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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 - Reno, NV 89521
PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Deborah Middle: Anne Last: Furlong
Home Address: N Thornydale Rd. Apt #: _____
City: Tucson State: AZ Zip Code: 85742
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Berwyn IL Sex: M or F
E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- Copy of a certificate from an ASHP approved pharmacy technician school.
- Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

1. Are you 18 years of age or older? Yes No
 2. Are you a high school graduate or the equivalent? Yes No
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. 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?.....?	<input type="radio"/>	<input checked="" type="radio"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="radio"/>	<input type="radio"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....?	<input checked="" type="radio"/>	<input type="radio"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	AZ	7 17 2003 2 20 2006	TRO3-034380 CR04-413971	Pima	Justice

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

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

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Debbie A. Furlong
Original Signature, no copies or stamps accepted Date 08/12/2019

Board Use Only: Date Processed: _____ Amount: 40.00

On July 17, 2003 I was arrested for a DUI. Driving under the influence was not something I made a habit of. I have never driven under the influence again, nor will I. I attended the required courses and paid all fines. I have attached documents and judgment for the incident. Pima County, AZ

TR03-034380

On February 20, 2006 I was arrested on a warrant for a check I wrote in 2003 that did not clear. I attended classes and paid all fines. I have attached the documents. Pima County, AZ

CR04-413971

Thank you,
Debbi Furlong



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
<http://www.azpharmacy.gov>

602-771-ASBP (2727)
FAX: 602-771-2749

Pharmacy Technician

LICENSE NO
T037435

EXPIRES
10/31/2019

Receipt Date: 10/17/2017
Receipt Number: 201716489
Receipt Amount \$: 72.00

Issued to : Deborah Anne Furlong
3810 W. SWEET PLACE
TUCSON, AZ 85745-8831

Deborah Anne Furlong
3810 W. SWEET PLACE
TUCSON, AZ 85745-8831

Kim Gendlin
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749



ARIZONA STATE BOARD OF PHARMACY

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

WALLET CARD

NAME : Deborah Anne Furlong
LICENSE NUMBER : T037435
EXPIRES : 10/31/2019

<http://www.azpharmacy.gov>

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

PHARMACY TECHNICIAN CERTIFICATION BOARD

certifies that

deborah anne furlong

has met all requirements for the certification and merits the designation of

Certified Pharmacy Technician (CPHT)

Certification Number	Initial Certification Date	Application Deadline	Expiration Date
10051148	May 22, 2014	May 01, 2020	May 31, 2020



A handwritten signature in black ink, appearing to read "A. B. F.", is written over a horizontal line.

President, Certification Council

A handwritten signature in black ink, appearing to read "William Schind", is written over a horizontal line.

Executive Director & CEO

STATE OF ARIZONA vs. <u>Yantz, Deborah</u>	CONDITIONS OF UNSUPERVISED PROBATION AND ORDER	CASE NO. <u>TR03-034380</u>
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IT IS ORDERED:

You are placed on unsupervised probation for a term of 12 months.
 You must contact **COPE Outpatient Services** within 5 days of today's court appearance to schedule an alcohol evaluation.

COPE Behavioral Services, Inc.
 101 South Stone Avenue
 Tucson, Arizona 85701
 (520) 884-0707

If you fail to contact COPE within 5 days from today's date, a warrant may issue for your arrest and result in the revocation of probation.

- Pay a \$50 evaluation fee directly to COPE prior to the actual evaluation.
- Report to an alcohol education and/or treatment program as directed by COPE.
- Pay a fine of \$ 455.
- Perform _____ hours of community service by _____.
- Be confined in the Pima County Jail for 5 days and to comply with jail rules and regulations during confinement.
- Attend the MADD/Victim Impact Panel by 1/31/04.
- _____
- _____

Dependent upon your diagnosis, you will participate in either Level 1 or Level 2 treatment.

- ♦ Level 1 treatment must be completed within 4 months of your assessment date.
- ♦ Level 2 treatment must be completed within 2 months of your assessment date.

9/24/03
Date

[Signature]
Judge

For screening center/court use only: Blood Alcohol Level .18.

I understand that a violation of the conditions above could result in the revocation of my probation and possible sentence up to the maximum permitted.

