

# 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6		
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> 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)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                  |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**   |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies           | 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.
- |   |                         |
|---|-------------------------|
| <input checked="" type="checkbox"/> Practitioner          | Name: <u>Janet Chao</u> |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____             |
| <input type="checkbox"/> Physician's Assistant            | Name: _____             |
| <input type="checkbox"/> Physical Therapist               | Name: _____             |
| <input type="checkbox"/> Occupational Therapist           | Name: _____             |
| <input type="checkbox"/> Registered Nurse                 | Name: _____             |
| <input type="checkbox"/> 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.



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: \$500.00

## 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

1. PERSONAL INFORMATION:

Chao Janet C  
Last Name First Name Middle Name

Ching-Lan Chao  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Comanche Ct. Henderson NV 89074  
Present Residence Address-Street or RFD City State/Zip

3663 E. Sunset Rd. #506 1/1/2018 Las Vegas NV 89120  
Present Business Address Dates City State/Zip

Managing Member 9/15/2016  
Present Position with the MDEG Dates

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

Email address: antihelix@prostheticslab.com

1 Changhua, Taiwan  
Date of Birth Place of Birth (City, County, State)

35 35-11-11 F  
Age Social Security Number Sex

brown black 115 lbs 5' 1"  
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics tattoo of bird,  
tattoo of Vegas skyline, both on the back

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No \_\_\_\_\_ Date 9/16/2008

Place Chicago, IL (If naturalized, document must be verified.)



## EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
9/2016 - present	Prosthetics Advancement Lab, LLC 3663 E. Sunset Rd. #506 Las Vegas, NV 89120	N/A
managing member	new business entity, preparing to purchase Ocular Artists, Inc. and take over its duties	self, Janet Chao
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
3/2016 - present	Ocular Artists, Inc. 3663 E. Sunset Rd. #506 Las Vegas, NV 89120	4000 hours
facility manager, ocularist, anaplastologist	fit and fabricate ocular and facial prostheses	Eric M. Lindsey
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
2/2011 - 3/2016	Prosthetic Artists, Inc. 1736 Professional Dr. Sacramento, CA 95825	10,000 hours
apprentice ocularist	fit and fabricate ocular and facial prostheses under supervision of board certified ocularist	Eric M. Lindsey
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

- a) Board Administrative Action:  
b)

State: N/A

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

- c) Criminal Action:

State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

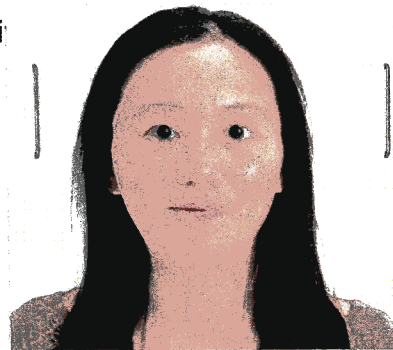
Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☐ No ☒

If you answer No to questions 4, 5 or 6 please provide a written explanation.

We are by appointment only. See  
attachment for more explanations.



Date of photograph 2/28/2018



## Prosthetic Advancement Lab, LLC

3663 E. Sunset Rd. #506  
Las Vegas, NV 89120  
(702)207-9500  
antihelix@prostheticslab.com

February 23, 2018

There is only one employee, myself, at Prosthetics Advancement Lab, LLC. I am responsible for all the day-to-day operations, which includes answering phones, scheduling appointments, seeing patients, and shopping for supplies. Because I am solely responsible for all the functions of the office, I cannot be in the office at all times. Some circumstances which require me to be out of the office include: shopping for supplies, business meetings, conferences, or lunch breaks (which may take place at different times depending on how long the morning appointments take).


This is a "by appointment only" business. Generally my active hours are Monday to Friday from 9:30AM to 5:30PM. I reserve Mondays, Tuesdays, and Thursdays for clinical purposes, while the other two days are used for lab and office work. On weekdays I answer phones from 9:30AM-5:30PM and I am present for patient appointments on Mon, Tues, and Thurs. When our office is not at capacity with the patient appointments, I may designate certain clinical days for other tasks that do not take place in the office.

Sincerely,

Janet Chao  
Managing Member  
Prosthetics Advancement Lab, LLC

I, Janet Chao, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



Original Signature of Applicant