

16

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

\$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 Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- Publicly Traded Corporation – Pages 1,2,3,10,11a&b Partnership - Pages 1,2,6,10,11a&b
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Plus One Pharmacy, LLC

Physical Address: 6525 S Fort Apache Rd Suite #140

City: Las Vegas State: NV Zip Code: 89148 Telephone: 702-591-3099

Fax: N/A Toll Free Number: N/A

E-mail: anupate17@yahoo.com

Website: N/A

Managing Pharmacist: Serj S. Markanan License Number: 16248

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding
 Non Sterile Compounding
 Mail Service Sterile Compounding
 Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

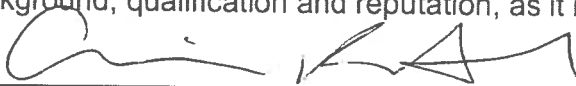
Within the last five (5) years:

- 1) Has the corporation, any owner(s), 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, board citation, site fine 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 question 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 pharmacy 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

Anisha Patel
Print Name of Authorized Person

4/12/2020
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 3225 McLead Dr Suite 110

City: Las Vegas State: NV Zip: 89121

Telephone: 702-591-3099 Fax: _____

Contact Person: Anisha Patel

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) Anisha Patel 3225 McLead Dr ^{#110} Las Vegas, NV 89121
 Name Business Address
- b) N/A
 Name Business Address
- c) N/A
 Name Business Address
- d) N/A
 Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? 0

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday 9 am 2 pm

Sunday closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20201755142

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Anisha Patel

Responsible Person of Plus One Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Anisha Patel

Print Name of Authorized Person

4/12/20

Date

Managing Pharmacist

Pharmacist Name: Serj S. Markarian

License #: 116248

Pharmacy Name: Plus one pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

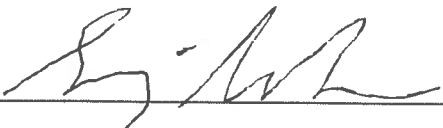
If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:	State: <u>CA</u>	Date: <u>5/8/2012</u>	Case #: <u>3601</u>
And/or Criminal Action:	State: <u>CA</u>	Date: <u>2/6/2008</u>	Case #: <u>1164534</u>
County	<u>LA</u>	Court:	<u>Van Nuys, CA</u>

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature 

Date 4-16-20

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/17/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or 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. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record 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 Retail Pharmacy
Nature of License
Plus One Pharmacy 6525 S. Fort Apache Rd #140 Las Vegas, NV 89148
Name and Address of Establishment for Which License is Requested
.....
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Patel First Name Anisha Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N/A

Present Residence Address-Street or RFD City State/Zip
Venficello dr. Las Vegas NV 89138

Present Business Address City State/Zip
N/A

Occupation Dates Phone Residence Business
CPA N/A

Date of Birth Place of Birth (City, County, State) Sex
39 West Covina, CA Female

Age Social Security Number or ITIN

Color of Eyes Color of Hair Complexion Weight Build Height
Brown Black medium 105 lbs Petite 5'0"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AP

MARITAL INFORMATION-Continued

A. **Current Marriage** 3/4/2009 Dholka, Gujarat India
Date City, County and SS# or ITIN
 Spouse's full name (Maiden) Ritesh R. Patel
 Date of Birth _____ Place of Birth Dholka, India
 Resident address Venticello dr. Las Vegas NV 89138
Street City State Zip
 Telephone: Residence _____ Business # 702-527-7977
 Spouse's employer CURRY leaf Occupation Self-employed
 Address of employer S. Fort Apache Rd #101 Las Vegas, NV 89148
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Shaan Patel</u>		<u>Las Vegas, NV</u>	<u>Venticello dr. Las Vegas, NV 89138</u>
<u>Riaan Patel</u>		<u>Las Vegas, NV</u>	<u>Venticello dr. Las Vegas, NV 89138</u>
N/A			

B. **Child Support Information:**

Please mark the appropriate response.

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and 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; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial AP Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A
 Address _____
 Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
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Father

Karan N. Patel

Chambolle ct. Las Vegas, NV 89144 self-employed

Mother

Jaya K. Patel

Chambolle ct. Las Vegas, NV 89144 home-maker

Father-in-Law

Ramesh H. Patel

Kapurwada, Dholka Gujarat India

Mother-in-Law

Milababen Patel

Ventcello dr. Las Vegas, NV 89138 home-maker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
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Spouse

Kamlesh Patel

Amador Ranch Las Vegas, NV 89149 Engineer

Meeta Patel

Amador Ranch Las Vegas, NV 89149 Pharmacist

Spouse

Rajesh Patel

Bayhaven ct Las Vegas, NV 89131 self-employed

Sanka Patel

Bayhaven ct. Las Vegas, NV 89131 Dentist

Spouse

MA

NIA

NIA

Spouse

MA

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>N/A</u>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
High School	<u>Diamond Bar HS</u>	<u>Diamond Bar, CA</u>	<u>1996-1999</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Cal Poly Pomona</u>	<u>Pomona, CA</u>	<u>1999-2002</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>University of Las Vegas</u>	<u>Las Vegas, NV</u>	<u>2005-2007</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS in Business Admin / CIS ; MS in Accountancy

College or university where obtained Cal-Poly Pomona ; UNLV

Applicant's initial AP

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch NIA Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County NIA State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NIA</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? NIA city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? NIA city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>NIA</u>				
<u>NIA</u>				
<u>NIA</u>				

Applicant's initial AP

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Present - 06/2018	Ventrillo Dr	Las Vegas	NV 89138
2002 - 06/2018	1500 chambolle ct.	Las Vegas,	NV 89144
1995 - 2002	1628 Fire Hollow dr.	Diamond Bar,	CA 91765
N/A			

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2010 - Present	DAS 1787 W Lake Mead Blvd. LVNV 891106	Pursue other opportunities
Title	Description of Duties	Name of Supervisor
Forensic Accountant	Financial Analysis	Neal Umphress
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/2005	Gaming Control Board	FBI Job
Title	Description of Duties	Name of Supervisor
Auditor	Audit Gaming establishments	Linda Tobin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2004	McCarran Intl Airport	Gaming Job
Title	Description of Duties	Name of Supervisor
Financial Office Assistant I	Accounts Receivable duties	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2003	Circus Circus Hotel & Casino	County Job
Title	Description of Duties	Name of Supervisor
Database marketing clerk	Database mgmt/mkt	Tom Malloy
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2002	Twin Peaks software Pasadena CA	moved to Las Vegas
Title	Description of Duties	Name of Supervisor
Tech. Support Rep.	Technical Support	Emanuel Nkulilia
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2002	Peninsula Luggage & Gifts Walnut CA	seasonal Job
Title	Description of Duties	Name of Supervisor
Store clerk	customer service	Urmika Patel
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

AP

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9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Nate Nash</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89106</u>		<u>10 years</u>
Employer <u>self employed</u>	Business					
Name <u>Tammi Owens</u>	Home	<u>Reno, NV</u>				<u>15 years</u>
Employer <u>GCB</u>	Business					
Name <u>Parvin Patel</u>	Home	<u>Las Vegas, NV</u>				<u>20 years</u>
Employer <u>Self employed</u>	Business					
Name <u>David Reed</u>	Home	<u>Las Vegas, NV</u>				<u>6 years</u>
Employer <u>Banker</u>	Business	<u>Wells Fargo</u>				
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following.

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No
If yes, state type, where and years held

CPA - Nevada - 2009 (held since)

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

.....

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

.....

If yes to the above, state where, when and for what reason:

.....

.....

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

.....

.....

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

.....

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

.....

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

.....

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

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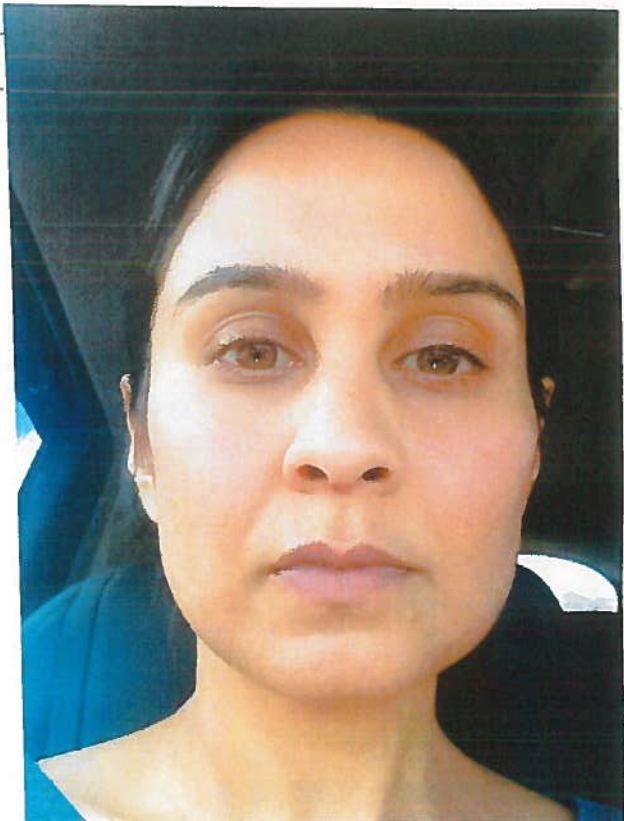
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STATE OF Nevada

ss.

COUNTY OF Clark

I, Anisha Patel, 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 case for denial or revocation of a manufacturer 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 Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

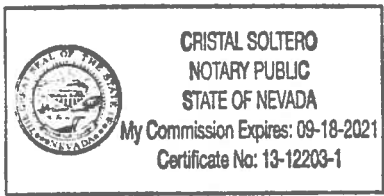
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

[Handwritten Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 17th day of April, 2020

[Handwritten Signature]
Notary Public

(seal)



Applicant's initial AP Page 9

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 4/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or 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. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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Application for Retail Pharmacy
Plus One Pharmacy 6525 S. Fort Apache Rd. Suite 140 Las Vegas, NV 89148
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Markarian First Name Serj Middle Name Soukaz

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Seroj Soukiazian

Present Residence Address-Street or RFD P.O. Box City Las Vegas State/Zip NV 89126

Present Business Address N/A City _____ State/Zip _____

Present Position with the Pharmacy or Wholesaler Pharmacist Phone: Residence (818) 618-2069 Business _____

Date of Birth _____ Place of Birth (City, County, State) Tehran, Iran

Age 46 Social Security Number _____ Sex Male

Color of Eyes Green Color of Hair Brown Complexion White Weight 190 Lbs Build Athletic Height 5'11"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, registration No. N/A

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial SM

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Karolin Avakian	10/2003	Los Angeles, CA	Divorced	Los Angeles, CA
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Unknown					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and 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; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial SM

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Garegin Soukiazian		N. J. CA 91501	Retired
Mother			
Zartar Tourisian		CA 91501	Retired
Father-in-Law			
N/A			
Mother-in-Law			
N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Souren Soukiazian		Bethany Rd Burbank CA	Engineer
Spouse			
Annette Soukiazian		Bethany Rd Burbank CA	Judge
Arevik Soukiazian		Sepulveda Blvd #3 North Hills, CA	Technician
Spouse			
N/A			
Armine Soukiazian		Sunland Park Dr #45 Sun Valley, CA	City Clerk
Spouse			
N/A			
N/A			
Spouse			
N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Burbank High School	Burbank, CA	1988-1991
College	Western University of Health Sciences	Pomona, CA	1998-2002
University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained Western University of Health Sciences

Applicant's initial SM

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County Los Angeles State CA Date registered 1991

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
2008	35	Misdemeanor	Los Angeles, CA		Van Nuys Court House

N/A

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

N/A

N/A

Applicant's initial SM

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff	01/2019	BC 721862	Superior Court of CA	

N/A

N/A

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

N/A

N/A

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

2015 to Current	P.O. E	Las Vegas	NV 89126
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Current	312 Antelope Way	Las Vegas	NV 89145
---------	------------------	-----------	----------

2002 to 2020	7766 N Glenoaks Blvd	Burbank	CA 91504
--------------	----------------------	---------	----------

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Applicant's initial SM

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/2007 - 08/2018	Verdugo Care Pharmacy	Full Time
Title	Description of Duties	Name of Supervisor
Owner/Pharmacist		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
03/2005 -12/2007	Reliable Solutions Inc	Part time
Title	Description of Duties	Name of Supervisor
Pharmacist	On Call Pharmacist	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2003-3/2005	Costco Wholesaler Pharmacy	Part time
Title	Description of Duties	Name of Supervisor
Pharmacist	Floater Pharmacist	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
03/2001-10/2003	Kaiser Permanente Pharmacy	Full Time
Title	Description of Duties	Name of Supervisor
Pharmacist	West LA Clinics	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/1991-3/2004	Glenoaks Pharmacy	Full Time
Title	Description of Duties	Name of Supervisor
Pharmacy Tech/Pharmacist		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Stan Cohen	Home	Las Vegas, NV				6 years
Employer Ameriprise	Business	Finance Office				
Name Hootan Melamed	Home	Los Angeles, CA				22 years
Employer Self Employed	Business	Pharmacentricals				
Name Ed Setaghian	Home	Los Angeles, CA				30 years
Employer Glenoaks Pharmacy	Business	Burbank, CA				
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No

If yes, state type, where and years held

Pharmacist Licenses in Nevada and California

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Verdugo Care Pharmacy 8908 Glenoaks Blvd Sun Valley, CA 91352

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial SM

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 4/15/2020

Applicant s initial SM

SS.

COUNTY OF Clark County

I, Serj S. Markarian, 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 wholesaler 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 Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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 wholesaler in the State of Nevada.

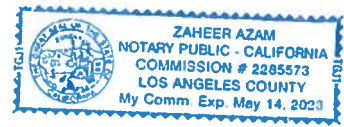
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 17 day of

APRIL 2020

[Signature]
Notary Public



(seal)

Applicant's initial SM

N/A

Applicant's initial SM

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 4/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or 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. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record 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 Retail Pharmacy
Nature of Pharmacy or Wholesaler
Plus One Pharmacy 6525 S. Fort Apache Rd. Suite 140 Las Vegas, NV 89148
Name and Address of Business for Which Designated Representative is Requested

If applicable Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Markarian	First Name Serj	Middle Name Soukaz
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Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Seroj Soukiazian

Present Residence Address-Street or RFD P.O. Bo	City Las Vegas	State/Zip NV 89126
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Present Business Address N/A	City	State/Zip
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Present Position with the Pharmacy or Wholesaler Pharmacist	Phone: Residence (818) 618-2069 Business
---	---

Date of Birth	Place of Birth (City, County, State) Tehran, Iran
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Age 46	Social Security Number	Sex Male
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Color of Eyes Green	Color of Hair Brown	Complexion White	Weight 190 Lbs	Build Athletic	Height 5'11"
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Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial SM

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A Date N/A City, County and State N/A
 S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
 Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Karolin Avakian	10/2003	Los Angeles, CA	Divorced	Los Angeles, CA
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Unknown					
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and 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; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial SM Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Garegin Soukiazian Mother		CA 91501	Retired
Zartar Tourisian Father-in-Law	40	CA 91501	Retired
N/A Mother-in-Law			
N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Souren Soukiazian Spouse Annette Soukiazian		Bethany Rd Burbank CA	Engineer
Arevik Soukiazian Spouse N/A		Sepulveda Blvd #3 North Hills, CA	Technician
Armine Soukiazian Spouse N/A		Sunland Park Dr #45 Sun Valley, CA	City Clerk
N/A Spouse			
N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Burbank High School	Burbank, CA 1988-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Western University of Health Sciences	Pomona, CA 1998-2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained Western University of Health Sciences

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch N/A Date of entry-active service N/A
 Date of separation N/A Type of discharge N/A
 Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No
 County Los Angeles State CA Date registered 1991

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
2008	35	Misdemeanor	Los Angeles, CA		Van Nuys Court House
N/A					
N/A					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
 If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
 If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
 If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial SM

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff	01/2019	BC 721862	Superior Court of CA	
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2015 to Current	P.O.	Las Vegas	NV 89126
Current	312 Antelope Way	Las Vegas	NV 89145
2002 to 2020	7766 N Glenoaks Blvd	Burbank	CA 91504
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/2007 - 08/2018	Verdugo Care Pharmacy	Full Time
Title	Description of Duties	Name of Supervisor
Owner/Pharmacist		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
03/2005 -12/2007	Reliable Solutions Inc	Part time
Title	Description of Duties	Name of Supervisor
Pharmacist	On Call Pharmacist	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2003-3/2005	Costco Wholesaler Pharmacy	Part time
Title	Description of Duties	Name of Supervisor
Pharmacist	Floater Pharmacist	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
03/2001-10/2003	Kaiser Permanente Pharmacy	Full Time
Title	Description of Duties	Name of Supervisor
Pharmacist	West LA Clinics	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/1991-3/2004	Glenoaks Pharmacy	Full Time
Title	Description of Duties	Name of Supervisor
Pharmacy Tech/Pharmacist		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Stan Cohen	Home	Las Vegas, NV				6 years
Employer Ameriprise	Business	Finance Office				
Name Hootan Melamed	Home	Los Angeles, CA				22 years
Employer Self Employed	Business	Pharmacentricals				
Name Ed Setaghian	Home	Los Angeles, CA				30 years
Employer Glenoaks Pharmacy	Business	Burbank, CA				
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

Pharmacist Licenses in Nevada and California

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Verdugo Care Pharmacy 8908 Glenoaks Blvd Sun Valley, CA 91352

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No
13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial SM

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

.....

