

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG       Ownership Change       Name Change       Location Change  
(Please provide current license number if making changes: MP or MW \_\_\_\_\_)

Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,6  
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b       Sole Owner – Pages 1,2,3,7  
Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION to be completed by all types of ownership**

MDEG Name: Prosthetics Advancement Lab, LLC

Physical Address: 3663 E. Sunset Rd. #506, Las Vegas, NV 89120  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3663 E. Sunset Rd. #506

City: Las Vegas State: NV Zip Code: 89120

Telephone: (702) 207-9500 Fax: (702) 998-6880

E-mail: antihelix@prostheticslab.com Website: www.prostheticslab.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: N/A to N/A Tue: N/A to N/A Wed: N/A to N/A Thu: N/A to N/A  
Fri: N/A to N/A Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A *by appointment only*

**MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)**

Name: Janet Chao

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- Medical Gases\*\*
- Respiratory Equipment\*\*
- Life-sustaining equipment\*\*
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment\*\*
- Orthotics and Prosthetics
- Other: \_\_\_\_\_

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

**APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A. New business in the process of acquiring these numbers

\_\_\_\_\_  
\_\_\_\_\_

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes  No

3) Are any of the owners health professionals? If yes, please check the box and list name.

- Practitioner Name: Janet Chao
- Advanced Practitioner of Nursing Name: \_\_\_\_\_
- Physician's Assistant Name: \_\_\_\_\_
- Physical Therapist Name: \_\_\_\_\_
- Occupational Therapist Name: \_\_\_\_\_
- Registered Nurse Name: \_\_\_\_\_
- Respiratory Therapist Name: \_\_\_\_\_

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

**APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

**If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

*Janet Chao*

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

Janet Chao

Print Name of Authorized Person

2/23/2018

Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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**APPLICATION FOR NEVADA MDEG LICENSE**

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: N/A

Parent Company if any: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

License Contact Person: \_\_\_\_\_

Ownership Information – Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

Section 1: List the corporations four largest shareholders:  
(Name and percentage of ownership)

- |    |       |          |
|----|-------|----------|
| 1. | _____ | %: _____ |
| 2. | _____ | %: _____ |
| 3. | _____ | %: _____ |
| 4. | _____ | %: _____ |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: \_\_\_\_\_

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

**Include with the application for a publicly traded corporation**

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

**APPLICATION FOR NEVADA MDEG LICENSE**

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

Owner's Name: Janet Chao  
Business Name: Prosthetics Advancement Lab, LLC  
Current Business Address: 3663 E. Sunset Rd. # 506  
City: Las Vegas State: NV Zip: 89120  
Telephone: (702) 207-9500 Fax: (702) 998-6880

**SOLE OWNER**

**Include with the application for a sole owner**

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

**APPLICATION FOR NEVADA MDEG LICENSE**

**OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: N/A %: \_\_\_\_\_

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

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

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

Partnership Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**PARTNERSHIP**

**Include with the application for a partnership**

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.



# APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 2/23/2018

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

## GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ocular and facial prosthetics practice  
Nature of MDEG Las Vegas, NV  
Prosthetics Advancement Lab, LLC 3663 E. Sunset Rd. #506 89120  
Name and Address of Business for Which MDEG Administrator Is Requested  
Prosthetics Advancement Lab, LLC  
If applicable, Name Under Which It Is Now Operated

