses to requests for information by board staff; timely compliance with directives from board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

5. **Continuing Education**

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. **Reporting of Employment and Notice to Employers**

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 5611 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, respondent shall report to the board in writing the name, physical address, and mailing address of each of Entity employer(s), and the name(s) and

telephone number(s) of all of Entity direct supervisor(s), as well as any pharmacist(s)-in- charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause (a) Entity direct supervisor, (b) Entity pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of Entity employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5611, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in writing within fifteen (15) days of the change acknowledging that he or she has read the decision in case number 5611, and the terms and conditions imposed thereby.

If respondent works for or is employed by or through an employment service, respondent must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board of the decision in case number 5611, and the terms and conditions imposed thereby in advance of respondent commencing work at such licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through an employment service, respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service

to report to the board in writing acknowledging that he or she has read the decision in case number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board.

Failure to timely notify present or prospective employer(s) or failure to cause the identified person(s) with that/those employer(s) to submit timely written acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision includes any full-time, part-time, temporary, relief, or employment/management service position as a registered pharmacist, or any position for which a registered pharmacist is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. **Notification of Change(s) in Name, Address(es), or Phone Number(s)**

Respondent shall further notify the board in writing within ten (10) days of any change in name, residence address, mailing address, e-mail address or phone number.

Failure to timely notify the board of any change in employer, name, address, or phone number shall be considered a violation of probation.

8. **Restrictions on Supervision and Oversight of Licensed Facilities**

During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge, designated representative-in-charge, responsible manager or other compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

9. **Reimbursement of Board Costs**

As a condition precedent to successful completion of probation, respondent shall pay to the board its costs of investigation and prosecution in the amount of $3,500.00. Said costs may be paid in equal monthly installments, with all payments to be completed no later than three (3) months prior to the end of the probation term.

There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to reimburse the board its costs of investigation and prosecution.

10. **Probation Monitoring Costs**

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

11. **Status of License**

Respondent shall, at all times while on probation, maintain an active, current Pharmacist License with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current Pharmacist License shall be considered a violation of probation.

If respondent's Pharmacist License expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

12. **License Surrender While on Probation/Suspension**

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may relinquish Entity license, including any indicia of licensure issued by the board, along with a request to surrender the license. The board or its designee shall have the discretion whether to accept the surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish Entity pocket and/or wall license, including any indicia of licensure not previously provided to the board within ten (10) days of notification by the board that the surrender is accepted if not already provided.

Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

13. **Practice Requirement – Extension of Probation** 20

Except during periods of suspension, respondent shall, at all times while on probation, be employed as a licensed pharmacist in California for a minimum of twenty (20) hours per calendar month. Any month during which this minimum is not met shall extend the period of probation by one month. During any such period of insufficient employment, respondent must nonetheless comply with all terms and conditions of probation, unless respondent receives a waiver in writing from the board or its designee.

If respondent does not practice as a licensed pharmacist in California for the minimum number of hours in any calendar month, for any reason (including vacation), respondent shall notify the board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the interruption or reduction in practice; and the anticipated date(s) on which respondent will resume practice at the required level. Respondent shall further notify the board in writing within ten (10) days following the next calendar month during which respondent practices as a licensed pharmacist in California for the minimum of hours. Any failure to timely provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to be extended pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months. The board or its designee may post a notice of the extended probation period on its website.

14. **Violation of Probation**

If respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and the board shall provide notice to respondent that probation shall automatically be extended, until all terms and conditions have been satisfied

or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed. The board or its designee may post a notice of the extended probation period on its website.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against respondent during probation, or the preparation of an accusation or petition to revoke probation is requested from the Office of the Attorney General, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. **Completion of Probation**

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

16. **Drug Diversion and Abuse Course**

Term PoB Semi Send To

By no later than the end of the current calendar year, Respondent shall complete the following 8-hour course offered by the Board: "Prescription Drug Abuse and Diversion – What a Pharmacist Needs to Know."