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

.....

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

.....

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes No

.....

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

.....

N/A

.....

.....

.....

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

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.....
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.....
.....



STATE OF _____

ss.

COUNTY OF _____

I, _____, 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 case for denial or revocation of a wholesaler 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 Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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 wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

Applicant's initial _____ SM _____

BOARD OF PHARMACY

LICENSING DETAILS FOR: RPH 54284

NAME: MARKARIAN, SERJ SOUKAZ
LICENSE TYPE: REGISTERED PHARMACIST
LICENSE STATUS: CANCELLED
SECONDARY STATUS: VOLUNTARY SURRENDER ♦ PROBATION
ADDRESS NOT DISCLOSED

ISSUANCE DATE

MARCH 20, 2003

EXPIRATION DATE

SEPTEMBER 30, 2014

CURRENT DATE / TIMESEPTEMBER 21, 2020
4:02:12 PM

PUBLIC RECORDS

DISCIPLINARY ACTIONS (2)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.

DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 1625 N. MARKET BLVD, SUITE N219, SACRAMENTO, CA 95834, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

♦ **CASE NUMBER:** AC201200464500

♦ **EFFECTIVE DATE OF ACTION:** JUNE 20, 2014

♦ **DESCRIPTION OF ACTION:** BY HEARING DECISION: THE LICENSE IS REVOKED, REVOCATION STAYED, AND PLACED ON PROBATION FOR 5 YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION. 8/15/2014 LICENSE SURRENDERED PER THE TERMS OF PROBATION.

♦ **CASE NUMBER:** AC200900360100

♦ **EFFECTIVE DATE OF ACTION:** JUNE 7, 2012

♦ **DESCRIPTION OF ACTION:** BY STIPULATION: LICENSED REVOKED, REVOCATION STAYED, 5 YEARS PROBATION SUBJECT TO TERMS AND CONDITIONS WHICH INCLUDE: SUSPENDED FROM PRACTICING PHARMACY FOR 60 DAYS, CANNOT SUPERVISE ANY INTERN PHARMACIST PERFORM PRECEPTOR DUTIES OR BE PIC.

PUBLIC DOCUMENTS

DOCUMENTS (2)

CASE NUMBER: AC201200464500

DOCUMENT: LINK

CASE NUMBER: AC200900360100

DOCUMENT: LINK



California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

RECEIVED
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.
2014 AUG 11 AM 10:54
SERJ S. MARKARTIAN

APPLICATION FOR VOLUNTARY SURRENDER OF PHARMACIST / INTERN LICENSE

PLEASE PRINT IN BLACK OR BLUE INK OR TYPE YOUR RESPONSES

Name: <u>SERJ S MARKARTIAN</u>	Case No. <u>4645</u>
Address of Record: <u>7766 N. Glenoaks Blvd.</u> <u>Burbank CA 91504</u>	

Pursuant to the terms and conditions of my probation with the California State Board of Pharmacy (Board) in Case No. 4645, I hereby request to surrender my license, License No. 54284. The Board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, I will no longer be subject to the terms and conditions of probation. I understand that this surrender constitutes a record of discipline and shall become a part of my license history with the Board.

Upon the acceptance of the surrender, I shall relinquish my pocket and wall license to the Board within ten (10) days of notification by the Board that the surrender is accepted. I understand that I may not reapply for any license from the board for three (3) years from the effective date of the surrender. I further understand that I shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board, including any outstanding costs.

PLEASE BE ADVISED THAT YOU ARE NOT RELIEVED OF THE REQUIREMENTS OF YOUR PROBATION UNLESS THE BOARD NOTIFIES YOU THAT YOUR REQUEST TO SURRENDER YOUR LICENSE HAS BEEN ACCEPTED.

[Signature]
Applicant's Signature
[Signature]
Executive Officer's Approval

8/5/14
Date
8/15/14
Date

All items on this application are mandatory in accordance with your probationary order and the Board's Disciplinary Guidelines as authorized by Title 16, California Code of Regulations section 1760. Failure to provide any of the requested information or providing unreadable information will result in the application being rejected as incomplete. The information provided on this form will be used to determine eligibility for surrender. The official responsible for information maintenance is the Executive Officer, telephone (916) 574-7900, 1625 N. Market Blvd., Suite N-219, Sacramento, CA 95834. The information you provide may also be disclosed in the following circumstances: (1) in response to a Public Records Act request; (2) to another government agency as required by state or federal law; or, (3) in response to a court or administrative order, a subpoena, or a search warrant. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation and Petition to
Revoke Probation Against:

Case No. 4645

OAH No. 2013101152

**SERJ SOUKAZ MARKARIAN, AKA SEROJ
SOUKIAZIAN**

7766 N. Glenoaks Blvd.
Burbank, CA 91504

Pharmacist License No. RPH 54284

Respondent.

DECISION AND ORDER

The attached Proposed Decision of the Administrative Law Judge is hereby adopted
by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on June 20, 2014.

It is so ORDERED on May 21, 2014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STAN C. WEISSER
Board President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation and Petition to
Revoke Probation Against:

SERJ SOUKAZ MARKARIAN, AKA SEROJ
SOUKIAZIAN
Pharmacist License No. RPH 54284

Respondent.

Case No. 4645

OAH No. 2013101152

PROPOSED DECISION

This matter was heard by Laurie R. Pearlman, Administrative Law Judge (ALJ) with the Office of Administrative Hearings, on March 21, 2014, in Los Angeles, California. Complainant was represented by William D. Gardner, Deputy Attorney General. Serj Soukaz Markarian, aka Seroj Soukiazian (Respondent) was represented by Tony J. Park, Attorney at Law.

Oral and documentary evidence was received and argument was heard. The record was closed and the matter was submitted for decision on March 21, 2014.

FACTUAL FINDINGS

1. On September 19, 2013, Complainant Virginia Herold (Complainant) filed the Accusation and Petition to Revoke Probation while acting in her official capacity as Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On March 20, 2003, the Board issued Pharmacist License No. RPH 54284 to Respondent. The Pharmacist License is in full force and effect and will expire on September 30, 2014, unless renewed.

Prior Discipline of Respondent's Pharmacist License

3. Effective June 17, 2012, in Case No. 3601, entitled *In the Matter of the Accusation against Serj Soukaz Markarian* (Prior Decision), the Board revoked Respondent's Pharmacist License. However, the revocation was stayed, his license was suspended for 60 days and Respondent's License was placed on probation for five years under terms and conditions which included the following:

[Condition] 4. Interview with Board

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

[¶] . . . [¶]

[Condition] 7. Notification to Pharmacist-in-charge

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 3601 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause his or her direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's tenure of employment) and owner to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 3601, and terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that his or her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

[¶] . . . [¶]

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or any position for which a pharmacist license is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

[Condition] 17. Mental Health Evaluation

Within thirty (30) days of the effective date of this decision, and on a periodic basis as may be required by the board or its designee, respondent shall undergo, at his or her own expense, psychiatric evaluation(s) by a

board-appointed or board-approved licensed mental health practitioner. The approved evaluator shall be provided with a copy of the board's [accusation or petition to revoke probation] and decision. Respondent shall sign a release authorizing the evaluator to furnish the board with a current diagnosis and a written report regarding the respondent's judgment and ability to function independently as a pharmacist with safety to the public. Respondent shall comply with all the recommendations of the evaluator if directed by the board or its designee.

[Condition] 18. Pharmacists' Recovery Program

Within thirty (30) days of the effective date of this decision, respondent shall contact the Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll, successfully participate in, and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the board or its designee. The costs for PRP participation shall be borne by the respondent.

[¶] . . . [¶]

Failure to timely contact or enroll in the PRP, or successfully participate in and complete the treatment contract and/or any addendums, shall be considered a violation of probation.

[¶] . . . [¶]

[Condition] 19. Random Drug Screening

Respondent, at his own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug screening program as directed by the board or its designee. Respondent may be required to participate in testing for the entire probation period and the frequency of testing will be determined by the board or its designee. At all times, respondent shall fully cooperate with the board or its designee, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its designee may direct. Failure to timely submit to testing as directed shall be considered a violation of probation. Upon request of the board or its designee, respondent shall provide documentation from a licensed practitioner that the prescription for a detected drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Any

confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall be considered a violation of probation and shall result in the automatic suspension of practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until notified by the board in writing.

[¶] . . . [¶]

[Condition] 20. Abstain from Drug and Alcohol Use

Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon request of the board or its designee, respondent shall provide documentation from the licensed practitioner that the prescription for the drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Respondent shall ensure that he is not in the same physical location as individuals who are using illicit substances even if respondent is not personally ingesting the drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, and/or any physical proximity to persons using illicit substances, shall be considered a violation of probation.

[¶] . . . [¶]

[Condition] 21. Prescription Coordinator/Monitor

Within thirty (30) days of the effective date of this decision, respondent shall submit to the board, for its prior approval, the name and qualifications of a single physician, nurse practitioner, physician assistant, or psychiatrist of respondent's choice, who shall be aware of the facts and circumstances giving rise to Accusation 3601 and who will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The approved practitioner shall be provided with a copy of the board's Accusation and decision. A record of this notification must be provided to the board upon request. . . .

[¶] . . . [¶]

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[Condition] 22. Community Service Program

Within sixty (60) days of the effective date of this decision, respondent shall submit to the board or its designee, for prior approval, a community service program in which respondent shall provide free health-care related services on a regular basis to a community or charitable facility or agency for at least sixty (60) hours per year for the first three (3) years of probation. Within thirty (30) days of board approval thereof, respondent shall submit documentation to the board demonstrating commencement of the community service program. A record of this notification must be provided to the board upon request. Respondent shall report on progress with the community service program in the quarterly reports. Failure to timely submit, commence, or comply with the program shall be considered a violation of probation.

[¶] . . . [¶]

[Condition] 24. Leaving State of California

During the period of suspension, respondent shall not leave California for any period exceeding ten (10) days, regardless of purpose (including vacation). Any such absence in excess of the (10) days during suspension shall be considered a violation of probation. Moreover, any absence from California during the period of suspension exceeding ten (10) days shall toll the suspension, i.e., the suspension shall be extended by one day for each day over ten (10) days respondent is absent from California. During any such period of tolling of suspension, respondent must nonetheless comply with all terms and conditions of probation.

Respondent must notify the board in writing within ten (10) days of departure, and must further notify the board in writing within ten (10) days of return. The failure to provide such notification(s) shall constitute a violation of probation. Upon such departure and return, respondent shall not resume the practice of pharmacy until notified by the board that the period of suspension has been satisfactorily completed.

Bases for Discipline

4. In the Accusation, Complainant alleged that Respondent's license is subject to disciplinary action in that he engaged in an act of dishonesty, fraud and/or deceit by making false representations to the Board and by signing a document that falsely represented certain facts to the Board.
5. Complainant established, by clear and convincing evidence, that Respondent engaged in an act of dishonesty, fraud and/or deceit in that on September 6, 2012, he signed a

license renewal application under penalty of perjury which falsely stated that he had successfully completed the hours of continuing education required for renewal. In fact, Respondent had taken the courses prior to the reporting period. During the Board's audit of Respondent's continuing education hours, Respondent made additional false representations to the Board regarding his continuing education hours.

Bases to Revoke Probation

6. In the Petition to Revoke Probation, Complainant alleged several bases for revocation of probation based on Respondent's failure to comply with the terms and conditions of probation. Samim Samari, an Investigator employed by the Board, testified credibly at the hearing. She was assigned to monitor Respondent as a probationer. All of the bases for revocation of probation were established as follows:

(a) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 4 of the Prior Decision in that Respondent failed to appear for an office conference as scheduled on June 22, 2012, and did not contact the Board regarding his absence.

(b) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 7 of the Prior Decision in that he failed to timely submit notification to the Board of his pharmacist-in-charge's acknowledgment that he had read the decision in case number 3601, and the terms and conditions imposed thereby. Such notification was due by July 7, 2012, but was not received by the Board until October 5, 2012.

(c) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 17 of the Prior Decision in that he failed to undergo a psychiatric evaluation within thirty days of the effective date of probation and did not timely submit evidence of completion of such an evaluation.

(d) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 18 of the Prior Decision in that Respondent failed to timely enroll and participate in the Pharmacists Recovery Program (PRP), as he did not contact PRP until December 13, 2012, which was six months after the effective date of probation. Additionally, on January 2, 2013, and January 7, 2013, Respondent failed to report daily to PRP, and on January 3, 2013, January 10, 2013, and March 9, 2013, Respondent failed to test, as scheduled.

(e) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 19 of the Prior Decision in that on January 2, 2013, and January 7, 2013, Respondent failed to report daily to confirm whether a test was required, and on January 3, 2013, January 10, 2013, and March 9, 2013, Respondent failed to test, as scheduled.

(f) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 20 of the Prior Decision in that Respondent tested positive for alcohol on March 11, 2013.

(g) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 21 of the Prior Decision in that Respondent failed to timely establish, or notify the Board that he had established, a practitioner to coordinate and monitor his prescriptions.

(h) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 22 of the Prior Decision in that Respondent failed to timely complete the procedures for submitting a community service program for approval by the Board or timely commence working with a Board-approved community service program.

(i) Complainant established, by clear and convincing evidence, that Respondent violated probationary condition number 24 of the Prior Decision in that Respondent traveled outside of California in excess of ten days during his period of license suspension and failed to timely notify the Board in writing of his absence from California within ten days of his departure or return.

