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Nevada State Board of Pharmacy

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Compliance

License Renewal

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Search By Name :

License # :

SS # : XXX-XX-XXXX

Last Name : robert

First Name : mark

Email :

Status : Select

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<input type="checkbox"/>	<u>License#</u>	<u>License Type</u>	<u>First Name</u>	<u>Last Name</u>	<u>Submitted Date</u>	<u>Approved Date</u>	<u>Status</u>	<u>Action</u>
<input checked="" type="checkbox"/>	12780	Pharmacist	Mark	Robertson	10/25/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00
 Convenience Fee : \$10.00
 License Number : 12780
 License Type : Pharmacist
 New Expiration Date : 10/31/2021

Personal Information

First Name : * Mark

Middle (initial only) : Bruce

Last Name : * Robertson

License # : 12780

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 : West Kingman Pharmacy

Military Address : ☐

Street : * 3135 Stockton Hill Rd

Country : * United States

City : * KINGMAN

State : * Arizona

Zip : * 86401

Practice Phone : (928) 377-1350

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 : * Ridgecrest Drive

Country : * United States

City : * Kingman State : * Arizona Zip :

Home Pho Cell Phone :

Email Address : * jmail.com 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
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

Failure to properly notify Arizona Board of Pharmacy of emergency pharmacy move. All requirements set out in citation have been completed as ordered.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Arizona Disciplinary Action PDF	Legal - Question 3	10/22/2019	(OL)		Document Details	

Document Name :

Document Type :

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 : Arizona

Date : 03/07/2018

Case # : 17-0128

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

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 : * Mark Robertson

Date Of Application : * 10/22/2019

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

Fee and Payment

Payment Method : * Credit / Debit Card

Override :

Application Fees : * 180

Convenience Fee : * 10

Late Fees : * 0

Total Fees : * 190

Reference Number : 61986966482

InvoiceDate : 10/22/2019

Paid

Close

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

1 MARK BRNOVICH
 2 Attorney General
 (Firm State Bar No. 14000)

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 4 Assistant Attorney General
 State Bar No. 015072
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7 Attorneys for the Arizona State Board of Pharmacy

8 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

9
 10 In the Matter of

Board Case No. 17-0128

11 **MARK ROBERTSON, PHARMD.**

**CONSENT AGREEMENT
 FOR CIVIL PENALTY AND
 EXAMINATION**

12 Holder of License No. S014451
 13 For the Practice of Pharmacy
 14 In the State of Arizona

15
 16 In the interest of a prompt and judicious settlement of this case, consistent with the
 17 public interest, statutory requirements and the responsibilities of the Arizona State Board
 18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Mark Robertson ("Respondent"),
 19 holder of license S014451 as a Pharmacist in the State of Arizona and the Board enter
 20 into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent
 21 Agreement") as a final disposition of this matter.

22 **RECITALS**

23
 24 1. Respondent has read and understands this Consent Agreement and has had
 25 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
 26 opportunity to discuss this Consent Agreement with an attorney.

1 2. Respondent understands that he has a right to a public administrative
2 hearing concerning this matter at which hearing he could present evidence and cross
3 examine witnesses. By entering into this Consent Agreement, Respondent knowingly
4 and voluntarily relinquishes all right to such an administrative hearing, as well as rights
5 of rehearing, review, reconsideration, appeal, judicial review or any other administrative
6 and/or judicial action, concerning the matters set forth herein.

7 3. Respondent affirmatively agrees that this Consent Agreement shall be
8 irrevocable.

9 4. Respondent understands that this Consent Agreement or any part of the
10 agreement may be considered in any future disciplinary action by the Board against him.

11 5. Respondent understands this Consent Agreement deals with Board
12 Complaint No. 17-0128 involving allegations of unprofessional conduct against
13 Respondent. The investigation into these allegations against Respondent shall be
14 concluded upon the Board's adoption of this Consent Agreement.

15 6. Respondent understands that this Consent Agreement does not constitute a
16 dismissal or resolution of any other matters currently pending before the Board, if any,
17 and does not constitute any waiver, express or implied, of the Board's statutory authority
18 or jurisdiction regarding any other pending or future investigation, action or proceeding.

19 7. Respondent also understands that acceptance of this Consent Agreement
20 does not preclude any other agency, subdivision, or officer of this State from instituting
21 any other civil or criminal proceedings with respect to the conduct that is the subject of
22 this Consent Agreement.

23 8. Respondent acknowledges and agrees that, upon signing this Consent
24 Agreement and returning this document to the Board's Executive Director, he may not
25 revoke acceptance of the Consent Agreement or make any modifications to the document
26

1 regardless of whether the Consent Agreement has been signed by the Executive Director.
2 Any modification to this original document is ineffective and void unless mutually agreed
3 by the parties in writing.

4 9. This Consent Agreement is subject to the approval of the Board and is
5 effective only when accepted by the Board and signed by the Executive Director. In the
6 event that the Board does not approve this Consent Agreement, it is withdrawn and shall
7 be of no evidentiary value and shall not be relied upon nor introduced in any action by
8 any party, except that the parties agree that should the Board reject this Consent
9 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the
10 Board was prejudiced by its review and discussion of this document or any records
11 relating thereto.

12 10. If a court of competent jurisdiction rules that any part of this Consent
13 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement
14 shall remain in full force and effect.

15 11. Respondent understands that this Consent Agreement is a public record that
16 may be publicly disseminated as a formal action of the Board and may be reported as
17 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
18 Protection Data Bank.