17. **Remedial Education** XXXX

Within sixty (60) days of the effective date of this decision, respondent shall submit to the board or its designee, for prior approval, an appropriate program of remedial education related to the following areas: (1) Pharmacy Law; (2) Medication Error; (3) Ethics in Practice of Pharmacy; (4) Safe Opioid Dispensing; and/or (5) other coursework related to California Prescribing Requirements. Respondent shall be required to complete at least ten (10) hours of such approved remedial education per year of probation at his own expense, and at least 50% of that remedial education shall consist of live in-person or live webinar training. All remedial education required pursuant to this provision shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

OOT 10 hr 5 in person

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Failure to timely submit for approval or complete the approved remedial education shall be considered a violation of probation. The period of probation will be automatically extended until such remedial education is successfully completed and written proof, in a form acceptable to the board, is provided to the board or its designee.

Following the completion of each course, the board or its designee may require the respondent, at Entity own expense, to take an approved examination to test the respondent's knowledge of the course. If the respondent does not achieve a passing score on the examination that course shall not count towards satisfaction of this term. Respondent shall take another course approved by the board in the same subject area.

18. **No Ownership or Management of Licensed Premises**

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Tony J. Park. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 6/9/19

MASSOUD ZARKESH
Respondent

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I have read and fully discussed with Massoud Zarkesh the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 05/15/2019

TONY J. PARK
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated: 6/5/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General

WILLIAM D. GARDNER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 5611

XAVIER BECERRA
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MARC D. GREENBAUM
Supervising Deputy Attorney General
LESLIE A. WALDEN
Deputy Attorney General
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300 So. Spring Street, Suite 1702
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Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **AMERICAN COMPOUNDING DBA NORTHRIDGE TOWER PHARMACY, MASSOUD ZARKESH, PHARMACIST-IN-CHARGE** **18250 Roscoe Bld.** **Northridge, CA 91325** **Pharmacy Permit No. PHY 43998,** **and** **MASSOUD ZARKESH** **Conchita Way** **arzana, CA 91356** **Pharmacist License No. RPH 41592** Respondents.	Case No. 5611 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about March 4, 1999, the Board of Pharmacy issued Pharmacy Permit Number PHY 43998 to American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh, Pharmacist-In-Charge (Respondent). The Pharmacy Permit was cancelled on October 26, 2016.

3. On or about April 23, 1988, the Board of Pharmacy issued Pharmacist License Number RPH 41592 to Massoud Zarkesh. The Pharmacist License expires on June 30, 2019, unless renewed.

4. American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh, Pharmacist-In-Charge and Massoud Zarkesh shall collective be referred to as "Respondents".

JURISDICTION

5. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

6. Section 4300 of the Code states:

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

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

"(1) Suspending judgment.

"(2) Placing him or her upon probation.

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

"(4) Revoking his or her license.

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

"(c) The board may refuse a license to any applicant guilty of unprofessional conduct. The board may, in its sole discretion, issue a probationary license to any applicant for a license who is guilty of unprofessional conduct and who has met all other requirements for licensure. The board may issue the license subject to any terms or conditions not contrary to public policy, including, but not limited to, the following:

"(1) Medical or psychiatric evaluation.

"(2) Continuing medical or psychiatric treatment.

"(3) Restriction of type or circumstances of practice.

"(4) Continuing participation in a board-approved rehabilitation program.

"(5) Abstention from the use of alcohol or drugs.

"(6) Random fluid testing for alcohol or drugs.

"(7) Compliance with laws and regulations governing the practice of pharmacy.

"(d) The board may initiate disciplinary proceedings to revoke or suspend any probationary certificate of licensure for any violation of the terms and conditions of probation. Upon satisfactory completion of probation, the board shall convert the probationary certificate to a regular certificate, free of conditions.

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

7. Section 4300.1 of the Code states:

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

8. Section 4301 of the Code states:

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

"..."

"(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

"..."

"(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

"..."

"(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board.

"...."

Section 4113 subdivision (c) of the Code provides:

"...

(c) The pharmacist-in-charge shall be responsible for a pharmacy s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

"...."

9. Section 4333 subdivision (a) of the Code states:

"(a) All prescriptions filled by a pharmacy and all other records required by Section 4081 shall be maintained on the premises and available for inspection by authorized officers of the law for a period of at least three years. In cases where the pharmacy discontinues business, these records shall be maintained in a board-licensed facility for at least three years."