Rehabilitation and Mitigation

7. Rose Safran (Safran), testified credibly on behalf of Respondent. She is licensed in California as a Marriage and Family Therapist and specializes in addiction. Safran has been a recovering addict with 28 years of sobriety. She opened an in-hospital day treatment program and has been a facilitator for an addiction peer-counseling group since 1991. Safran met Respondent when he was participating in the Promises Recovery Program (Promises.) Promises is a residential substance abuse treatment program with a specific track for health care professionals. At Promises, participants spend sixty days under the supervision of Promises' staff, and participate in individual and group therapy with other addicts who are health care professionals. Respondent entered the Promises program after he relapsed on March 11, 2013. His sobriety date is March 18, 2013. Respondent completed the Promises program in May 2013. For over a year, Respondent has consistently participated in Safran's Health Care Professionals Peer Support Group for licensees who are dealing with substance abuse issues. Participants are part of a Board diversion program overseen by Maximus, a contractor of the State of California. The group meets twice a week, for one and a half hours per session. After eighteen months to two years of participation, Safran generally recommends a decrease in attendance at group meetings to once weekly. In her group, participants discuss issues with recovery, jobs and the twelve-step program. Participants are required to remain active in Safran's group until they are out of diversion. In Respondent's case, she expects that he will remain in her group for three to five years. Respondent has submitted to the increased level of testing required by Maximus. His drug test results demonstrate that Respondent has been free of all substances for more than fourteen months. On behalf of Respondent, Safran sends a monthly report to his case manager at Maximus. When he first began his probation, Respondent was still in active

addiction and was "very overwhelmed." He is now "an addict in full, sustained remission" and is remorseful for his actions while in active addiction. Respondent follows a twelve-step program, has a sponsor, and has re-directed his social life so that his friends now consist of other group members who are in recovery and he no longer associates with his former friends with whom he had used alcohol or drugs. Respondent has demonstrated to Safran that he is willing to do whatever is asked of him with enthusiasm and he is now feeling positive about his life and his recovery. Respondent has been in full compliance with all probationary terms since completing the Promises program and would not pose a danger to the public if he were permitted to work as a pharmacist, even given the fact that he owns his own pharmacy. At his own pharmacy, Respondent has another pharmacist-in-charge who is responsible for monitoring Respondent in the workplace.

8. Respondent testified credibly and was respectful of the proceedings. He readily admits that "all of the allegations in the pleading are true" and he does not deny them. Respondent enrolled in Promises in March 2013, and successfully completed the program. All of the violations alleged in the instant Accusation and Petition to Revoke Probation occurred prior to his enrollment at Promises. Before enrolling in Promises, he "was a mess," was in a state of depression and "did not know about addiction at that time." He has been in full compliance with his conditions of probation and realizes that he is in "a life or death situation." It is "not about a job." Respondent wants "to be well physically, mentally, emotionally and spiritually." Because he acknowledges that he is an addict, he recognizes that maintaining his recovery requires "extreme vigilance" on his part. Respondent participates in Safran's Health Care Professionals Support Group from 9:30 a.m. until 11 a.m. two days per week. In addition, he attends six to eight Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings each week. Respondent is the secretary at one meeting and brings in speakers to talk about recovery. He provides "literature service" at another meeting where he talks about the AA magazine. Respondent calls his clinical case manager at Maximus each month. Respondent realized that his "environment needed to change" and his "social life is now different." He no longer maintains friendships with those with whom he "drank and partied socially prior to recovery." He wants "the sobriety and comfort in life" that those in recovery demonstrate and he "will continue on that path." Respondent volunteers at a soccer club in the area as a certified referee. He provides support for his elderly parents, his two divorced sisters, and his five nieces and nephews. His license was suspended for 60 days in 2012 pursuant to probationary condition 1. Due to his unauthorized absence from the State of California, Respondent's license was suspended again from February 2013 through November 2013. The suspension has been lifted, but Respondent is not currently working. He now feels confident in his ability to work as a pharmacist, even at the pharmacy he owns.

9. Five individuals provided character references in support of Respondent's continued licensure. These letters were admitted as administrative hearsay.¹ Each writer emphasized Respondent's commitment to his recovery and the transformation he has made.

¹ The term "administrative hearsay" is a shorthand reference to the provisions of Government Code section 11513, subdivision (d), to the effect that hearsay evidence that is

Costs of Investigation and Prosecution

10. Complainant submitted evidence of costs of investigation and prosecution of this matter, totaling \$1,930. This includes costs for the Accusation, as well as the Petition to Revoke Probation. Complainant attempted to "cull out" those costs related to the Accusation, from those costs related to probation violations (for which costs are not awarded.) Since there is one cause for discipline and nine violations of probation, Complainant seeks one-tenth of the total amount, which is \$193. That amount is reasonable.

LEGAL CONCLUSIONS

1. Cause exists to revoke or suspend Respondent's Pharmacist License, pursuant to Business and Professions Code section 4301, subdivisions (f) and (g), for unprofessional conduct in that Respondent engaged in an act of dishonesty, fraud or deceit by making false representations to the Board and by signing a document that falsely represented certain facts to the Board, as set forth in Factual Findings 4, 5 and 8.

2. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 4 (Interview with Board), as set forth in Factual Findings 3, 6 and 8.

3. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 7 (Notification to Pharmacist-in-charge), as set forth in Factual Findings 3, 6 and 8.

4. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 17 (Mental Health Evaluation), as set forth in Factual Findings 3, 6 and 8.

5. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 18 (Pharmacist Recovery Program), as set forth in Factual Findings 3, 6 and 8.

6. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 19 (Random Drug Screening), as set forth in Factual Findings 3, 6 and 8.

objected to, and is not otherwise admissible, may be used to supplement or explain other evidence but may not, by itself, support a factual finding.

7. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 20 (Abstain from Drug and Alcohol Use), as set forth in Factual Findings 3, 6 and 8.

8. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 21 (Prescription Coordinator/Monitor), as set forth in Factual Findings 3, 6 and 8.

9. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 22 (Community Service Program), as set forth in Factual Findings 3, 6 and 8.

10. Cause exists to revoke Respondent's probation and reimpose the order of revocation of Respondent's Pharmacist License, in that Respondent failed to comply with Probation Term Number 24 (Leaving State of California), as set forth in Factual Findings 3, 6 and 8.

11. Pursuant to Business and Professions Code section 125.3, Complainant is entitled to recover reasonable costs of investigation and prosecution of this matter in the amount of \$193, as set forth in Factual Finding 10.

12. Respondent readily admitted that he violated the terms of his probation and engaged in unprofessional conduct. He has taken full responsibility for his actions and has expressed sincere remorse for his conduct. Respondent has taken concrete steps to change his life, has acted to address his problems with addiction and appears fully committed to his recovery. His drug test results confirm that Respondent has been free of all substances for more than fourteen months. Rehabilitation and mitigation were established and assurance of Respondent's future compliance with probationary terms was provided. Consequently, probation in this matter with carefully structured terms and conditions is appropriate and is likely to ensure adequate public protection.

ORDER

WHEREFORE, THE FOLLOWING ORDERS are hereby made:

1. Pharmacist License No. RPH 54284, issued to Serj Soukaz Markarian, is hereby revoked. However, the revocation is stayed and Respondent is placed on probation for five years on the following terms and conditions:

1. Obey All Laws

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws;
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment;
- a conviction of any crime;
- discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacist license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent shall cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms

and conditions of his probation. Failure to cooperate shall be considered a violation of probation.

5. Continuing Education

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. Notice to Employers

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 4645 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause his or her direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's tenure of employment) and owner to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 4645, and terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

If respondent works for or is employed by or through a pharmacy employment service, respondent must notify his direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the board of the terms and conditions of the decision in case number 4645 in advance of the respondent commencing work at each licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through a pharmacy employment service, respondent shall cause his direct supervisor with the pharmacy employment service to report to the board in writing acknowledging that he or she has read the decision in case number 4645 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or

any position for which a pharmacist license is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as Designated Representative-in-Charge, or Serving as a Consultant

During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board nor serve as a consultant unless otherwise specified in this order. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

8. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, respondent shall pay to the board its costs of investigation and prosecution in the amount of \$193, within 90 days of the effective date of this Decision.

There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to reimburse the board its costs of investigation and prosecution.

9. Probation Monitoring Costs

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

10. Status of License

Respondent shall, at all times while on probation, maintain an active, current license with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current license shall be considered a violation of probation.

If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

11. License Surrender While on Probation/Suspension

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may tender his license to the board for surrender. The board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish his pocket and wall license to the board within ten (10) days of notification by the board that the surrender is accepted. Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

12. Notification of a Change in Name, Residence Address, Mailing Address or Employment

Respondent shall notify the board in writing within ten (10) days of any change of employment. Said notification shall include the reasons for leaving, the address of the new employer, the name of the supervisor and owner, and the work schedule if known. Respondent shall further notify the board in writing within ten (10) days of a change in name, residence address, mailing address, or phone number.

Failure to timely notify the board of any change in employer(s), name(s), address(es), or phone number(s) shall be considered a violation of probation.

13. Tolling of Probation

Except during periods of suspension, respondent shall, at all times while on probation, be employed as a pharmacist in California for a minimum of 40 hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met. During any such period of tolling of probation, respondent must nonetheless comply with all terms and conditions of probation.

Should respondent, regardless of residency, for any reason (including vacation) cease practicing as a pharmacist for a minimum of 40 hours per calendar month in California, respondent must notify the board in writing within ten (10) days of the cessation of practice, and must further notify the board in writing within ten (10)

days of the resumption of practice. Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months.

"Cessation of practice" means any calendar month during which respondent is not practicing as a pharmacist for at least 40 hours, as defined by Business and Professions Code section 4000 et seq. "Resumption of practice" means any calendar month during which respondent is practicing as a pharmacist for at least 40 hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

14. Violation of Probation

If a respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. Completion of Probation

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

16. Mental Health Examination

Within thirty (30) days of the effective date of this decision, and on a periodic basis as may be required by the board or its designee, respondent shall undergo, at his or her own expense, psychiatric evaluation(s) by a board-appointed or board-approved licensed mental health practitioner. The approved evaluator shall be provided with a copy of the board's Accusation and Petition to Probation and this

Decision. Respondent shall sign a release authorizing the evaluator to furnish the board with a current diagnosis and a written report regarding the respondent's judgment and ability to function independently as a pharmacist with safety to the public. Respondent shall comply with all the recommendations of the evaluator if directed by the board or its designee.

If the evaluator recommends, and the board or its designee directs, respondent shall undergo psychotherapy. Within thirty (30) days of notification by the board that a recommendation for psychotherapy has been accepted, respondent shall submit to the board or its designee, for prior approval, the name and qualification of a licensed mental health practitioner of respondent's choice. Within thirty (30) days of approval thereof by the board, respondent shall submit documentation to the board demonstrating the commencement of psychotherapy with the approved licensed mental health practitioner. Should respondent, for any reason, cease treatment with the approved licensed mental health practitioner, respondent shall notify the board immediately and, within thirty (30) days of ceasing treatment therewith, submit the name of a replacement licensed mental health practitioner of respondent's choice to the board for its prior approval. Within thirty (30) days of approval thereof, respondent shall submit documentation to the board demonstrating the commencement of psychotherapy with the approved replacement. Failure to comply with any requirement or deadline stated by this paragraph shall be considered a violation of probation.

Upon approval of the initial or any subsequent licensed mental health practitioner, respondent shall undergo and continue treatment with that therapist, at respondent's own expense, until the therapist recommends in writing to the board, and the board or its designee agrees by way of a written notification to respondent, that no further psychotherapy is necessary. Upon receipt of such recommendation from the treating therapist, and before determining whether to accept or reject said recommendation, the board or its designee may require respondent to undergo, at respondent's expense, a mental health evaluation by a separate board-appointed or board-approved evaluator. If the approved evaluator recommends that respondent continue psychotherapy, the board or its designee may require respondent to continue psychotherapy.

Psychotherapy shall be at least once a week unless otherwise approved by the board. Respondent shall provide the therapist with a copy of the board's Accusation and Petition to Revoke Probation and this Decision no later than the first therapy session. Respondent shall take all necessary steps to ensure that the treating therapist submits written quarterly reports to the board concerning respondent's fitness to practice, progress in treatment, and other such information as may be required by the board or its designee.

If at any time the approved evaluator or therapist determines that respondent is unable to practice safely or independently as a pharmacist, the licensed mental

health practitioner shall notify the board immediately by telephone and follow up by written letter within three (3) working days. Upon notification from the board or its designee of this determination, respondent shall be automatically suspended and shall not resume practice until notified by the board that practice may be resumed.

17. Pharmacists Recovery Program (PRP)

Within thirty (30) days of the effective date of this decision, respondent shall contact the Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll, successfully participate in, and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the board or its designee. The costs for PRP participation shall be borne by the respondent.

If respondent is currently enrolled in the PRP, said participation is now mandatory and as of the effective date of this decision is no longer considered a self-referral under Business and Professions Code section 4362(c)(2). Respondent shall successfully participate in and complete his or her current contract and any subsequent addendums with the PRP.

Failure to timely contact or enroll in the PRP, or successfully participate in and complete the treatment contract and/or any addendums, shall be considered a violation of probation.

Probation shall be automatically extended until respondent successfully completes the PRP. Any person terminated from the PRP program shall be automatically suspended by the board. Respondent may not resume the practice of pharmacy until notified by the board in writing.

Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall result in the automatic suspension of practice by respondent and shall be considered a violation of probation. Respondent may not resume the practice of pharmacy until notified by the board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or

dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not timely paid to the PRP shall constitute a violation for probation. The board will collect unpaid administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

18. Random Drug Screening

Respondent, at his own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug screening program as directed by the board or its designee. Respondent may be required to participate in testing for the entire probation period and the frequency of testing will be determined by the board or its designee. At all times, respondent shall fully cooperate with the board or its designee, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its designee may direct. Failure to timely submit to testing as directed shall be considered a violation of probation. Upon request of the board or its designee, respondent shall provide documentation from a licensed practitioner that the prescription for a detected drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall be considered a violation of probation and shall result in the automatic suspension of practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until notified by the board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any

other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

19. Abstain from Drugs and Alcohol Use

Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon request of the board or its designee, respondent shall provide documentation from the licensed practitioner that the prescription for the drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Respondent shall ensure that he is not in the same physical location as individuals who are using illicit substances even if respondent is not personally ingesting the drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, and/or any physical proximity to persons using illicit substances, shall be considered a violation of probation.

20. Prescription Coordination and Monitoring of Prescription Use

Within thirty (30) days of the effective date of this decision, respondent shall submit to the board, for its prior approval, the name and qualifications of a single physician, nurse practitioner, physician assistant, or psychiatrist of respondent's choice, who shall be aware of the facts and circumstances giving rise to the

Accusation and the Petition to Revoke Probation in Case No. 4645 and who will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The approved practitioner shall be provided with a copy of the board's accusation and petition to revoke probation and this decision. A record of this notification must be provided to the board upon request. Respondent shall sign a release authorizing the practitioner to communicate with the board about respondent's treatment(s). The coordinating physician, nurse practitioner, physician assistant, or psychiatrist shall report to the board on a quarterly basis for the duration of probation regarding respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances. The board may require that the single coordinating physician, nurse practitioner, physician assistant or psychiatrist be a specialist in addictive medicine, or consult a specialist in addictive medicine. Should respondent, for any reason, cease supervision by the approved practitioner, respondent shall notify the board immediately and, within thirty (30) days of ceasing treatment, submit the name of a replacement physician, nurse practitioner, physician assistant, or psychiatrist of respondent's choice to the board or its designee for its prior approval. Failure to timely submit the selected practitioner or replacement practitioner to the board for approval, or to ensure the required reporting thereby on the quarterly reports, shall be considered a violation of probation.

If at any time an approved practitioner determines that respondent is unable to practice safely or independently as a pharmacist, the practitioner shall notify the board immediately by telephone and follow up by written letter within three (3) working days. Upon notification from the board or its designee of this determination, respondent shall be automatically suspended and shall not resume practice until notified by the board that practice may be resumed.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

21. Community Services Program

Within sixty (60) days of the effective date of this decision, respondent shall submit to the board or its designee, for prior approval, a community service program in which respondent shall provide free health-care related services on a regular basis to a community or charitable facility or agency for at least 60 hours per year for the first three years of probation. Within thirty (30) days of board approval thereof, respondent shall submit documentation to the board demonstrating commencement of the community service program. A record of this notification must be provided to the board upon request. Respondent shall report on progress with the community service program in the quarterly reports. Failure to timely submit, commence, or comply with the program shall be considered a violation of probation.