Debbi A. Yantz Defendant's signature Debbi A. Yantz Defendant's printed name and date of birth 9/24/03 Date

2801 W Woodview Crest Tucson AZ 85742 Current address 219 3057 Telephone number

<p>STATE OF ARIZONA</p> <p>VS</p> <p><u>Yontz, Deborah</u></p>	<p>CLERK CERTIFICATION AND FINGERPRINT FORM</p>	<p>CASE NO.</p> <p><u>TR03-034380</u></p>
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DEFENDANT'S FULL NAME: Deborah Yontz DOB: / /

COUNSEL OF DEFENDANT: Sarah Molzow COUNSEL WAIVED

DEFENDANT WAS CONVICTED OF:

THEFT (13-1802 MI)

SHOPLIFTING (13-1805)

DUI (28-1381)

EXTREME DUI (28-1382)

CHECK BOX IF THERE WAS FINDING BY THE JUDGE THAT THE OFFENSE WAS OF A DANGEROUS OR REPETITIVE NATURE PURSUANT TO §13-604.

FINDING OF GUILT BY:

COURT TRIAL

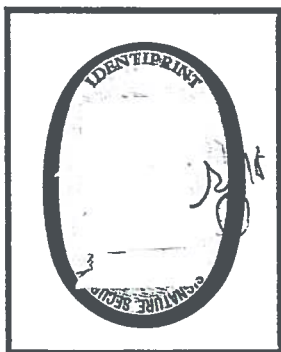
JURY TRIAL

PLEA OF GUILTY

PLEA OF NO CONTEST

- A. IF COURT TRIAL, THE DEFENDANT KNOWINGLY, VOLUNTARILY AND INTELLIGENTLY WAIVED THEIR RIGHT TO A JURY TRIAL.
- B. IF PLEA OF GUILTY OR NO CONTEST, A "GUILTY/NO CONTEST PLEA PROCEEDING" FORM WAS COMPLETED BY THE DEFENDANT.

CERTIFICATION: AT THE TIME OF SENTENCING, AND IN OPEN COURT, THE DEFENDANT'S FINGERPRINT (RIGHT THUMB PREFERABLY) WAS AFFIXED TO THIS DOCUMENT.



[Signature]

COURT CLERK

9-24-03

DATE

PIMA COUNTY ATTORNEY'S
BAD CHECK PROGRAM
32 NORTH STONE AVENUE, 2ND FLOOR
TUCSON, AZ 85701
(520) 740-4100

PLEA OFFER/PLEA AGREEMENT

STATE V. Deborah Yoniz

J. P. NO. CR 04-113111

DATE 3/2/06

YOU ARE CHARGED WITH 1 COUNT(S), A CLASS 1 MISDEMEANOR, FOR WHICH THE MAXIMUM POSSIBLE PENALTY PER COUNT IS: 6 month(s) jail, \$ 2,500.00 fine plus an 80% surcharge, 3 years probation

THE STATE OF ARIZONA, THROUGH BARBARA LAWALL, PIMA COUNTY ATTORNEY, AND HER DEPUTY AND THE DEFENDANT AGREE TO THE FOLLOWING SENTENCE IN THE ABOVE-ENTITLED CASE : THE DEFENDANT SHALL PLEAD GUILTY TO 1 COUNTS OF A.R.S. 13-1807, ISSUING A BAD CHECK(S).

In exchange for defendant's plea of guilty, the parties agree to the following:

- \$ 54.50 Restitution to victim(s) \$ 6 Victim Fee (ARS 44-6852)
- _____ Months in Pima County jail; _____ Months suspended upon completion of the Bad Check Program.
- _____ Months of unsupervised/supervised probation.
- \$ 50.00 Bad Check Program Fee (ARS 13-1809) \$ 4 Bad Check School Fee (ARS-13-1810)
- \$ 20.00 Pay court fees to THE PIMA COUNTY JUSTICE COURT [local Deferred Prosecution fee]
- \$ 192.00 fine per check, payable to the Clerk of the Justice Court. Total fine amount is \$ 192.00, plus \$20.00 time payment fee [JCEF]. THIS FINE IS SUSPENDED IF you complete the Bad Check Program within 10 months.
- THE STATE will dismiss: _____
- Defendant waives the right to a jury/bench trial
- DEFENDANT ACKNOWLEDGES THAT:** A Restitution Lien may also be filed against you at the discretion of the Pima County Attorney. If you fail to complete the BAD CHECK PROGRAM within 10 months a Failure to Comply Warrant will be issued by the Court for your arrest and/or a wage garnishment may be issued. The garnishment can be terminated only by court order.