10. Section 4063 of the Code states:

"No prescription for any dangerous drug or dangerous device may be refilled except upon authorization of the prescriber. The authorization may be given orally or at the time of giving the original prescription. No prescription for any dangerous drug that is a controlled substance may be designated refillable as needed."

11. Section 4081 of the Code states:

"(a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and

unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

"(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section.

"(c) The pharmacist-in-charge, responsible manager, or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge, responsible manager, or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate."

12. Section 4040 of the Code states:

"(a) Prescription means an oral, written, or electronic transmission order that is both of the following:

"(1) Given individually for the person or persons for whom ordered that includes all of the following:

"...

"(B) The name and quantity of the drug or device prescribed and the directions for use.

"....'

13. Section 4105 of the Code states:

"(a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

"(b) The licensee may remove the original records or documentation from the licensed premises on a temporary basis for license-related purposes. However, a duplicate set of those records or other documentation shall be retained on the licensed premises.

"(c) The records required by this section shall be retained on the licensed premises for a period of three years from the date of making.

"(d) (1) Any records that are maintained electronically shall be maintained so that the pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, shall, at all times during which the licensed premises are open for business, be able to produce a hardcopy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

"(2) In the case of a veterinary food-animal drug retailer, wholesaler, or third-party logistics provider, any records that are maintained electronically shall be maintained so that the designated representative-in-charge or the responsible manager, or the designated representative on duty or the designated representative-3PL on duty if the designated representative-in-charge or responsible manager is not on duty, shall, at all times during which the licensed place of business is open for business, be able to produce a hardcopy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

"(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request, grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b), and (c) be kept on the licensed premises.

"(2) A waiver granted pursuant to this subdivision shall not affect the board s authority under this section or any other provision of this chapter.

"(f) When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide the board with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board."

14. Health and Safety Code section 11153 subdivision (a) provides:

(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist ho fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

15. Health and Safety Code section 11165 subdivision (d) provides:

"(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substancedispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription."

16. Health and Safety Code section 11206 provides:

Filed prescriptions shall constitute a transaction record that, together with information that is readily retrievable in the pharmacy pursuant to Section 11164 shall show or include the following:

(a) The name(s) and address of the patient(s).

(b) The date.

(c) The character, including the name and strength, quantity, and directions for use of the controlled substance involved.

(d) The name, address, telephone number, category of professional licensure, and the federal controlled substance registration number of the prescriber.

REGULATIONS

17. Title 16 of the California Code of Regulations 1761 subdivision (a) provides:

"(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription."

"(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose."

18. Title 16 of California Code of Regulations, section 1716 provides:

"Pharmacists shall not deviate from the requirements of a prescription except upon the prior consent of the prescriber or to select the drug product in accordance with Section 4073 of the Business and Professions Code."

19. Title 21 of Code of Federal Regulations, section 1306.22 subdivision s(e)(2) provides:

"(e) The prescribing practitioner may authorize additional refills of Schedule III or IV controlled substances on the original prescription through an oral refill authorization transmitted to the pharmacist provided the following conditions are met:

"...."

"(2) The pharmacist obtaining the oral authorization records on the reverse of the original paper prescription or annotates the electronic prescription record with the date, quantity of refill, number of additional refills authorized, and initials the paper prescription or annotates the electronic prescription record showing who received the authorization from the prescribing practitioner who issued the original prescription."

COSTS

20. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FIRST CAUSE FOR DISCIPLINE

(Corresponding Responsibility against Respondents)

21. Respondents are subject to disciplinary action under section 4301 subdivisions (d) and (j) of the Code in conjunction with Section 4113 subdivision (c) of the Code, Health and Safety Code section 11153 and section 1761 of title 16 of the California Code of Regulations in that while responsibility for the proper prescribing and dispensing of controlled substances rests upon the prescribing practitioner, a corresponding responsibility rests with the pharmacist who fills the prescription to ensure that not controlled substance prescriptions are not dispensed when the pharmacist knows or has objective reason to know that said prescription was issued for an illegitimate medical purpose. The circumstances surrounding this violation are as follows:

22. Respondents dispensed controlled substances with an established history of high potential for abuse despite multiple red flags of irregularity and uncertainty related to patient and prescriber factors. Specifically, between on or about November 01, 2012 and November 25, 2013, Respondents dispensed approximately 373 controlled substance prescriptions written by Dr. M.N[1]., Dr. F.R., Dr. M.Z., and Dr. S.Y., with disregard and/or negligence to the following factors: distance from Northridge Tower Pharmacy to each prescriber's office, distance from the pharmacy to each patient's home, percentage of cash patients specific to listed prescribers, same or similar prescribing patterns for individual patients, and filling same controlled substance prescriptions to patients with same address.