22. No New Ownership of Licensed Premises

Respondent shall not acquire any new ownership, legal or beneficial interest nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any additional business, firm, partnership, or corporation licensed by the board. If respondent currently owns or has any legal or beneficial interest in, or serves as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board, respondent may continue to serve in such capacity or hold that interest, but only to the extent of that position or interest as of the effective date of this decision. Violation of this restriction shall be considered a violation of probation.

23. Tolling of Suspension

During the period of suspension, respondent shall not leave California for any period exceeding ten (10) days, regardless of purpose (including vacation). Any such absence in excess of the (10) days during suspension shall be considered a violation of probation. Moreover, any absence from California during the period of suspension exceeding ten (10) days shall toll the suspension, i.e., the suspension shall be extended by one day for each day over ten (10) days respondent is absent from California. During any such period of tolling of suspension, respondent must nonetheless comply with all terms and conditions of probation.

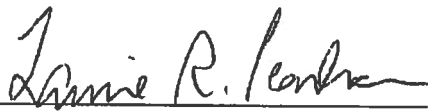
Respondent must notify the board in writing within ten (10) days of departure, and must further notify the board in writing within ten (10) days of return. The failure to provide such notification(s) shall constitute a violation of probation. Upon such departure and return, respondent shall not resume the practice of pharmacy until notified by the board that the period of suspension has been satisfactorily completed.

24. Ethics Course

Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the board or its designee. Failure to initiate the course during the first year of probation, and complete it within the second year of probation, is a violation of probation.

Respondent shall submit a certificate of completion to the board or its designee within five days after completing the course.

DATED: April 21, 2014


LAURIE R. PEARLMAN
Administrative Law Judge
Office of Administrative Hearings

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 7

8 **BEFORE THE**
BOARD OF PHARMACY
 9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
 10

11 In the Matter of the Accusation and Petition to
 Revoke Probation Against,

Case No. 4645

12 **SERJ SOUKAZ MARKARIAN, AKA**
 13 **SEROJ SOUKIAZIAN**
 7766 N. Glenoaks Blvd,
 14 Burbank, CA 91504
 Pharmacist License No. RPH 54284

ACCUSATION AND PETITION TO
 REVOKE PROBATION

15 Respondent.
 16

17
 18 Complainant alleges:

19 **PARTIES**

20 1. Virginia Herold (Complainant) brings this Petition to Revoke Probation solely in her
 21 official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer
 22 Affairs.

23 2. On or about March 20, 2003, the Board of Pharmacy issued Pharmacist License
 24 Number RPH 54284 to Serj Soukaz Markarian, aka Seroj Soukiazian (Respondent). The
 25 Pharmacist License was in effect at all times relevant to the charges brought herein and will
 26 expire on September 30, 2014, unless renewed.

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1 3. In a disciplinary action entitled "In the Matter of Accusation Against Serj Soukaz
2 Markarian," Case No. 3601, the Board of Pharmacy, issued a decision, effective June 17, 2012, in
3 which Respondent's Pharmacist License was revoked. However, the revocation was stayed and
4 Respondent's Pharmacist License was placed on probation for a period of five (5) years with
5 certain terms and conditions. A copy of that decision is attached as Exhibit "A" and is
6 incorporated by reference.

7 **JURISDICTION AND STATUTORY**
8 **PROVISIONS FOR ACCUSATION**

9 4. This Accusation is brought before the Board of Pharmacy (Board), under the
10 authority of the following laws. All section references are to the Business and Professions Code
11 unless otherwise indicated.

12 5. Section 118, subdivision (b), of the Code provides that the suspension, expiration,
13 surrender or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a
14 disciplinary action during the period within which the license may be renewed, restored, reissued
15 or reinstated.

16 6. Section 4301 of the Code states, in pertinent part:

17 "The board shall take action against any holder of a license who is guilty of
18 unprofessional conduct or whose license has been procured by fraud or misrepresentation or
19 issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the
20 following:

21 ...

22 “(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit,
23 or corruption, whether the act is committed in the course of relations as a licensee or otherwise,
24 and whether the act is a felony or misdemeanor or not.

25 “(g) Knowingly making or signing any certificate or other document that falsely
26 represents the existence or nonexistence of a state of facts.

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COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being renewed or reinstated.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Dishonesty/False Representation)

8. Respondent is subject to disciplinary action under section 4301, subdivision (f) and (g), in that Respondent engaged in an act of dishonesty, fraud and/or deceit by making false representations to the Board and signing a document that falsely represented certain facts to the board. The circumstances are that on or about September 6, 2012, Respondent signed under penalty of perjury a license renewal application which falsely stated that he had successfully completed the hours of continuing education required for renewal. During the Board's audit of Respondent's continuing education hours, Respondent made additional false representations to the Board regarding his continuing education hours.

JURISDICTION FOR PETITION TO REVOKE PROBATION

9. This Petition to Revoke Probation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under Probation Term and Condition Number 15 of the Decision and Order In the Matter of Accusation Against Serj Soukaz Markarian, Case No. 3601. That term and condition states as follows:

"If a respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order

1 that was stayed. Notice and opportunity to be heard are not required for those provisions stating
 2 that a violation thereof may lead to automatic termination of the stay and/or revocation of the
 3 license. If a petition to revoke probation or an accusation is filed against respondent during
 4 probation, the board shall have continuing jurisdiction and the period of probation shall be
 5 automatically extended until the petition to revoke probation or accusation is heard and decided."

6 **FIRST CAUSE TO REVOKE PROBATION**

7 **(Interview with Board)**

8 10. At all times after the effective date of Respondent's probation, Condition 4 stated:

9 "Upon receipt of reasonable prior notice, respondent shall appear in person for interviews
 10 with the board or its designee, at such intervals and locations as are determined by the board or its
 11 designee. Failure to appear for any scheduled interview without prior notification to board staff,
 12 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
 13 the period of probation, shall be considered a violation of probation."

14 11. Respondent's probation is subject to revocation because he failed to comply with
 15 Probation Condition 4, referenced above. The facts and circumstances regarding this violation
 16 are that Respondent failed to appear for an office conference as scheduled on June 22, 2012, and
 17 did not contact the Board regarding his absence.

18 **SECOND CAUSE TO REVOKE PROBATION**

19 **(Notification to Pharmacist-in-charge)**

20 12. At all times after the effective date of Respondent's probation, Condition 7 stated, in
 21 pertinent part:

22 "During the period of probation, respondent shall notify all present and prospective
 23 employers of the decision in case number 3601 and the terms, conditions and restrictions imposed
 24 on respondent by the decision, as follows:

25 "Within thirty (30) days of the effective date of this decision, and within fifteen (15) days
 26 of respondent undertaking any new employment, respondent shall cause his direct supervisor,
 27 pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's
 28 tenure of employment) and owner to report to the board in writing acknowledging that the listed

1 individual(s) has/have read the decision in case number 3601, and terms and conditions imposed
2 thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s)
3 submit timely acknowledgment(s) to the board.

4 ...

5 Failure to timely notify present or prospective employer(s) or to cause that/those
6 employer(s) to submit timely acknowledgments to the board shall be considered a violation of
7 probation.

8 'Employment' within the meaning of this provision shall include any full-time, part-
9 time, temporary, relief or pharmacy management service as a pharmacist or any position for
10 which a pharmacist license is a requirement or criterion for employment, whether the
11 respondent is an employee, independent contractor or volunteer."

12 13. Respondent's probation is subject to revocation because he failed to comply with
13 Probation Condition 7, referenced above. The facts and circumstances regarding this violation
14 are that Respondent failed to timely submit notification to the Board of the pharmacist in
15 charge's acknowledgement that he or she had read the decision in case number 3601, and the
16 terms and conditions imposed thereby. Such notification was not received by the Board until
17 October 5, 2012.

18 **THIRD CAUSE TO REVOKE PROBATION**

19 **(Mental Health Evaluation)**

20 14. At all times after the effective date of Respondent's probation, Condition 17 stated, in
21 pertinent part:

22 "Within thirty (30) days of the effective date of this decision, and on a periodic basis as
23 may be required by the board or its designee, respondent shall undergo, at his own expense,
24 psychiatric evaluation(s) by a board-appointed or board-approved licensed mental health
25 practitioner. The approved evaluator shall be provided with a copy of the board's Accusation and
26 decision. Respondent shall sign a release authorizing the evaluator to furnish the board with a
27 current diagnosis and a written report regarding the respondent's judgment and ability to function

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1 independently as a pharmacist with safety to the public. Respondent shall comply with all the
2 recommendations of the evaluator if directed by the board or its designee.”

3 15. Respondent's probation is subject to revocation because he failed to comply with
4 Probation Condition 17, referenced above. The facts and circumstances regarding this violation
5 are that Respondent failed to undergo a psychiatric evaluation within thirty (30) days of the
6 effective date of probation and, to date, has not submitted evidence of completion of such an
7 evaluation.

8 FOURTH CAUSE TO REVOKE PROBATION

9 (Pharmacists Recovery Program)

10 16. At all times after the effective date of Respondent's probation, Condition 18 stated, in
11 pertinent part:

12 “Within thirty (30) days of the effective date of this decision, respondent shall contact the
13 Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll,
14 ~~successfully participate in, and complete the treatment contract and any subsequent addendums as~~
15 recommended and provided by the PRP and as approved by the board or its designee. The costs
16 for PRP participation shall be borne by the respondent.

17 ...

18 Failure to timely contact or enroll in the PRP, or successfully participate in and complete
19 the treatment contract and/or any addendums, shall be considered a violation of probation. . . .”

20 17. Respondent's probation is subject to revocation because he failed to comply with
21 Probation Condition 18, referenced above. The facts and circumstances regarding this violation
22 are as follows:

23 a. Respondent failed to timely enroll and participate in the Pharmacists Recovery
24 Program (PRP), as he did not contact PRP until December 13, 2012, which was six (6) months
25 after the effective date of probation. Additionally, on January 2, 2013, and January 7, 2013,
26 Respondent failed to daily report to PRP, and on January 3, 2013, January 10, 2013, and March 9,
27 2013, Respondent failed to test as scheduled.

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1 **FIFTH CAUSE TO REVOKE PROBATION**

2 **(Random Drug Screening)**

3 18. At all times after the effective date of Respondent's probation, Condition 19 stated, in
4 pertinent part:

5 "Respondent, at his own expense, shall participate in random testing, including but not
6 limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug
7 screening program as directed by the board or its designee. Respondent may be required to
8 participate in testing for the entire probation period and the frequency of testing will be
9 determined by the board or its designee. At all times, respondent shall fully cooperate with the
10 board or its designee, and shall, when directed, submit to such tests and samples for the detection
11 of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its
12 designee may direct. Failure to timely submit to testing as directed shall be considered a violation
13 of probation. Upon request of the board or its designee, respondent shall provide documentation
14 from a licensed practitioner that the prescription for a detected drug was legitimately issued and is
15 a necessary part of the treatment of the respondent. Failure to timely provide such documentation
16 shall be considered a violation of probation. Any confirmed positive test for alcohol or for any
17 drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment
18 shall be considered a violation of probation and shall result in the automatic suspension of
19 practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until
20 notified by the board in writing.

21

22 19. Respondent's probation is subject to revocation because he failed to comply with
23 Probation Condition 19, referenced above. The facts and circumstances regarding this violation
24 are that on January 2, 2013, and January 7, 2013, Respondent failed to daily report to confirm
25 whether a test was required, and on January 3, 2013, January 10, 2013, and March 9, 2013,
26 Respondent failed to test as scheduled.

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SIXTH CAUSE TO REVOKE PROBATION

(Abstain from Drug and Alcohol Use)

20. At all times after the effective date of Respondent’s probation, Condition 20 stated:

“Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon request of the board or its designee, respondent shall provide documentation from the licensed practitioner that the prescription for the drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Respondent shall ensure that he is not in the same physical location as individuals who are using illicit substances even if respondent is not personally ingesting the drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, and/or any physical proximity to persons using illicit substances, shall be considered a violation of probation.”

21. Respondent’s probation is subject to revocation because he failed to comply with Probation Condition 20, referenced above. The facts and circumstances regarding this violation are that Respondent tested positive for alcohol on March 11, 2013.

SEVENTH CAUSE TO REVOKE PROBATION

(Prescription Coordinator/Monitor)

22. At all times after the effective date of Respondent’s probation, Condition 21 stated, in pertinent part:

“Within thirty (30) days of the effective date of this decision, respondent shall submit to the board, for its prior approval, the name and qualifications of a single physician, nurse practitioner, physician assistant, or psychiatrist of respondent’s choice, who shall be aware of the facts and circumstances giving rise to Accusation 3601 and who will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The approved practitioner shall be provided with a copy of the board’s Accusation and decision. A record of this notification must be provided to the board upon request. . . .”

1 23. Respondent's probation is subject to revocation because he failed to comply with
2 Probation Condition 21, referenced above. The facts and circumstances regarding this violation
3 are that, to date, Respondent has failed to establish and/or notify the Board that he has established
4 a practitioner to coordinate and monitor his prescriptions.

5 **EIGHTH CAUSE TO REVOKE PROBATION**

6 **(Community Service Program)**

7 24. At all times after the effective date of Respondent's probation, Condition 22 stated:
8 "Within sixty (60) days of the effective date of this decision, respondent shall submit to the
9 board or its designee, for prior approval, a community service program in which respondent shall
10 provide free health-care related services on a regular basis to a community or charitable facility or
11 ~~agency for at least sixty (60) hours per year for the first three (3) years of probation. Within thirty~~
12 (30) days of board approval thereof, respondent shall submit documentation to the board
13 demonstrating commencement of the community service program. A record of this notification
14 ~~must be provided to the board upon request. Respondent shall report on progress with the~~
15 community service program in the quarterly reports. Failure to timely submit, commence, or
16 comply with the program shall be considered a violation of probation."

17 25. Respondent's probation is subject to revocation because he failed to comply with
18 Probation Condition 22, referenced above. The facts and circumstances regarding this violation
19 are that, to date, Respondent has not completed the procedures for submitting a community
20 service program for approval by the Board nor has commenced working with a Board-approved
21 community service program.

22 **NINTH CAUSE TO REVOKE PROBATION**

23 **(Leaving State of California)**

24 26. At all times after the effective date of Respondent's probation, Condition 24 stated:
25 "During the period of suspension, respondent shall not leave California for any period
26 exceeding ten (10) days, regardless of purpose (including vacation). Any such absence in excess
27 of the (10) days during suspenslon shall be considered a violation of probation. Moreover, any
28 absence from California during the period of suspension exceeding ten (10) days shall toll the

1 suspension, i.e., the suspension shall be extended by one day for each day over ten (10) days
2 respondent is absent from California. During any such period of tolling of suspension,
3 respondent must nonetheless comply with all terms and conditions of probation.

4 Respondent must notify the board in writing within ten (10) days of departure, and must
5 further notify the board in writing within ten (10) days of return. The failure to provide such
6 notification(s) shall constitute a violation of probation. Upon such departure and return,
7 respondent shall not resume the practice of pharmacy until notified by the board that the period of
8 suspension has been satisfactorily completed.”

9 27. Respondent's probation is subject to revocation because he failed to comply with
10 Probation Condition 24, referenced above. The facts and circumstances regarding this violation
11 are that Respondent traveled outside the State of California in excess of ten (10) days during his
12 period of suspension and did he timely not notify the Board in writing within ten (10) days of his
13 departure or return.