19 12. Respondent understands that any violation of this Consent Agreement
20 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-
21 1901.01(B)(20) and A.R.S. §32 - 1927(A) (1).

22 13. Respondent agrees that the Board will adopt the following Findings of Fact,
23 Conclusions of Law and Order.
24
25
26

1 ACCEPTED AND AGREED BY RESPONDENT

2 Mark Robertson

3 Dated: 3/5/2018

4 Mark Robertson, PharmD.
5 Pharmacist

6 **FINDINGS OF FACT**

7 1. The Board is the duly constituted authority for licensing and regulating the
8 practice of pharmacy in the State of Arizona.
9

10 2. Respondent is the holder of license number S014451 as a Pharmacist in the
11 State of Arizona.

12 3. At all relevant times, Respondent was the Pharmacist-In-Charge ("PIC") at
13 West Kingman Pharmacy located at 915 W. Airway Ave. , Kingman, AZ 86409
14 (Y004696).
15

16 4. On or about October 1, 2017, an officer manager for West Kingman
17 Pharmacy contacted a Compliance Officer with the Board stating that the Pharmacy
18 would be losing its lease but was exploring the possibility of extending the lease with the
19 landlord. The Pharmacy did file an application for change in location.
20

21 5. On or about November 1, 2017, the Board received a complaint alleging
22 that West Kingman Pharmacy moved to and were operating out of a non-permitted
23 location (Lingenfelter Center) with numerous unsupervised technicians.

24 6. On November 2, 2107, a Board Compliance office conducted an inspection
25 of the Pharmacy at the Lingenfelter Center. Respondent was present and confirmed that
26

1 West Kingman Pharmacy had lost its lease. Respondent made the decision to move all
2 the medications and records to the sister pharmacy at the Lingenfelter Center. The sister
3 pharmacy is Desert West Pharmacy (Y004151).

4
5 7. The following observations were noted during the inspection:

6 a. The Pharmacy was set up in a room approximately 12' x 10' in a
7 non-permitted space in the same building as Desert West Pharmacy.

8 b. The door was open and the room was completely unsecured.

9 c. There was no pharmacist present, however, 4 to 5 technicians were
10 working.

11 d. There were drugs in the space but no sink.

12
13 8. Respondent immediately moved the drugs from the space and stated that he
14 immediately would cease operating the West Kingman Pharmacy and transfer all drugs
15 and records to the sister pharmacy, Desert West, to accommodate the needs of the
16 patients.

17
18 9. Respondent stated that he had notified the Board's Executive Director
19 about the Pharmacy's "emergency" relocation as a result of losing the lease.
20 Respondent's Notice to the Board was sent the evening before the move. In response to
21 the Notice, the Board's Executive Director informed Respondent that the Pharmacy
22 would have to comply with the discontinuation procedure set forth in the Board's statutes
23 and rules. The discontinuation procedures were not followed.
24
25
26

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. §§ 32-1901.01(B)(19) as it relates to Arizona Administrative Code R4-23-609(A), (E) and (F) and R4-23-611(A)(9) and R4-23-1104(A) and (B)

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board the sum of \$3,000.00 as a civil penalty for the above-referenced violation. The civil penalty shall be paid in full to the Board within ninety (90) days of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. In addition, within ninety (90) days of the effective date of this Consent Agreement and Order, Respondent shall take and pass the Multistate Pharmacy Jurisprudence Examination ("MPJE"). Respondent shall ensure his score is provided directly to the Board.

3. If the Board determines that Respondent has not complied with all the requirements of this Consent Agreement, the Board, in its sole discretion, may institute

90 days from March 8

1 proceedings for noncompliance with this Consent Agreement, which may result in the
2 suspension or revocation of Respondent's license. Failing to abide by this Consent
3 Agreement and Order is a violation of A.R.S. §32-1901.01(B)(20), which is violating a
4 formal order, terms of probation, a consent agreement or a stipulation issued or entered
5 into by the board it its executive director."

6 4. Respondent understands that this Consent Agreement is a public record that
7 may be publicly disseminated as a formal action.

8 5. If Respondent violates this Order in any way or fails to fulfill the
9 requirements of this Order, the Board, after giving the Respondent notice and the
10 opportunity to be heard, may revoke, suspend or take other disciplinary actions against
11 Respondent's license. The issue at such a hearing will be limited solely to whether this
12 Order has been violated.

13 DATED this 8 day of March, 2018.

14
15 (Seal)

ARIZONA STATE BOARD OF PHARMACY

16
17
18 By: 

19 KAMLESH GANDHI, PharmD
20 Executive Director
21

22 ORIGINAL OF THE FORGOING FILED
23 this 8th day of March, 2018, with:

24 Arizona State Board of Pharmacy
25 1616 W. Adams Street
26 Phoenix, Arizona 85007


1 EXECUTED COPY OF THE FOREGOING MAILED
2 BY CERTIFIED MAIL

3 this 8th day of March, 2018, to:

4 Mark Robertson
5 600 Ridgecrest Dr
6 Kingman, AZ 86409

7 EXECUTED COPY OF THE FOREGOING MAILED
8 this 8th day of March, 2018, to:

9 Jeanne M. Galvin
10 Assistant Attorney General
11 15 South 15th Ave., SGD/LES
12 Phoenix, Arizona 85007
13 Attorneys for the Board

14 
15 _____
16 Doc #6821257