SECOND CAUSE FOR DISCIPLINE

(Missing CURES Data)

23. Respondents are subject to disciplinary action under Health &Safety Code section 11165, subdivision (d) in that they failed to report prescriptions for Schedule II, Schedule III, or Schedule IV controlled substances to the Controlled Substance Utilization Review and Evaluation System (CURES) at the Department of Justice within seven days after the date the controlled substance was dispensed. The circumstances are as follows:

24. From in or about 2011 through 2013, Respondents did not transmit complete CURES data and any data that was provided wasn't transmitted until March, 2015.

THIRD CAUSE FOR DISCIPLINE

(Subverting an Investigation)

25. Respondents are subject to disciplinary action under section 4301 subdivision (q) as it relates to sections 4333 subdivision (a), 4081 and 4105 in that Respondents failed to cooperate with a Board investigation and failed to maintain prescriptions and other records on its premises, available for inspection, for a period of at least three (3) years. The circumstances are as follows:

26. On or about March 25, 2015, Respondents sold a part of its business, including prescriptions under investigation, to CVS 9642 without informing the Board Inspector and did not

[1] Potential witness initials are used in lieu of real names in order to protect that individual's privacy.

cooperate during the collection of original documents. Specifically, Northridge Tower Pharmacy failed to submit original documents for 111 new prescriptions and 183 refill prescriptions.

FOURTH CAUSE FOR DISCIPLINE

(Unauthorized Refills)

27. Respondents are subject to disciplinary action under section 4063 as it relates to Title 21 Code of Federal Regulations Section 1306.22 in that prescriptions for any dangerous drug may only be refilled upon authorization of the prescriber and the prescribing practitioner may authorize additional refills of Schedule III or IV controlled substances on the original prescription through an oral refill authorization so long as the pharmacist records on the reverse of the original paper prescription or annotates the electronic prescription record with the date, quantity of refill, number of additional refills authorized, and initials the paper prescription. The circumstances are as follows:

28. From on or about November 01, 2012 to November 25, 2013, Respondents refilled 163 unauthorized prescriptions which did not contain authorized refills on the original prescriptions.

FIFTH CAUSE FOR DISCIPLINE

(Dispensing Wrong Medication)

29. Respondents are subject to disciplinary action under section 1716 in that a pharmacist shall not deviate from the requirements of a prescription except upon the prior consent of the prescriber. The circumstances are as follows:

30. On or about May 28, 2013, Respondents dispensed morphine sulfate 15mg immediate release (prescription number 1066710) instead of morphine sulfate 15mg sustained release for patient F.J. In addition, on or about September 3, 2013, Respondents dispensed morphine sulfate 15mg immediate release (prescription number 1066853) instead of morphine sulfate 15mg sustained release for patient F.J.

SIXTH CAUSE FOR DISCIPLINE

(Required Information Missing on Prescription)

31. Respondents are subject to disciplinary action under Health and Safety Code Section 11206 as it relates to section 4040 in that filled prescriptions shall have a transaction record that shows or includes the quantity of the controlled substance involved. The circumstances are as follows:

32. On or about August 16, 2013, prescription number 5024918 for Lortab 10/500mg was filled for 120 tablets although the prescription did not indicate the total quantity.

OTHER MATTERS

33. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 43998, issued to American Compounding dba Northridge Tower Pharmacy Massoud Zarkesh, Pharmacist-In-Charge (American Compounding), American Compounding shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if PHY 43998 is placed on probation or until PHY 43998 is reinstated if it is revoked.

34. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 43998, issued to American Compounding dba Northridge Tower Pharmacy Massoud Zarkesh, Pharmacist-In-Charge, while Massoud Zarkesh (Zarkesh) has been an officer and owner and had had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Zarkesh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if PHY 43998 is placed on probation or until PHY 48538 is reinstated if it is revoked.