14 PRAYER

15 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
16 and that following the hearing, the Board of Pharmacy issue a decision:

17 1. Revoking the probation that was granted by the Board of Phamracy in Case No. 3601
18 and imposing the disciplinary order that was stayed, thereby revoking Pharmacist License
19 Number RPH 54284 issued to Serj Soukaz Markarian;

20 2. Revoking or suspending Pharmacist License Number RPH 54284 issued to Serj
21 Soukaz Markarian;

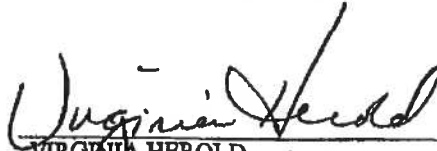
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1 3. Ordering Serj Soukaz Markarian to pay the Board of Pharmacy the reasonable costs
2 of the investigation and enforcement of this case with respect to the Accusation, pursuant to
3 Business and Professions Code section 125.3

4 4. Taking such other and further action as deemed necessary and proper.

6 DATED:

9/19/13



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Exhibit A

Decision and Order

Board of Pharmacy Case No. 3601

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

SERJ SOUKAZ MARKARIAN
7766 N. Glenoaks Blvd.
Burbank, CA 91504

Pharmacist License No. RPH 54284

Respondent.

Case No. 3601

OAH No. L-2011090609

DECISION AND ORDER

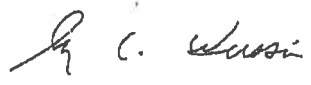
The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on June 7, 2012.

It is so ORDERED on May 8, 2012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

1 KAMALA D. HARRIS
 Attorney General of California
 2 KAREN B. CHAPPELLE
 Supervising Deputy Attorney General
 3 WILLIAM D. GARDNER
 Deputy Attorney General
 4 State Bar No. 244817
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-2114
 6 Facsimile: (213) 897-2804
 Attorneys for Complainant
 7

8 **BEFORE THE**
 9 **BOARD OF PHARMACY**
 10 **DEPARTMENT OF CONSUMER AFFAIRS**
 11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 3601

12 **SERJ SOUKAZ MARKARIAN**
 13 **7766 N. Glenoaks Blvd.**
 14 **Burbank, CA 91504**
 15 **Pharmacist License No. RPH 54284**

OAH No. L-2011090609
STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

Respondent.

16
 17 IT IS HEREBY STIPULATED AND AGRBED by and between the parties to the above-
 18 entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy.
 21 She brought this action solely in her official capacity and is represented in this matter by Kamala
 22 D. Harris, Attorney General of the State of California, by William D. Gardner, Deputy Attorney
 23 General.

24 2. Respondent Serj Soukaz Markarian (Respondent) is represented in this proceeding by
 25 attorney Herbert L. Weinberg, whose address is: 1800 Century Park East, 8th Floor, Los
 26 Angeles, CA 90067.

27 3. On or about March 20, 2003, the Board of Pharmacy issued Pharmacist License No.
 28 RPH 54284 to Serj Soukaz Markarian (Respondent). The Pharmacist License was in full force

1 and effect at all times relevant to the charges brought in Accusation No. 3601 and will expire on
2 September 30, 2012, unless renewed.

3 JURISDICTION

4 4. Accusation No. 3601 was filed before the Board of Pharmacy (Board), Department of
5 Consumer Affairs, and is currently pending against Respondent. The Accusation and all other
6 statutorily required documents were properly served on Respondent on June 15, 2011.

7 Respondent timely filed his Notice of Defense contesting the Accusation.

8 5. A copy of Accusation No. 3601 is attached as exhibit A and incorporated herein by
9 reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 3601. Respondent has also carefully read, fully
13 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
14 Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a
16 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at
17 his own expense; the right to confront and cross-examine the witnesses against him; the right to
18 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel
19 the attendance of witnesses and the production of documents; the right to reconsideration and
20 court review of an adverse decision; and all other rights accorded by the California
21 Administrative Procedure Act and other applicable laws.

22 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
23 every right set forth above.

24 CULPABILITY

25 9. Respondent admits the truth of each and every charge and allegation in Accusation
26 No. 3601.

27 10. Respondent agrees that his Pharmacist License is subject to discipline and he agrees
28 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 54284 issued to Respondent Serj Soukaz Markarian (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

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1 **1. Suspension**

2 As part of probation, respondent is suspended from the practice of pharmacy for sixty (60)
3 days beginning the effective date of this decision.

4 During suspension, respondent shall not enter any pharmacy area or any portion of the
5 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
6 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
7 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act
8 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
9 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the
10 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
11 and devices or controlled substances.

12 Respondent shall not engage in any activity that requires the professional judgment of a
13 pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy.
14 Respondent shall not perform the duties of a pharmacy technician or a designated representative
15 for any entity licensed by the board.

16 Subject to the above restrictions, respondent may continue to own or hold an interest in any
17 licensed premises in which he holds an interest at the time this decision becomes effective unless
18 otherwise specified in this order.

19 Failure to comply with this suspension shall be considered a violation of probation.

20 **2. Obey All Laws**

21 Respondent shall obey all state and federal laws and regulations.

22 Respondent shall report any of the following occurrences to the board, in writing, within
23 seventy-two (72) hours of such occurrence:

- 24 • an arrest or issuance of a criminal complaint for violation of any provision of the
25 Pharmacy Law, state and federal food and drug laws, or state and federal controlled
26 substances laws;
- 27 • a plea of guilty or nolo contendere in any state or federal criminal proceeding to any
28 criminal complaint, information or indictment;

- 1 • a conviction of any crime;
- 2 • discipline, citation, or other administrative action filed by any state or federal agency
- 3 which involves respondent's pharmacist license or which is related to the practice of
- 4 pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging
- 5 for any drug, device or controlled substance.

6 Failure to timely report such occurrence shall be considered a violation of probation.

7 3. Report to the Board

8 Respondent shall report to the board quarterly, on a schedule as directed by the board or its
9 designee. The report shall be made either in person or in writing, as directed. Among other
10 requirements, respondent shall state in each report under penalty of perjury whether there has
11 been compliance with all the terms and conditions of probation. Failure to submit timely reports
12 in a form as directed shall be considered a violation of probation. Any period(s) of delinquency
13 in submission of reports as directed may be added to the total period of probation. Moreover, if
14 the final probation report is not made as directed, probation shall be automatically extended until
15 such time as the final report is made and accepted by the board.

16 4. Interview with the Board

17 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews
18 with the board or its designee, at such intervals and locations as are determined by the board or its
19 designee. Failure to appear for any scheduled interview without prior notification to board staff,
20 or failure to appear for two (2) or more scheduled interviews with the board or its designee during
21 the period of probation, shall be considered a violation of probation.

22 5. Cooperate with Board Staff

23 Respondent shall cooperate with the board's inspection program and with the board's
24 monitoring and investigation of respondent's compliance with the terms and conditions of his
25 probation. Failure to cooperate shall be considered a violation of probation.

26 6. Continuing Education

27 Respondent shall provide evidence of efforts to maintain skill and knowledge as a
28 pharmacist as directed by the board or its designee.

1 7. **Notice to Employers**

2 During the period of probation, respondent shall notify all present and prospective
3 employers of the decision in case number 3601 and the terms, conditions and restrictions imposed
4 on respondent by the decision, as follows:

5 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
6 respondent undertaking any new employment, respondent shall cause his direct supervisor,
7 pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's
8 tenure of employment) and owner to report to the board in writing acknowledging that the listed
9 individual(s) has/have read the decision in case number 3601, and terms and conditions imposed
10 thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s)
11 submit timely acknowledgment(s) to the board.

12 If respondent works for or is employed by or through a pharmacy employment service,
13 respondent must notify his direct supervisor, pharmacist-in-charge, and owner at every entity
14 licensed by the board of the terms and conditions of the decision in case number 3601 in advance
15 of the respondent commencing work at each licensed entity. A record of this notification must be
16 provided to the board upon request.

17 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
18 (15) days of respondent undertaking any new employment by or through a pharmacy employment
19 service, respondent shall cause his direct supervisor with the pharmacy employment service to
20 report to the board in writing acknowledging that he has read the decision in case number 3601
21 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure
22 that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

23 Failure to timely notify present or prospective employer(s) or to cause that/those
24 employer(s) to submit timely acknowledgments to the board shall be considered a violation of
25 probation.

26 "Employment" within the meaning of this provision shall include any full-time, part-
27 time, temporary, relief or pharmacy management service as a pharmacist or any position for

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1 which a pharmacist license is a requirement or criterion for employment, whether the
2 respondent is an employee, independent contractor or volunteer.

3 **8. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as**
4 **Designated Representative-in-Charge, or Serving as a Consultant**

5 During the period of probation, respondent shall not supervise any intern pharmacist, be the
6 pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board
7 nor serve as a consultant unless otherwise specified in this order. Assumption of any such
8 unauthorized supervision responsibilities shall be considered a violation of probation.

9 **9. Reimbursement of Board Costs**

10 As a condition precedent to successful completion of probation, respondent shall pay to the
11 board its costs of investigation and prosecution in the amount of \$5,657.50. Respondent shall
12 make said payments in accordance with a payment plan to be determined by the Board

13 There shall be no deviation from this schedule absent prior written approval by the board or
14 its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of
15 probation.

16 The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to
17 reimburse the board its costs of investigation and prosecution.

18 **10. Probation Monitoring Costs**

19 Respondent shall pay any costs associated with probation monitoring as determined by the
20 board each and every year of probation. Such costs shall be payable to the board on a schedule as
21 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
22 be considered a violation of probation.

23 **11. Status of License**

24 Respondent shall, at all times while on probation, maintain an active, current license with
25 the board, including any period during which suspension or probation is tolled. Failure to
26 maintain an active, current license shall be considered a violation of probation.

27 If respondent's license expires or is cancelled by operation of law or otherwise at any time
28 during the period of probation, including any extensions thereof due to tolling or otherwise, upon

1 renewal or reapplication respondent's license shall be subject to all terms and conditions of this
2 probation not previously satisfied.

3 **12. License Surrender While on Probation/Suspension**

4 Following the effective date of this decision, should respondent cease practice due to
5 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
6 respondent may tender his license to the board for surrender. The board or its designee shall have
7 the discretion whether to grant the request for surrender or take any other action it deems
8 appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent
9 will no longer be subject to the terms and conditions of probation. This surrender constitutes a
10 record of discipline and shall become a part of the respondent's license history with the board.

11 Upon acceptance of the surrender, respondent shall relinquish his pocket and wall license to
12 the board within ten (10) days of notification by the board that the surrender is accepted.
13 Respondent may not reapply for any license from the board for three (3) years from the effective
14 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
15 of the date the application for that license is submitted to the board, including any outstanding
16 costs.

17 **13. Notification of a Change in Name, Residence Address, Mailing Address or**
18 **Employment**

19 Respondent shall notify the board in writing within ten (10) days of any change of
20 employment. Said notification shall include the reasons for leaving, the address of the new
21 employer, the name of the supervisor and owner, and the work schedule if known. Respondent
22 shall further notify the board in writing within ten (10) days of a change in name, residence
23 address, mailing address, or phone number.

24 Failure to timely notify the board of any change in employer(s), name(s), address(es), or
25 phone number(s) shall be considered a violation of probation.

26 **14. Tolling of Probation**

27 Except during periods of suspension, respondent shall, at all times while on probation, be
28 employed as a pharmacist in California for a minimum of forty (40) hours per calendar month.

1 Any month during which this minimum is not met shall toll the period of probation, i.e., the
 2 period of probation shall be extended by one month for each month during which this minimum is
 3 not met. During any such period of tolling of probation, respondent must nonetheless comply
 4 with all terms and conditions of probation.

5 Should respondent, regardless of residency, for any reason (including vacation) cease
 6 practicing as a pharmacist for a minimum of forty (40) hours per calendar month in California,
 7 respondent must notify the board in writing within ten (10) days of the cessation of practice, and
 8 must further notify the board in writing within ten (10) days of the resumption of practice. Any
 9 failure to provide such notification(s) shall be considered a violation of probation.

10 It is a violation of probation for respondent's probation to remain tolled pursuant to the
 11 provisions of this condition for a total period, counting consecutive and non-consecutive months,
 12 exceeding thirty-six (36) months.

13 "Cessation of practice" means any calendar month during which respondent is
 14 not practicing as a pharmacist for at least forty (40) hours, as defined by Business and
 15 Professions Code section 4000 et seq. "Resumption of practice" means any calendar
 16 month during which respondent is practicing as a pharmacist for at least forty (40)
 17 hours as a pharmacist as defined by Business and Professions Code section 4000 et
 18 seq.

19 **15. Violation of Probation**

20 If a respondent has not complied with any term or condition of probation, the board shall
 21 have continuing jurisdiction over respondent, and probation shall automatically be extended, until
 22 all terms and conditions have been satisfied or the board has taken other action as deemed
 23 appropriate to treat the failure to comply as a violation of probation, to terminate probation, and
 24 to impose the penalty that was stayed.

25 If respondent violates probation in any respect, the board, after giving respondent notice
 26 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
 27 was stayed. Notice and opportunity to be heard are not required for those provisions stating that a
 28 violation thereof may lead to automatic termination of the stay and/or revocation of the license. If

1 a petition to revoke probation or an accusation is filed against respondent during probation, the
2 board shall have continuing jurisdiction and the period of probation shall be automatically
3 extended until the petition to revoke probation or accusation is heard and decided.

4 **16. Completion of Probation**

5 Upon written notice by the board or its designee indicating successful completion of
6 probation, respondent's license will be fully restored.

7 **17. Mental Health Examination**

8 Within thirty (30) days of the effective date of this decision, and on a periodic basis as may
9 be required by the board or its designee, respondent shall undergo, at his own expense,
10 psychiatric evaluation(s) by a board-appointed or board-approved licensed mental health
11 practitioner. The approved evaluator shall be provided with a copy of the board's Accusation and
12 decision. Respondent shall sign a release authorizing the evaluator to furnish the board with a
13 current diagnosis and a written report regarding the respondent's judgment and ability to function
14 independently as a pharmacist with safety to the public. Respondent shall comply with all the
15 recommendations of the evaluator if directed by the board or its designee.

16 If the evaluator recommends, and the board or its designee directs, respondent shall
17 undergo psychotherapy. Within thirty (30) days of notification by the board that a
18 recommendation for psychotherapy has been accepted, respondent shall submit to the board or its
19 designee, for prior approval, the name and qualification of a licensed mental health practitioner of
20 respondent's choice. Within thirty (30) days of approval thereof by the board, respondent shall
21 submit documentation to the board demonstrating the commencement of psychotherapy with the
22 approved licensed mental health practitioner. Should respondent, for any reason, cease treatment
23 with the approved licensed mental health practitioner, respondent shall notify the board
24 immediately and, within thirty (30) days of ceasing treatment therewith, submit the name of a
25 replacement licensed mental health practitioner of respondent's choice to the board for its prior
26 approval. Within thirty (30) days of approval thereof, respondent shall submit documentation to
27 the board demonstrating the commencement of psychotherapy with the approved replacement.

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1 Failure to comply with any requirement or deadline stated by this paragraph shall be considered a
2 violation of probation.

3 Upon approval of the initial or any subsequent licensed mental health practitioner,
4 respondent shall undergo and continue treatment with that therapist, at respondent's own expense,
5 until the therapist recommends in writing to the board, and the board or its designee agrees by
6 way of a written notification to respondent, that no further psychotherapy is necessary. Upon
7 receipt of such recommendation from the treating therapist, and before determining whether to
8 accept or reject said recommendation, the board or its designee may require respondent to
9 undergo, at respondent's expense, a mental health evaluation by a separate board-appointed or
10 board-approved evaluator. If the approved evaluator recommends that respondent continue
11 psychotherapy, the board or its designee may require respondent to continue psychotherapy.