Defendant agrees that he/she committed the crime(s) which he/she is pleading guilty to, and agrees to the above plea offer.

I affirm that reasonable efforts have been made to confer with the victim(s), where required, and reasonable efforts have been made to give the victim(s) notice of this plea, the right to be present, and an opportunity to be heard.

X Deborah Yoniz
DEFENDANT'S SIGNATURE

X Barbara Lawall
DEPUTY COUNTY ATTORNEY

X _____
DEFENDANT'S ATTORNEY

ORDER OF JUDGMENT AND SENTENCE

Defendant pleads guilty pursuant to the above plea agreement, the court finds the plea to be knowingly, intelligently and voluntarily entered and the terms of this plea shall be the judgment and sentence of this court.

IT IS ORDERED that the terms above, and any additional orders below, shall be the judgment and sentence of this court.

_____ and that: bond in the amount of \$ _____ Is hereby () exonerated () converted to Bad Check Program

3/2/06
DATE

[Signature]
JUSTICE OF THE PEACE

15B



NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Danny E Middle: Horacio Last: Ramos

Home Address: 2 Guthrie Ave Apt #:

City: Los Angeles State: CA Zip Code: 90034

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Los Angeles Sex: M or F

E-mail Address: _____

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- Copy of a certificate from an ASHP approved pharmacy technician school.
- Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: FCH 45834

1. Are you 18 years of age or older? Yes No
 2. Are you a high school graduate or the equivalent? Yes No
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

		Yes	No
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If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
	CA	7/15/2015	AC201300492300

Criminal Action:	State	Date:	Case #:	County	Court
	CA	1/28/2013		Los Angeles	Inglewood Court House

In response to federally mandated requirements , the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

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 you marked **YES** to the question, above are you in compliance with the court order?.....? Yes No

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

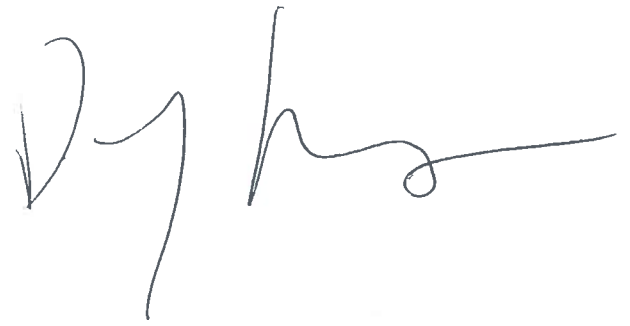
Original Signature, no copies or stamps accepted _____ Date 9/3/19

Board Use Only: Date Processed: _____	Amount: <u>40.00</u>
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To whom it may concern,

On or about 1/28/13 I was on freeway with a flat tire and was about to change when Highway patrol pulled behind me and smelled alcohol. I did some

routing test got charged for DUI no drugs were ~~involved~~ involved. On April 2015 went in front of board due to trying to take away my license the outcome was license on probation for 5 years as of July 6, 2015 with terms and conditions which I have been in compliance with the board of Pharmacy in California up to this date. I LOVE what I do as a pharmacy tech. Thank you.

A handwritten signature in black ink, appearing to be 'Dyke'.



BOARD OF PHARMACY

LICENSING DETAILS FOR: TCH 45834

NAME: RAMOS, DANNY HORACIO

LICENSE TYPE: PHARMACY TECHNICIAN

LICENSE STATUS: PROBATION OR PRACTICE
RESTRICTION [?](#)

SECONDARY STATUS: PROBATION [?](#)

ADDRESS

5UTHRIE AVE
LOS ANGELES CA 90034
LOS ANGELES COUNTY

ISSUANCE DATE

JANUARY 17, 2003

EXPIRATION DATE

NOVEMBER 30, 2020

CURRENT DATE / TIME

AUGUST 31, 2019
12:34:34 PM