35. Pursuant to Code section 4307, if discipline is imposed on Pharmacy license RPH 41592 issued to Massoud Zarkesh (Zarkesh), Zarkesh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if RPH 41592 is placed on probation or until RPH 41592 is reinstated if it is revoked.

DISCIPLINE CONSIDERATIONS

36. To determine the degree of discipline, if any, to be imposed on Respondent Massoud Zarkesh, Complainant alleges that on or about June 23, 2011, in a prior action, the Board of Pharmacy issued Citation Number Citation # CI 2010 48667 to Respondent Massoud Zarkesh. No fine was issued. That Citation is now final and is incorporated by reference as if fully set forth.

37. To determine the degree of discipline, if any, to be imposed on Respondent Northridge Tower Pharmacy, Complainant alleges that on or about June 23, 2011, in a prior action, the Board of Pharmacy issued Citation Number Citation # CI 2010 45004 and ordered Respondent Northridge Tower Pharmacy to pay a fine in the amount of $500. That Citation is now final and is incorporated by reference as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 43998, issued to American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh, Pharmacist-In-Charge

2. Revoking or suspending Pharmacist License Number RPH 41592, issued to Massoud Zarkesh

3. Ordering American Compounding dba Northridge Tower Pharmacy and Massoud Zarkesh to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and

4. Taking such other and further action as deemed necessary and proper.

DATED: 4/27/18

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2015603774
52187230.doc

DECLARATION OF MICHAEL CALLI

I, Michael Calli, declare:

The foregoing are matters personally known to me and if called to testify, I could and would competently testify thereto.

1. I am the Director of Acquisitions for CVS for Arizona, California, Hawaii, New Mexico and Nevada.

2. Based upon the files for CVS regarding our acquisition of prescription files from Northridge Tower Pharmacy which I have personally reviewed, I can state the following:

--Discussions regarding acquiring the prescription files began in 2011. The file contains a Confidentiality Agreement that was sent to Northridge Tower Pharmacy on May 6, 2011.

--On October 14, 2014, we pulled full data from our outside computer vendor to work up an offer.

--On January 7, 2015, I sent Mr. Zarkesh a Letter of Intent.

--On February 23, 2015, Kelly Lajoie-Burns in our Legal Department sent Mr. Zarkesh the contract for the purchase of the pharmacy's prescription files.

On March 25, 2015, Mr. Zakesh signed the final version of the contract which was the same day of the closing.

I hereby declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Dated: _____2018 at _____(City, State)

_____
MICHAEL CALLI

Garabed Kayekjian, M.D.
18250 Roscoe Blvd. #130
Northridge, CA 91325
Tel: (818) 998-8097
Fax: (818) 998-6517

August 8, 2018

Re: Massoud Zarkesh

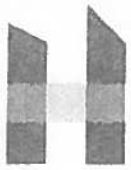
To whom it may concern,

I am pleased to write a letter of recommendation for Mr. Massoud Zarkesh who was the pharmacist at Northridge Tower Pharmacy at Northridge tower building, where I practice, for many years. I have known Massoud for almost twenty years during which he proved to be a very honest, diligent and ethically sound pharmacist. He is a very knowledgeable and passionate pharmacist who is committed to provide the best care to our patients. He is known to fill medications with 100% accuracy and even going above and beyond to assist patients get the medications they needed. He is also known to have compassion, understanding, and professionalism in his interactions with patients, staff, and physicians.

Please feel free to call me if you have any further questions.

Sincerely,

Garabed Kayekjian, M.D.



HEALTH CARE SERVICES

MEMORANDUM

Date	:	June 29th 2018
To	:	Future Employment
From	:	Maria Baxter, PSM, California Men's Colony
Subject	:	**REFERENCE LETTER**

To whom it may concern,

I recommend Massoud Zarkesh as a candidate for employment. I confirm that Massoud worked here at California Men's Colony from March 19th 2018 until June 29th 2018 as a Registry Pharmacist I.

Massoud was employed as CMC's late shift pharmacist including all narcotic and controlled inventory maintenance within the pharmacy and clinics. On June 1st we had to implement a new system/procedure for reconciling control drugs that resulted from one of the Board of Pharmacy's new laws on reconciliation of control drugs. Massoud helped out tremendously with the new process.