12 Psychotherapy shall be at least once a week unless otherwise approved by the board.
13 Respondent shall provide the therapist with a copy of the board's Accusation and decision no
14 later than the first therapy session. Respondent shall take all necessary steps to ensure that the
15 treating therapist submits written quarterly reports to the board concerning respondent's fitness to
16 practice, progress in treatment, and other such information as may be required by the board or its
17 designee.

18 If at any time the approved evaluator or therapist determines that respondent is unable to
19 practice safely or independently as a pharmacist, the licensed mental health practitioner shall
20 notify the board immediately by telephone and follow up by written letter within three (3)
21 working days. Upon notification from the board or its designee of this determination, respondent
22 shall be automatically suspended and shall not resume practice until notified by the board that
23 practice may be resumed.

24 **18. Pharmacists Recovery Program (PRP)**

25 Within thirty (30) days of the effective date of this decision, respondent shall contact the
26 Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll,
27 successfully participate in, and complete the treatment contract and any subsequent addendums as

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1 recommended and provided by the PRP and as approved by the board or its designee. The costs
2 for PRP participation shall be borne by the respondent.

3 If respondent is currently enrolled in the PRP, said participation is now mandatory and as of
4 the effective date of this decision is no longer considered a self-referral under Business and
5 Professions Code section 4362(c)(2). Respondent shall successfully participate in and complete
6 his current contract and any subsequent addendums with the PRP.

7 Failure to timely contact or enroll in the PRP, or successfully participate in and complete
8 the treatment contract and/or any addendums, shall be considered a violation of probation.

9 Probation shall be automatically extended until respondent successfully completes the PRP.
10 Any person terminated from the PRP program shall be automatically suspended by the board.
11 Respondent may not resume the practice of pharmacy until notified by the board in writing.

12 Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a
13 licensed practitioner as part of a documented medical treatment shall result in the automatic
14 suspension of practice by respondent and shall be considered a violation of probation.

15 Respondent may not resume the practice of pharmacy until notified by the board in writing.

16 During suspension, respondent shall not enter any pharmacy area or any portion of the
17 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
18 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
19 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act
20 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
21 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the
22 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
23 and controlled substances. Respondent shall not resume practice until notified by the board.

24 During suspension, respondent shall not engage in any activity that requires the
25 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the
26 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a
27 designated representative for any entity licensed by the board.

28 ///

1 Subject to the above restrictions, respondent may continue to own or hold an interest in any
2 licensed premises in which he holds an interest at the time this decision becomes effective unless
3 otherwise specified in this order.

4 Failure to comply with this suspension shall be considered a violation of probation.

5 Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not
6 timely paid to the PRP shall constitute a violation for probation. The board will collect unpaid
7 administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

8 **19. Random Drug Screening**

9 Respondent, at his own expense, shall participate in random testing, including but not
10 limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug
11 screening program as directed by the board or its designee. Respondent may be required to
12 participate in testing for the entire probation period and the frequency of testing will be
13 determined by the board or its designee. At all times, respondent shall fully cooperate with the
14 board or its designee, and shall, when directed, submit to such tests and samples for the detection
15 of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its
16 designee may direct. Failure to timely submit to testing as directed shall be considered a violation
17 of probation. Upon request of the board or its designee, respondent shall provide documentation
18 from a licensed practitioner that the prescription for a detected drug was legitimately issued and is
19 a necessary part of the treatment of the respondent. Failure to timely provide such documentation
20 shall be considered a violation of probation. Any confirmed positive test for alcohol or for any
21 drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment
22 shall be considered a violation of probation and shall result in the automatic suspension of
23 practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until
24 notified by the board in writing.

25 During suspension, respondent shall not enter any pharmacy area or any portion of the
26 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
27 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
28 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act

1 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
2 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the
3 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
4 and controlled substances. Respondent shall not resume practice until notified by the board.

5 During suspension, respondent shall not engage in any activity that requires the
6 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the
7 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a
8 designated representative for any entity licensed by the board.

9 Subject to the above restrictions, respondent may continue to own or hold an interest in any
10 licensed premises in which he holds an interest at the time this decision becomes effective unless
11 otherwise specified in this order.

12 Failure to comply with this suspension shall be considered a violation of probation.

13 **20. Abstain from Drugs and Alcohol Use**

14 Respondent shall completely abstain from the possession or use of alcohol, controlled
15 substances, dangerous drugs and their associated paraphernalia except when the drugs are
16 lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon
17 request of the board or its designee, respondent shall provide documentation from the licensed
18 practitioner that the prescription for the drug was legitimately issued and is a necessary part of the
19 treatment of the respondent. Failure to timely provide such documentation shall be considered a
20 violation of probation. Respondent shall ensure that he is not in the same physical location as
21 individuals who are using illicit substances even if respondent is not personally ingesting the
22 drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia
23 not supported by the documentation timely provided, and/or any physical proximity to persons
24 using illicit substances, shall be considered a violation of probation.

25 **21. Prescription Coordination and Monitoring of Prescription Use**

26 Within thirty (30) days of the effective date of this decision, respondent shall submit to the
27 board, for its prior approval, the name and qualifications of a single physician, nurse practitioner,
28 physician assistant, or psychiatrist of respondent's choice, who shall be aware of the facts and

1 circumstances giving rise to Accusation 3601 and who will coordinate and monitor any
2 prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs.
3 The approved practitioner shall be provided with a copy of the board's Accusation and decision.
4 A record of this notification must be provided to the board upon request. Respondent shall sign a
5 release authorizing the practitioner to communicate with the board about respondent's
6 treatment(s). The coordinating physician, nurse practitioner, physician assistant, or psychiatrist
7 shall report to the board on a quarterly basis for the duration of probation regarding respondent's
8 compliance with this condition. If any substances considered addictive have been prescribed, the
9 report shall identify a program for the time limited use of any such substances. The board may
10 require that the single coordinating physician, nurse practitioner, physician assistant or
11 psychiatrist be a specialist in addictive medicine, or consult a specialist in addictive medicine.
12 Should respondent, for any reason, cease supervision by the approved practitioner, respondent
13 shall notify the board immediately and, within thirty (30) days of ceasing treatment, submit the
14 name of a replacement physician, nurse practitioner, physician assistant, or psychiatrist of
15 respondent's choice to the board or its designee for its prior approval. Failure to timely submit
16 the selected practitioner or replacement practitioner to the board for approval, or to ensure the
17 required reporting thereby on the quarterly reports, shall be considered a violation of probation.

18 If at any time an approved practitioner determines that respondent is unable to practice
19 safely or independently as a pharmacist, the practitioner shall notify the board immediately by
20 telephone and follow up by written letter within three (3) working days. Upon notification from
21 the board or its designee of this determination, respondent shall be automatically suspended and
22 shall not resume practice until notified by the board that practice may be resumed.

23 During suspension, respondent shall not enter any pharmacy area or any portion of the
24 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
25 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
26 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act
27 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
28 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the

1 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
2 and controlled substances. Respondent shall not resume practice until notified by the board.

3 During suspension, respondent shall not engage in any activity that requires the
4 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the
5 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a
6 designated representative for any entity licensed by the board.

7 Subject to the above restrictions, respondent may continue to own or hold an interest in any
8 licensed premises in which he holds an interest at the time this decision becomes effective unless
9 otherwise specified in this order.

10 Failure to comply with this suspension shall be considered a violation of probation.

11 **22. Community Services Program**

12 Within sixty (60) days of the effective date of this decision, respondent shall submit to the
13 board or its designee, for prior approval, a community service program in which respondent shall
14 provide free health-care related services on a regular basis to a community or charitable facility or
15 agency for at least sixty (60) hours per year for the first three (3) years of probation. Within thirty
16 (30) days of board approval thereof, respondent shall submit documentation to the board
17 demonstrating commencement of the community service program. A record of this notification
18 must be provided to the board upon request. Respondent shall report on progress with the
19 community service program in the quarterly reports. Failure to timely submit, commence, or
20 comply with the program shall be considered a violation of probation.

21 **23. No New Ownership of Licensed Premises**

22 Respondent shall not acquire any new ownership, legal or beneficial interest nor serve as a
23 manager, administrator, member, officer, director, trustee, associate, or partner of any additional
24 business, firm, partnership, or corporation licensed by the board. If respondent currently owns or
25 has any legal or beneficial interest in, or serves as a manager, administrator, member, officer,
26 director, trustee, associate, or partner of any business, firm, partnership, or corporation currently
27 or hereinafter licensed by the board, respondent may continue to serve in such capacity or hold

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1 that interest, but only to the extent of that position or interest as of the effective date of this
2 decision. Violation of this restriction shall be considered a violation of probation.

3 **24. Tolling of Suspension**

4 During the period of suspension, respondent shall not leave California for any period
5 exceeding ten (10) days, regardless of purpose (including vacation). Any such absence in excess
6 of the (10) days during suspension shall be considered a violation of probation. Moreover, any
7 absence from California during the period of suspension exceeding ten (10) days shall toll the
8 suspension, i.e., the suspension shall be extended by one day for each day over ten (10) days
9 respondent is absent from California. During any such period of tolling of suspension,
10 respondent must nonetheless comply with all terms and conditions of probation.

11 Respondent must notify the board in writing within ten (10) days of departure, and must
12 further notify the board in writing within ten (10) days of return. The failure to provide such
13 notification(s) shall constitute a violation of probation. Upon such departure and return,
14 respondent shall not resume the practice of pharmacy until notified by the board that the period of
15 suspension has been satisfactorily completed.

16 **25. Ethics Course**

17 Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll
18 in a course in ethics, at respondent's expense, approved in advance by the board or its designee.
19 Failure to initiate the course during the first year of probation, and complete it within the second
20 year of probation, is a violation of probation.

21 Respondent shall submit a certificate of completion to the board or its designee within five
22 days after completing the course.

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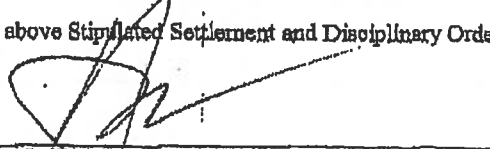
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Herbert L. Weinberg. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 2/28/12 
SERJ SOUKAZ MARKARIAN
Respondent

I have read and fully discussed with Respondent Serj Soukaz Markarian the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 2/29/12 
Herbert L. Weinberg
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
KAREN B. CHAPPELLE
Supervising Deputy Attorney General

WILLIAM D. GARDNER
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Herbert L. Weinberg. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

SERJ SOUKAZ MARKARIAN
Respondent

I have read and fully discussed with Respondent Serj Soukaz Markarian the terms and conditions and other matters, contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

Herbert L. Weinberg
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 2/29/12

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
KAREN B. CHAPPELLE
Supervising Deputy Attorney General



WILLIAM D. GARDNER
Deputy Attorney General
Attorneys for Complainant

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1 KAMALA D. HARRIS
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 2 MARC D. GREENBAUM
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 Deputy Attorney General
 4 State Bar No. 242920
 300 So. Spring Street, Suite 1702
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 Telephone: (213) 897-2533
 6 Facsimile: (213) 897-2804
Attorneys for Complainant

7
 8 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
 9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 3601

11 **SERJ SOUKAZ MARKARIAN**
 12 **7766 N. Gleneaks Blvd.**
 13 **Burbank, CA 91504**
Pharmacist License No. RPH 54284

ACCUSATION

14 Respondent.

15
 16 Complainant alleges:

17 **PARTIES**

- 18 1. Virginia K. Herold (Complainant) brings this Accusation solely in her official
 19 capacity as the Executive Officer of the California State Board of Pharmacy.
 20 2. On or about March 20, 2003, the Board of Pharmacy issued Pharmacist License
 21 Number RPH 54284 to Serj Soukaz Markarian (Respondent). The Pharmacist License was in full
 22 force and effect at all times relevant to the charges brought herein and will expire on September
 23 30, 2012, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board of Pharmacy (Board), under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

STATUTORY PROVISIONS

4. Section 118, subdivision (b), of the Code provides that the suspension, expiration, surrender or cancellation of a license shall not deprive the Board/Registrar/Director of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

5. Section 490 of the Code provides, in pertinent part, that a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

6. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

"(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

"(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

7. Section 4060 of the Code states:

"No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a

1 physician assistant pursuant to Section 3502.1, or naturopathic doctor pursuant to Section 3640.5,
 2 or a pharmacist pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of
 3 subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052. This section shall not
 4 apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy,
 5 pharmacist, physician, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified
 6 nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly
 7 labeled with the name and address of the supplier or producer.

8 "Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, a
 9 physician assistant, or a naturopathic doctor, to order his or her own stock of dangerous drugs
 10 and devices."

11 8. Section 4301 of the Code states:

12 "The board shall take action against any holder of a license who is guilty of unprofessional
 13 conduct or whose license has been procured by fraud or misrepresentation or issued by mistake.
 14 Unprofessional conduct shall include, but is not limited to, any of the following:

15

16 "(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or
 17 corruption, whether the act is committed in the course of relations as a licensee or otherwise, and
 18 whether the act is a felony or misdemeanor or not.

19

20 "(I) The conviction of a crime substantially related to the qualifications, functions, and
 21 duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13
 22 (commencing with Section 801) of Title 21 of the United States Code regulating controlled
 23 substances or of a violation of the statutes of this state regulating controlled substances or
 24 dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the
 25 record of conviction shall be conclusive evidence only of the fact that the conviction occurred.
 26 The board may inquire into the circumstances surrounding the commission of the crime, in order
 27 to fix the degree of discipline or, in the case of a conviction not involving controlled substances
 28 or dangerous drugs, to determine if the conviction is of an offense substantially related to the

1 qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or
 2 a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning
 3 of this provision. The board may take action when the time for appeal has elapsed, or the
 4 judgment of conviction has been affirmed on appeal or when an order granting probation is made
 5 suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of
 6 the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not
 7 guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or
 8 indictment.

REGULATORY PROVISIONS

9
 10 9. California Code of Regulations, title 16, section 1770, states:

11 "For the purpose of denial, suspension, or revocation of a personal or facility license
 12 pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a
 13 crime or act shall be considered substantially related to the qualifications, functions or duties of a
 14 licensee or registrant if to a substantial degree it evidences present or potential unfitness of a
 15 licensee or registrant to perform the functions authorized by his license or registration in a manner
 16 consistent with the public health, safety, or welfare."

COST RECOVERY

17
 18 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
 19 administrative law judge to direct a licensee found to have committed a violation or violations of
 20 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
 21 enforcement of the case.

DRUGS

22
 23 11. Pregabalin, also known by the brand name Lyrica, is a Schedule V, non-narcotic
 24 controlled substance under Health and Safety Code section 11058, and is classified as a
 25 dangerous drug pursuant to Business and Professions Code section 4022.

26 12. Eszopiclone, also known by the brand name Lunesta, is a Schedule IV, non-narcotic
 27 controlled substance under Health and Safety Code section 11057, and is classified as a
 28 dangerous drug pursuant to Business and Professions Code section 4022.

1 13. Tadalafil, also known by the brand name Cialis, is not a scheduled drug, but is
2 classified as a dangerous drug pursuant to Business and Professions Code section 4022.

3 14. Celecoxib, also known by the brand name Celebrex, is not a scheduled drug, but is
4 classified as a dangerous drug pursuant to Business and Professions Code section 4022.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Substantially Related Convictions)**

7 15. Respondent is subject to disciplinary action under sections 490 and 4301, subdivision
8 (l), of the Code, in conjunction with California Code of Regulation; title 16, section 1770, in that
9 Respondent was convicted of a crime substantially related to the qualifications, functions or
10 duties of a licensed pharmacist. Specifically, on or about September 2, 2008, after pleading nolo
11 contendere, Respondent was convicted of one misdemeanor count of violating Penal Code
12 Section 602.5(B) [entering dwelling without consent] in the criminal proceeding entitled *The*
13 *People of the State of California v. Serj Soukaz Markarian* (Super. Ct. Los Angeles County, 2008,
14 No. 7PY07737). Respondent was placed on probation for 36 months and was ordered to pay a
15 fine.

