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

APPLICATION FOR ADVANCED PRACTITIONER OF NURSING • DISPENSE

You must have current pharmacy board registration to submit this application.

REGISTRATION FEE: \$300.00 (non-refundable money order or cashier's check only, no cash)

First: John Middle: R Last: PHOENIX
Home Address: ALDSN AVE
City: LAS VEGAS State: NV Zip Code: 89121
Telephone: 702 979 1111 SS#: _____ Date of Birth: _____
E-mail address: JPHOENIX@ARCH@HUNTRIDGEFCF.ORG
Board of Nursing APN Certificate #: ARCH 00135 Pharmacy Board #: CS 199962

PRACTICING LOCATION

Practice Name (if any): HUNTRIDGE FAMILY CLINIC
Physical Address: 1830 E SPITARA Suite #: 201
City: LAS VEGAS State: NV Zip Code: 89104
Telephone: 702 979 1111 Fax: 702 979 6227

SUPERVISING PHYSICIAN - Please Print

First: NA Middle: _____ Last: _____ Physical
Address: _____ Suite #: _____
City: _____ State: _____ Zip Code: _____

		Yes	No		
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?.....					
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....					
2. Been the subject of 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 & provide documentation:					
Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Original Signature of APN, no copies or stamps accepted: [Signature] Date: 3/11/2022
Original Signature of Supervising Physician, no copies or stamps accepted: NA Date: _____

Board Use Only	Received	Amount	Entity:
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Nevada State Board of
NURSING
 Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

JOHN ROBERT PHOENIX

Wednesday, March 11 2020 12:14:53 PM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only.

Active– ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.

Active Prescribing– ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V

Active Prescribing – CII – ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.

Active Prescribing-CII-COLL – ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.

Active Prescribing -D– ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V

*** Active Prescribing – CII – D** ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.

Active Prescribing-CII-COLL –D ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	RN	T-786094A	Expired	03/04/1994	07/04/1994	NO

Primary Source Board of Nursing Messages & Notifications

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	RN	RN25160	Active	03/23/1994	07/07/2020	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	APRN-CNP	TAPN700742	Expired	01/24/2012	07/07/2012	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Advanced Practice license/recognition information

- Population Focus / Specialty:
 - Focus/Specialty: Family Across the Lifespan
 - Expiration Date: 07/07/2012
 - Original Issuance Date: 01/24/2012
 - Current Issue Date: 01/24/2012
 - Has discipline: NO
 - Certification expiration date: 11/30/2021

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	APRN-CNP	APRN001359	Active - Prescribing - CII - D	01/30/2012	07/07/2020	NO

Advanced Practice license/recognition information

- Population Focus / Specialty:
 - Focus/Specialty: Family Across the Lifespan
 - Expiration Date: 07/07/2020
 - Original Issuance Date: 01/30/2012
 - Current Issue Date: 05/24/2018
 - Has discipline: NO
 - Certification expiration date: 11/30/2021

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

March 5, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: jphoenixm@gmail.com

John Robert Phoenix, APRN
1830 E Sahara Avenue - Ste 201
Las Vegas, NV 89104

Re: CEASE and DESIST/CITATION: Unlicensed Dispensing (Case No. 19-143-S)

Dear Mr. Phoenix:

The Nevada State Board of Pharmacy (Board) has determined that you have dispensed dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid registration. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NAC 639.742 and NRS 639.310.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing any controlled substances or dangerous drugs for Nevada patients. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the forgoing does not preclude further investigation or the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0238 8807 85

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 - Reno, NV 89521

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

This application is for physicians only. APRN's or PA's have their own dispensing applications.

New Dispensing Location [X] Address Change [] (Requires Fee and New Application) Current Dispensing License # _____

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes [X] No [] If no, please complete the Application for Non-Practitioner Dispensing Site Owners as required by NAC 639.742 (2).

I will be dispensing [] controlled substances [X] dangerous drugs or [] both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: John Middle: Robert Last: Phoenix Degree: MSN

Practice Name (if any): Huntrige Family Clinic

Nevada Address: Sahara Ave Suite #: _____ (This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: n/A SS#: _____ Sex: [X] M or [] F

E-mail address huntridgefcf.org Date of Birth: _____

City: Las Vegas State: NV Zip Code: 89104

Nevada Work Telephone: 702-979-1111 Nevada Fax: 702-979-6227

Practitioner License Number: APRN001359 Specialty: Family Practice

You must be licensed with your respective BOARD before we will process this application.

- 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 [] [X]
1. Been charged, arrested or convicted of a felony or misdemeanor in any state? [] [X]
2. Been the subject of an administrative action whether completed or pending in any state? [] [X]
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? [] [X]

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

Table with columns for Board Administrative Action, State, Date, Case #, Criminal Action, State, Date, Case #, County, Court.

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. Date 3/9/2020

Board Use Only Received: Amount: Entity#