Although Massoud worked at a previous California Institution, he had to learn to use the new CERNER program that CMC already adopted. He did accomplish that in a very short time.

We thank Massoud, for his time here at CMC as he stepped in when one of our permanent pharmacist had to take unforeseen sick leave, and I wish him well on his future employment.

Yours sincerely

Maria Baxter
Pharmacy Services Manager – CMC
805 547 7900 ext 7887

California Men's Colony State Prison
P. O. Box 8101
San Luis Obispo, CA 93409

STEVEN W. YORK, M.D.
18250 ROSCOE BOULEVARD, SUITE 260
NORTHRIDGE, CA 91325
(818) 349-6725 FAX (818) 349-6761

October 22, 2018

State Board of Pharmacy
Department of Consumer Affairs
State of California

Re.: Massoud Zarkesh
Pharmacist License # RPH 41592

I am a physician licensed in the state of California. My office is located at 18250 Roscoe Blvd, Ste 260, Northridge, CA 91325. I have been practicing at that location since 2002. I met Mr. Zarkesh shortly after moving into that building.

I have known him as the pharmacist who was located on the ground floor of the building. He has always been cooperative, helpful, and conscientious. He has sought clarification when needed and called attention to potential problems. He never hesitated to contact me if there was a point of concern.

I have always known him to be competent, honest, and a person of integrity. His reputation in the community has been excellent. His clientele have always appreciated that he was helpful and cheerful. He always worked to help them with their health and pharmaceutical needs. He was consistently willing to talk and give guidance and knowledge.

I believe him to be both a competent and an ethical pharmacist and person.

I hereby declare under penalty of perjury under the laws of California, that the above is true and correct.

Dated: October 22, 2018

Steven W. York, M.D.

MID VALLEY ENDODONTICS

AFSHIN MAZDEY, DDS
(AFSHIN MAZDEYASNAN, DDS)
DIPLOMATE, AMERICAN BOARD OF ENDODONTICS
PRACTICE LIMITED TO ENDODONTICS AND MICROSURGERY

To whom it may concern.

I have known Mr. Mike Zarkesh on a professional capacity since 2006. When I started my Endodontic practice in Nortrhridge, I had the pleasure of meeting Mr. Zarkesh. He owned and operated the pharmacy on the first floor where my practice is. Given my limited scope of practice in Endodontics and the limited daily prescriptions that I prescribe, my patients did use his pharmacy periodically. I received nothing but positive feedback from my patients. They reported efficiency and excellent rapport. I understand that Mike has moved on and has sold his pharmacy a few years ago. I wish him nothing but the best in his new endeavors.

Sincerely

Afshin Mazdeyasnan DDS

10/22/2018

NORTHRIDGE MEDICAL TOWER
18250 ROSCOE BOULEVARD, SUITE 345 • NORTHRIDGE, CA 91325
(818) 885-ENDO (3636) • FAX (818) 885-1236
WWW.MIDVALLEYENDO.COM

Maurice T. Zagha, M.D., Inc.

DIPLOMATE AMERICAN ACADEMY OF FAMILY PRACTICE
BOARD CERTIFIED: FAMILY PRACTICE

16133 VENTURA BOULEVARD, SUITE 300
ENCINO, CALIFORNIA 91436
(818) 907-6525

10/25/18

TO WHOM IT MAY CONCERN;

THIS NOTE IS TO VERIFY THAT I WROTE PRESCRIPTIONS FOR PATIENTS, KIMBERLY HUNT AND MARILYN MCKINLEY (AKA UDILJAK. BOTH OF THESE PATIENTS SUFFERED FROM CHRONIC BACK PAIN. I PRESCRIBED THEM MEDICATIONS IN 2011.

Sincerely,
Maurice T Zagha, M.D.

I CERTIFY THAT THIS NOTE IS WRITTEN AS A LEGAL OATH UNDER LAW THAT THE ABOVE IS AN HONEST AND TRUE NOTE UNDER THE RISK OF PERJURY.

MTZ

E. Ruth Mezquita, M.D., Ph.D.
Marmer & Mezquita, A Medical Corporation
11611 San Vicente Boulevard, Suite 510
Los Angeles, CA 90049
Phone: 310-820-4330; Fax: 310-207-7103

November 26, 2018

To whom it may concern,

I had the pleasure to be assisted in my practice as a Psychiatrist in Northridge by Pharmacist Mike Zarkesh from January 2002 until approximately 2014. I found Mr. Zarkesh to be an affable, competent and precise pharmacist. I heard no complaints from any of my patients; there were no errors spotted by my staff or myself.