16 16. The circumstances are that on or about August 17, 2007, while working as a
17 pharmacist at CVS Pharmacy, Respondent was observed concealing the following
18 pharmaceuticals in his bag: Cialis 20 mg, Lyrica 50 mg, Lunesta 3mg and Celebrex 100 mg. A
19 CVS store manager waited for Respondent to exit the store at closing time and contacted him in
20 the parking lot. The store manager checked Respondent's bags and located five (5) bottles of
21 pharmaceuticals that had been taken from the pharmacy without permission and had not been
22 paid for nor prescribed to Respondent.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Unprofessional Conduct: Dishonest Act)**

25 17. Respondent is subject to disciplinary action under section 4301, subdivision (f) of the
26 Code in that he committed an act involving moral turpitude, dishonesty, fraud, deceit or
27 corruption. Complainant refers to, and by this reference incorporates, the allegations set forth in
28 paragraphs 15 and 16, as though set forth fully.

THIRD CAUSE FOR DISCIPLINE

(Possession of Controlled Substance Without a Prescription)

18. Respondent is subject to disciplinary action under section 4060 of the Code, in that he possessed controlled substances that were not furnished to him upon prescription of a physician. Complainant refers to, and by this reference incorporates, the allegations set forth in paragraphs 15 and 16, as though set forth fully.

FOURTH CAUSE FOR DISCIPLINE

(Administer/Furnish Controlled Substance to Self)

19. Respondent is subject to disciplinary action under section 11170 of the Health and Safety Code in that he prescribed, administered or furnished a controlled substance to himself. Complainant refers to, and by this reference incorporates, the allegations set forth in paragraphs 15 and 16, as though set forth fully.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

- 1. Revoking or suspending Pharmacist License Number RPH 54284, issued to Serj Soukaz Markarian;
- 2. Ordering Serj Soukaz Markarian to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
- 3. Taking such other and further action as deemed necessary and proper.

DATED: 6/6/11

Virginia K. Herold

VIRGINIA K. HEROLD
Executive Officer
California State Board of Pharmacy
State of California
Complainant

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**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**SERJ SOUKAZ MARKARIAN
7766 N. Glenoaks Blvd.
Burbank, CA 91504**

Pharmacist License No. RPH 54284

Respondent.

Case No. 3601

OAH No. L-2011090609

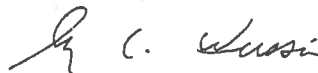
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on June 7, 2012.

It is so ORDERED on May 8, 2012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

STANLEY C. WEISSER
Board President

1 KAMALA D. HARRIS
 Attorney General of California
 2 KAREN B. CHAPPELLE
 Supervising Deputy Attorney General
 3 WILLIAM D. GARDNER
 Deputy Attorney General
 4 State Bar No. 244817
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-2114
 6 Facsimile: (213) 897-2804
Attorneys for Complainant
 7

8 **BEFORE THE**
BOARD OF PHARMACY
 9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
 10

11 In the Matter of the Accusation Against:

Case No. 3601

12 **SERJ SOUKAZ MARKARIAN**
 7766 N. Glenoaks Blvd.
 13 Burbank, CA 91504
 Pharmacist License No. RPH 54284

OAH No. L-2011090609
STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

14 Respondent.
 15

16
 17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
 18 entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy.
 21 She brought this action solely in her official capacity and is represented in this matter by Kamala
 22 D. Harris, Attorney General of the State of California, by William D. Gardner, Deputy Attorney
 23 General.

24 2. Respondent Serj Soukaz Markarian (Respondent) is represented in this proceeding by
 25 attorney Herbert L. Weinberg, whose address is: 1800 Century Park East, 8th Floor, Los
 26 Angeles, CA 90067.

27 3. On or about March 20, 2003, the Board of Pharmacy issued Pharmacist License No.
 28 RPH 54284 to Serj Soukaz Markarian (Respondent). The Pharmacist License was in full force

1 and effect at all times relevant to the charges brought in Accusation No. 3601 and will expire on
2 September 30, 2012, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 3601 was filed before the Board of Pharmacy (Board), Department of
5 Consumer Affairs, and is currently pending against Respondent. The Accusation and all other
6 statutorily required documents were properly served on Respondent on June 15, 2011.
7 Respondent timely filed his Notice of Defense contesting the Accusation.

8 5. A copy of Accusation No. 3601 is attached as exhibit A and incorporated herein by
9 reference.

10 **ADVISEMENT AND WAIVERS**

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 3601. Respondent has also carefully read, fully
13 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
14 Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a
16 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at
17 his own expense; the right to confront and cross-examine the witnesses against him; the right to
18 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel
19 the attendance of witnesses and the production of documents; the right to reconsideration and
20 court review of an adverse decision; and all other rights accorded by the California
21 Administrative Procedure Act and other applicable laws.

22 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
23 every right set forth above.

24 **CULPABILITY**

25 9. Respondent admits the truth of each and every charge and allegation in Accusation
26 No. 3601.

27 10. Respondent agrees that his Pharmacist License is subject to discipline and he agrees
28 to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 54284 issued to Respondent Serj Soukaz Markarian (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

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1 **1. Suspension**

2 As part of probation, respondent is suspended from the practice of pharmacy for sixty (60)
3 days beginning the effective date of this decision.

4 During suspension, respondent shall not enter any pharmacy area or any portion of the
5 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
6 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
7 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act
8 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
9 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the
10 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
11 and devices or controlled substances.

12 Respondent shall not engage in any activity that requires the professional judgment of a
13 pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy.
14 Respondent shall not perform the duties of a pharmacy technician or a designated representative
15 for any entity licensed by the board.

16 Subject to the above restrictions, respondent may continue to own or hold an interest in any
17 licensed premises in which he holds an interest at the time this decision becomes effective unless
18 otherwise specified in this order.

19 Failure to comply with this suspension shall be considered a violation of probation.

20 **2. Obey All Laws**

21 Respondent shall obey all state and federal laws and regulations.

22 Respondent shall report any of the following occurrences to the board, in writing, within
23 seventy-two (72) hours of such occurrence:

- 24 • an arrest or issuance of a criminal complaint for violation of any provision of the
25 Pharmacy Law, state and federal food and drug laws, or state and federal controlled
26 substances laws;
- 27 • a plea of guilty or nolo contendere in any state or federal criminal proceeding to any
28 criminal complaint, information or indictment;

- 1 • a conviction of any crime;
- 2 • discipline, citation, or other administrative action filed by any state or federal agency
- 3 which involves respondent's pharmacist license or which is related to the practice of
- 4 pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging
- 5 for any drug, device or controlled substance.

6 Failure to timely report such occurrence shall be considered a violation of probation.

7 **3. Report to the Board**

8 Respondent shall report to the board quarterly, on a schedule as directed by the board or its

9 designee. The report shall be made either in person or in writing, as directed. Among other

10 requirements, respondent shall state in each report under penalty of perjury whether there has

11 been compliance with all the terms and conditions of probation. Failure to submit timely reports

12 in a form as directed shall be considered a violation of probation. Any period(s) of delinquency

13 in submission of reports as directed may be added to the total period of probation. Moreover, if

14 the final probation report is not made as directed, probation shall be automatically extended until

15 such time as the final report is made and accepted by the board.

16 **4. Interview with the Board**

17 Upon receipt of reasonable prior notice, respondent shall appear in person for interviews

18 with the board or its designee, at such intervals and locations as are determined by the board or its

19 designee. Failure to appear for any scheduled interview without prior notification to board staff,

20 or failure to appear for two (2) or more scheduled interviews with the board or its designee during

21 the period of probation, shall be considered a violation of probation.

22 **5. Cooperate with Board Staff**

23 Respondent shall cooperate with the board's inspection program and with the board's

24 monitoring and investigation of respondent's compliance with the terms and conditions of his

25 probation. Failure to cooperate shall be considered a violation of probation.

26 **6. Continuing Education**

27 Respondent shall provide evidence of efforts to maintain skill and knowledge as a

28 pharmacist as directed by the board or its designee.

1 **7. Notice to Employers**

2 During the period of probation, respondent shall notify all present and prospective
3 employers of the decision in case number 3601 and the terms, conditions and restrictions imposed
4 on respondent by the decision, as follows:

5 Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of
6 respondent undertaking any new employment, respondent shall cause his direct supervisor,
7 pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's
8 tenure of employment) and owner to report to the board in writing acknowledging that the listed
9 individual(s) has/have read the decision in case number 3601, and terms and conditions imposed
10 thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s)
11 submit timely acknowledgment(s) to the board.

12 If respondent works for or is employed by or through a pharmacy employment service,
13 respondent must notify his direct supervisor, pharmacist-in-charge, and owner at every entity
14 licensed by the board of the terms and conditions of the decision in case number 3601 in advance
15 of the respondent commencing work at each licensed entity. A record of this notification must be
16 provided to the board upon request.

17 Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen
18 (15) days of respondent undertaking any new employment by or through a pharmacy employment
19 service, respondent shall cause his direct supervisor with the pharmacy employment service to
20 report to the board in writing acknowledging that he has read the decision in case number 3601
21 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure
22 that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

23 Failure to timely notify present or prospective employer(s) or to cause that/those
24 employer(s) to submit timely acknowledgments to the board shall be considered a violation of
25 probation.

26 "Employment" within the meaning of this provision shall include any full-time, part-
27 time, temporary, relief or pharmacy management service as a pharmacist or any position for

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1 which a pharmacist license is a requirement or criterion for employment, whether the
2 respondent is an employee, independent contractor or volunteer.

3 **8. No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as**
4 **Designated Representative-in-Charge, or Serving as a Consultant**

5 During the period of probation, respondent shall not supervise any intern pharmacist, be the
6 pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board
7 nor serve as a consultant unless otherwise specified in this order. Assumption of any such
8 unauthorized supervision responsibilities shall be considered a violation of probation.

9 **9. Reimbursement of Board Costs**

10 As a condition precedent to successful completion of probation, respondent shall pay to the
11 board its costs of investigation and prosecution in the amount of \$5,657.50. Respondent shall
12 make said payments in accordance with a payment plan to be determined by the Board

13 There shall be no deviation from this schedule absent prior written approval by the board or
14 its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of
15 probation.

16 The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to
17 reimburse the board its costs of investigation and prosecution.

18 **10. Probation Monitoring Costs**

19 Respondent shall pay any costs associated with probation monitoring as determined by the
20 board each and every year of probation. Such costs shall be payable to the board on a schedule as
21 directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall
22 be considered a violation of probation.

23 **11. Status of License**

24 Respondent shall, at all times while on probation, maintain an active, current license with
25 the board, including any period during which suspension or probation is tolled. Failure to
26 maintain an active, current license shall be considered a violation of probation.

27 If respondent's license expires or is cancelled by operation of law or otherwise at any time
28 during the period of probation, including any extensions thereof due to tolling or otherwise, upon

1 renewal or reapplication respondent's license shall be subject to all terms and conditions of this
2 probation not previously satisfied.

3 **12. License Surrender While on Probation/Suspension**

4 Following the effective date of this decision, should respondent cease practice due to
5 retirement or health, or be otherwise unable to satisfy the terms and conditions of probation,
6 respondent may tender his license to the board for surrender. The board or its designee shall have
7 the discretion whether to grant the request for surrender or take any other action it deems
8 appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent
9 will no longer be subject to the terms and conditions of probation. This surrender constitutes a
10 record of discipline and shall become a part of the respondent's license history with the board.

11 Upon acceptance of the surrender, respondent shall relinquish his pocket and wall license to
12 the board within ten (10) days of notification by the board that the surrender is accepted.
13 Respondent may not reapply for any license from the board for three (3) years from the effective
14 date of the surrender. Respondent shall meet all requirements applicable to the license sought as
15 of the date the application for that license is submitted to the board, including any outstanding
16 costs.

17 **13. Notification of a Change in Name, Residence Address, Mailing Address or**
18 **Employment**

19 Respondent shall notify the board in writing within ten (10) days of any change of
20 employment. Said notification shall include the reasons for leaving, the address of the new
21 employer, the name of the supervisor and owner, and the work schedule if known. Respondent
22 shall further notify the board in writing within ten (10) days of a change in name, residence
23 address, mailing address, or phone number.

24 Failure to timely notify the board of any change in employer(s), name(s), address(es), or
25 phone number(s) shall be considered a violation of probation.

26 **14. Tolling of Probation**

27 Except during periods of suspension, respondent shall, at all times while on probation, be
28 employed as a pharmacist in California for a minimum of forty (40) hours per calendar month.

1 Any month during which this minimum is not met shall toll the period of probation, i.e., the
 2 period of probation shall be extended by one month for each month during which this minimum is
 3 not met. During any such period of tolling of probation, respondent must nonetheless comply
 4 with all terms and conditions of probation.

5 Should respondent, regardless of residency, for any reason (including vacation) cease
 6 practicing as a pharmacist for a minimum of forty (40) hours per calendar month in California,
 7 respondent must notify the board in writing within ten (10) days of the cessation of practice, and
 8 must further notify the board in writing within ten (10) days of the resumption of practice. Any
 9 failure to provide such notification(s) shall be considered a violation of probation.

10 It is a violation of probation for respondent's probation to remain tolled pursuant to the
 11 provisions of this condition for a total period, counting consecutive and non-consecutive months,
 12 exceeding thirty-six (36) months.

13 "Cessation of practice" means any calendar month during which respondent is
 14 not practicing as a pharmacist for at least forty (40) hours, as defined by Business and
 15 Professions Code section 4000 et seq. "Resumption of practice" means any calendar
 16 month during which respondent is practicing as a pharmacist for at least forty (40)
 17 hours as a pharmacist as defined by Business and Professions Code section 4000 et
 18 seq.

19 **15. Violation of Probation**

20 If a respondent has not complied with any term or condition of probation, the board shall
 21 have continuing jurisdiction over respondent, and probation shall automatically be extended, until
 22 all terms and conditions have been satisfied or the board has taken other action as deemed
 23 appropriate to treat the failure to comply as a violation of probation, to terminate probation, and
 24 to impose the penalty that was stayed.

25 If respondent violates probation in any respect, the board, after giving respondent notice
 26 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
 27 was stayed. Notice and opportunity to be heard are not required for those provisions stating that a
 28 violation thereof may lead to automatic termination of the stay and/or revocation of the license. If

1 a petition to revoke probation or an accusation is filed against respondent during probation, the
2 board shall have continuing jurisdiction and the period of probation shall be automatically
3 extended until the petition to revoke probation or accusation is heard and decided.

4 **16. Completion of Probation**

5 Upon written notice by the board or its designee indicating successful completion of
6 probation, respondent's license will be fully restored.

7 **17. Mental Health Examination**

8 Within thirty (30) days of the effective date of this decision, and on a periodic basis as may
9 be required by the board or its designee, respondent shall undergo, at his own expense,
10 psychiatric evaluation(s) by a board-appointed or board-approved licensed mental health
11 practitioner. The approved evaluator shall be provided with a copy of the board's Accusation and
12 decision. Respondent shall sign a release authorizing the evaluator to furnish the board with a
13 current diagnosis and a written report regarding the respondent's judgment and ability to function
14 independently as a pharmacist with safety to the public. Respondent shall comply with all the
15 recommendations of the evaluator if directed by the board or its designee.