I am currently only practicing in my office in West Los Angeles and no longer have an office in Northridge.

I have not seen Mr. Zarkesh in approximately three years.

Regards,

Elva R. Mezquita, MD, PhD
State License #A22118: in the state of California
NPI: 1891993309

Kiran Kamat MD

818-428-3237 18250 Roscoe Boulevard, Ste 245,Northridge CA 91325

December 16, 2018

State Board of Pharmacy
Department of Consumer Affairs
State of California

Re: Massoud Zarkesh

Pharmacist Licence # RPH 41592

Dear Sirs, it is my pleasure to recommend Massoud (Mike) Zarkesh as a pharmacist who is reliable and ethical, as I have known him during the many years I have been at Northridge Medical Tower since 2003. It is a big loss that he is no longer in charge of pharmacy downstairs, as he had completely dedicated himself to health care, taking care of my patients six days a week. Whenever someone was on Clozaril, he made sure the required lab work was done before dispensing the medication.

He was a particularly insightful, sensitive, knowledgeable, and caring pharmacist to work with and we had a great communication back and forth. I felt an extra level of confidence when he was the pharmacist downstairs. He was an asset that will be greatly missed in my professional life.

Sincerely yours,

Kiran Kamat MD

To whom it may concern,

The purpose of this letter is to provide a character reference for Massoud (Mike) Zarkesh, whom I have known him as a pharmacist in our medical building for fifteen years . As a pharmacist, he has been highly committed to patient care because he or his staff consistently called my office to get authorization on refill and new prescriptions .He has offered flu shot for many years in his pharmacy which indicates his commitment to community health promotion. He has always been known as a motivated and positive pharmacist . I have noticed how he has treated the patients with compassion , respect and understanding while acting as a professional health care provider . Based on my experience through years of working in Northridge medical building , Massoud has done a great job managing and helping our patients to get their medications in a timely manner with 100% accuracy. He has been known as an ethical, professional , motivated pharmacist who cars about patient safety by following up patient care with my office during years he worked in Northridge Medical building .

I have read and understood the Accusation against Massoud Zarkesh .I believe Mr. Zarkesh is an outstanding pharmacist and feel strongly about his good character and trustworthiness who has never poses any harm to the safety of patients. I promise under the penalty of perjury of the laws of California, that the foregoing is true and correct.

F K Sogani
2/20/19

STEVEN W. YORK, M.D.
18250 ROSCOE BOULEVARD, SUITE 260
NORTHRIDGE, CA 91325
(818) 349-6725 FAX (818) 349-6761

February 21, 2019

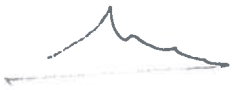
To whom it may concern:

This letter is to certify that I wrote prescriptions, for Schedule II medications, for the following patients:

Deron McBee
Frank Jacobs
Sean Ezell
Kevan Goodman
John Sorce

I certify that this letter is written as a legal oath under law, and that the above is honest and true, under risk of perjury.

Respectfully yours,



Steven W. York, M.D.

To whom it may concern,

I am writing this letter to give my highest recommendation of ethic and honesty as a professional pharmacist to Massoud Zarkesh . Massoud Zarkesh has practiced pharmacy in Northridge Medical building and I have known him for more than fifteen years and I have worked in his pharmacy as a registered pharmacist. His knowledge and dedication as a pharmacist by helping interns and staff and the patients was always appreciated . Msssoud Zarkesh is a good manager that follows the rules and regulations of the pharmacy practice. He is a very capable pharmacist who is passionate about health care and pharmacy.

I have read and understood the Accusation against Massoud Zarkesh .I believe Mr. Zarkesh is an outstanding pharmacist and feel strongly about his good character and trustworthiness who has never poses any harm to the safety of patients. I truly do not believe that Mr. Zarkesh poses any harm to the safety of patients . I promise under the penalty of perjury of the laws of California, that the foregoing is true and correct.

Ben Akian, Pharm D.

2/21/19