16 If the evaluator recommends, and the board or its designee directs, respondent shall
17 undergo psychotherapy. Within thirty (30) days of notification by the board that a
18 recommendation for psychotherapy has been accepted, respondent shall submit to the board or its
19 designee, for prior approval, the name and qualification of a licensed mental health practitioner of
20 respondent's choice. Within thirty (30) days of approval thereof by the board, respondent shall
21 submit documentation to the board demonstrating the commencement of psychotherapy with the
22 approved licensed mental health practitioner. Should respondent, for any reason, cease treatment
23 with the approved licensed mental health practitioner, respondent shall notify the board
24 immediately and, within thirty (30) days of ceasing treatment therewith, submit the name of a
25 replacement licensed mental health practitioner of respondent's choice to the board for its prior
26 approval. Within thirty (30) days of approval thereof, respondent shall submit documentation to
27 the board demonstrating the commencement of psychotherapy with the approved replacement.

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1 Failure to comply with any requirement or deadline stated by this paragraph shall be considered a
2 violation of probation.

3 Upon approval of the initial or any subsequent licensed mental health practitioner,
4 respondent shall undergo and continue treatment with that therapist, at respondent's own expense,
5 until the therapist recommends in writing to the board, and the board or its designee agrees by
6 way of a written notification to respondent, that no further psychotherapy is necessary. Upon
7 receipt of such recommendation from the treating therapist, and before determining whether to
8 accept or reject said recommendation, the board or its designee may require respondent to
9 undergo, at respondent's expense, a mental health evaluation by a separate board-appointed or
10 board-approved evaluator. If the approved evaluator recommends that respondent continue
11 psychotherapy, the board or its designee may require respondent to continue psychotherapy.

12 Psychotherapy shall be at least once a week unless otherwise approved by the board.
13 Respondent shall provide the therapist with a copy of the board's Accusation and decision no
14 later than the first therapy session. Respondent shall take all necessary steps to ensure that the
15 treating therapist submits written quarterly reports to the board concerning respondent's fitness to
16 practice, progress in treatment, and other such information as may be required by the board or its
17 designee.

18 If at any time the approved evaluator or therapist determines that respondent is unable to
19 practice safely or independently as a pharmacist, the licensed mental health practitioner shall
20 notify the board immediately by telephone and follow up by written letter within three (3)
21 working days. Upon notification from the board or its designee of this determination, respondent
22 shall be automatically suspended and shall not resume practice until notified by the board that
23 practice may be resumed.

24 **18. Pharmacists Recovery Program (PRP)**

25 Within thirty (30) days of the effective date of this decision, respondent shall contact the
26 Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll,
27 successfully participate in, and complete the treatment contract and any subsequent addendums as

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1 recommended and provided by the PRP and as approved by the board or its designee. The costs
2 for PRP participation shall be borne by the respondent.

3 If respondent is currently enrolled in the PRP, said participation is now mandatory and as of
4 the effective date of this decision is no longer considered a self-referral under Business and
5 Professions Code section 4362(c)(2). Respondent shall successfully participate in and complete
6 his current contract and any subsequent addendums with the PRP.

7 Failure to timely contact or enroll in the PRP, or successfully participate in and complete
8 the treatment contract and/or any addendums, shall be considered a violation of probation.

9 Probation shall be automatically extended until respondent successfully completes the PRP.
10 Any person terminated from the PRP program shall be automatically suspended by the board.
11 Respondent may not resume the practice of pharmacy until notified by the board in writing.

12 Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a
13 licensed practitioner as part of a documented medical treatment shall result in the automatic
14 suspension of practice by respondent and shall be considered a violation of probation.

15 Respondent may not resume the practice of pharmacy until notified by the board in writing.

16 During suspension, respondent shall not enter any pharmacy area or any portion of the
17 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
18 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
19 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act
20 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
21 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the
22 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
23 and controlled substances. Respondent shall not resume practice until notified by the board.

24 During suspension, respondent shall not engage in any activity that requires the
25 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the
26 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a
27 designated representative for any entity licensed by the board.

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1 Subject to the above restrictions, respondent may continue to own or hold an interest in any
2 licensed premises in which he holds an interest at the time this decision becomes effective unless
3 otherwise specified in this order.

4 Failure to comply with this suspension shall be considered a violation of probation.

5 Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not
6 timely paid to the PRP shall constitute a violation for probation. The board will collect unpaid
7 administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

8 **19. Random Drug Screening**

9 Respondent, at his own expense, shall participate in random testing, including but not
10 limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug
11 screening program as directed by the board or its designee. Respondent may be required to
12 participate in testing for the entire probation period and the frequency of testing will be
13 determined by the board or its designee. At all times, respondent shall fully cooperate with the
14 board or its designee, and shall, when directed, submit to such tests and samples for the detection
15 of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its
16 designee may direct. Failure to timely submit to testing as directed shall be considered a violation
17 of probation. Upon request of the board or its designee, respondent shall provide documentation
18 from a licensed practitioner that the prescription for a detected drug was legitimately issued and is
19 a necessary part of the treatment of the respondent. Failure to timely provide such documentation
20 shall be considered a violation of probation. Any confirmed positive test for alcohol or for any
21 drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment
22 shall be considered a violation of probation and shall result in the automatic suspension of
23 practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until
24 notified by the board in writing.

25 During suspension, respondent shall not enter any pharmacy area or any portion of the
26 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
27 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
28 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act

1 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
2 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the
3 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
4 and controlled substances. Respondent shall not resume practice until notified by the board.

5 During suspension, respondent shall not engage in any activity that requires the
6 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the
7 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a
8 designated representative for any entity licensed by the board.

9 Subject to the above restrictions, respondent may continue to own or hold an interest in any
10 licensed premises in which he holds an interest at the time this decision becomes effective unless
11 otherwise specified in this order.

12 Failure to comply with this suspension shall be considered a violation of probation.

13 **20. Abstain from Drugs and Alcohol Use**

14 Respondent shall completely abstain from the possession or use of alcohol, controlled
15 substances, dangerous drugs and their associated paraphernalia except when the drugs are
16 lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon
17 request of the board or its designee, respondent shall provide documentation from the licensed
18 practitioner that the prescription for the drug was legitimately issued and is a necessary part of the
19 treatment of the respondent. Failure to timely provide such documentation shall be considered a
20 violation of probation. Respondent shall ensure that he is not in the same physical location as
21 individuals who are using illicit substances even if respondent is not personally ingesting the
22 drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia
23 not supported by the documentation timely provided, and/or any physical proximity to persons
24 using illicit substances, shall be considered a violation of probation.

25 **21. Prescription Coordination and Monitoring of Prescription Use**

26 Within thirty (30) days of the effective date of this decision, respondent shall submit to the
27 board, for its prior approval, the name and qualifications of a single physician, nurse practitioner,
28 physician assistant, or psychiatrist of respondent's choice, who shall be aware of the facts and

1 circumstances giving rise to Accusation 3601 and who will coordinate and monitor any
2 prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs.
3 The approved practitioner shall be provided with a copy of the board's Accusation and decision.
4 A record of this notification must be provided to the board upon request. Respondent shall sign a
5 release authorizing the practitioner to communicate with the board about respondent's
6 treatment(s). The coordinating physician, nurse practitioner, physician assistant, or psychiatrist
7 shall report to the board on a quarterly basis for the duration of probation regarding respondent's
8 compliance with this condition. If any substances considered addictive have been prescribed, the
9 report shall identify a program for the time limited use of any such substances. The board may
10 require that the single coordinating physician, nurse practitioner, physician assistant or
11 psychiatrist be a specialist in addictive medicine, or consult a specialist in addictive medicine.
12 Should respondent, for any reason, cease supervision by the approved practitioner, respondent
13 shall notify the board immediately and, within thirty (30) days of ceasing treatment, submit the
14 name of a replacement physician, nurse practitioner, physician assistant, or psychiatrist of
15 respondent's choice to the board or its designee for its prior approval. Failure to timely submit
16 the selected practitioner or replacement practitioner to the board for approval, or to ensure the
17 required reporting thereby on the quarterly reports, shall be considered a violation of probation.

18 If at any time an approved practitioner determines that respondent is unable to practice
19 safely or independently as a pharmacist, the practitioner shall notify the board immediately by
20 telephone and follow up by written letter within three (3) working days. Upon notification from
21 the board or its designee of this determination, respondent shall be automatically suspended and
22 shall not resume practice until notified by the board that practice may be resumed.

23 During suspension, respondent shall not enter any pharmacy area or any portion of the
24 licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of
25 drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices
26 or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act
27 involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient
28 consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the

1 board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs
2 and controlled substances. Respondent shall not resume practice until notified by the board.

3 During suspension, respondent shall not engage in any activity that requires the
4 professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the
5 practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a
6 designated representative for any entity licensed by the board.

7 Subject to the above restrictions, respondent may continue to own or hold an interest in any
8 licensed premises in which he holds an interest at the time this decision becomes effective unless
9 otherwise specified in this order.

10 Failure to comply with this suspension shall be considered a violation of probation.

11 **22. Community Services Program**

12 Within sixty (60) days of the effective date of this decision, respondent shall submit to the
13 board or its designee, for prior approval, a community service program in which respondent shall
14 provide free health-care related services on a regular basis to a community or charitable facility or
15 agency for at least sixty (60) hours per year for the first three (3) years of probation. Within thirty
16 (30) days of board approval thereof, respondent shall submit documentation to the board
17 demonstrating commencement of the community service program. A record of this notification
18 must be provided to the board upon request. Respondent shall report on progress with the
19 community service program in the quarterly reports. Failure to timely submit, commence, or
20 comply with the program shall be considered a violation of probation.

21 **23. No New Ownership of Licensed Premises**

22 Respondent shall not acquire any new ownership, legal or beneficial interest nor serve as a
23 manager, administrator, member, officer, director, trustee, associate, or partner of any additional
24 business, firm, partnership, or corporation licensed by the board. If respondent currently owns or
25 has any legal or beneficial interest in, or serves as a manager, administrator, member, officer,
26 director, trustee, associate, or partner of any business, firm, partnership, or corporation currently
27 or hereinafter licensed by the board, respondent may continue to serve in such capacity or hold

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1 that interest, but only to the extent of that position or interest as of the effective date of this
2 decision. Violation of this restriction shall be considered a violation of probation.

3 **24. Tolling of Suspension**

4 During the period of suspension, respondent shall not leave California for any period
5 exceeding ten (10) days, regardless of purpose (including vacation). Any such absence in excess
6 of the (10) days during suspension shall be considered a violation of probation. Moreover, any
7 absence from California during the period of suspension exceeding ten (10) days shall toll the
8 suspension, i.e., the suspension shall be extended by one day for each day over ten (10) days
9 respondent is absent from California. During any such period of tolling of suspension,
10 respondent must nonetheless comply with all terms and conditions of probation.

11 Respondent must notify the board in writing within ten (10) days of departure, and must
12 further notify the board in writing within ten (10) days of return. The failure to provide such
13 notification(s) shall constitute a violation of probation. Upon such departure and return,
14 respondent shall not resume the practice of pharmacy until notified by the board that the period of
15 suspension has been satisfactorily completed.

16 **25. Ethics Course**

17 Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll
18 in a course in ethics, at respondent's expense, approved in advance by the board or its designee.
19 Failure to initiate the course during the first year of probation, and complete it within the second
20 year of probation, is a violation of probation.

21 Respondent shall submit a certificate of completion to the board or its designee within five
22 days after completing the course.

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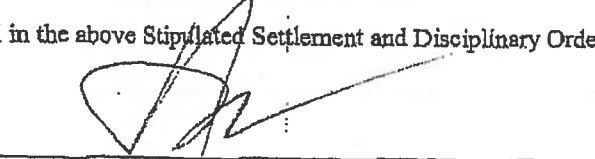
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Herbert L. Weinberg. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 2/28/12 
SERJ SOUKAZ MARKARIAN
Respondent

I have read and fully discussed with Respondent Serj Soukaz Markarian the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 2/29/12 
Herbert L. Weinberg
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order, is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
KAREN B. CHAPPELLE
Supervising Deputy Attorney General

WILLIAM D. GARDNER
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Herbert L. Weinberg. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____
SERJ SOUKAZ MARKARIAN
Respondent

I have read and fully discussed with Respondent Serj Soukaz Markarian the terms and conditions and other matters, contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.


DATED: _____
Herbert L. Weinberg
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 2/29/12

Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
KAREN B. CHAPPELLE
Supervising Deputy Attorney General


WILLIAM D. GARDNER
Deputy Attorney General
Attorneys for Complainant

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1 KAMALA D. HARRIS
 Attorney General of California
 2 MARC D. GREENBAUM
 Supervising Deputy Attorney General
 3 KIMBERLEY J. BAKER-GUILLEMET
 Deputy Attorney General
 4 State Bar No. 242920
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-2533
 6 Facsimile: (213) 897-2804
Attorneys for Complainant
 7

8 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
 9

10 In the Matter of the Accusation Against:

Case No. 3601

11 **SERJ SOUKAZ MARKARIAN**
 12 **7766 N. Glenoaks Blvd.**
 13 **Burbank, CA 91504**
Pharmacist License No. RPH 54284

ACCUSATION

14 Respondent.

15
 16 Complainant alleges:
 17

18 **PARTIES**

- 19 1. Virginia K. Herold (Complainant) brings this Accusation solely in her official
 20 capacity as the Executive Officer of the California State Board of Pharmacy.
 21 2. On or about March 20, 2003, the Board of Pharmacy issued Pharmacist License
 22 Number RPH 54284 to Serj Soukaz Markarian (Respondent). The Pharmacist License was in full
 23 force and effect at all times relevant to the charges brought herein and will expire on September
 24 30, 2012, unless renewed.

25 ///

26 ///

27 ///

28 ///

JURISDICTION

1
2 3. This Accusation is brought before the Board of Pharmacy (Board), under the
3 authority of the following laws. All section references are to the Business and Professions Code
4 unless otherwise indicated.

STATUTORY PROVISIONS

5
6 4. Section 118, subdivision (b), of the Code provides that the suspension, expiration,
7 surrender or cancellation of a license shall not deprive the Board/Registrar/Director of jurisdiction
8 to proceed with a disciplinary action during the period within which the license may be renewed,
9 restored, reissued or reinstated.

10 5. Section 490 of the Code provides, in pertinent part, that a board may suspend or
11 revoke a license on the ground that the licensee has been convicted of a crime substantially
12 related to the qualifications, functions, or duties of the business or profession for which the
13 license was issued.

14 6. Section 4022 of the Code states:

15 "Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in
16 humans or animals, and includes the following:

17 "(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without
18 prescription," "Rx only," or words of similar import.

19 "(b) Any device that bears the statement: "Caution: federal law restricts this device to sale
20 by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with
21 the designation of the practitioner licensed to use or order use of the device.

22 "(c) Any other drug or device that by federal or state law can be lawfully dispensed only
23 on prescription or furnished pursuant to Section 4006.

24 7. Section 4060 of the Code states:

25 "No person shall possess any controlled substance, except that furnished to a person upon
26 the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor
27 pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified
28 nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a

1 physician assistant pursuant to Section 3502.1, or naturopathic doctor pursuant to Section 3640.5,
 2 or a pharmacist pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of
 3 subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052. This section shall not
 4 apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy,
 5 pharmacist, physician, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified
 6 nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly
 7 labeled with the name and address of the supplier or producer.

8 "Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, a
 9 physician assistant, or a naturopathic doctor, to order his or her own stock of dangerous drugs
 10 and devices."

11 8. Section 4301 of the Code states:

12 "The board shall take action against any holder of a license who is guilty of unprofessional
 13 conduct or whose license has been procured by fraud or misrepresentation or issued by mistake.
 14 Unprofessional conduct shall include, but is not limited to, any of the following:

15

16 "(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or
 17 corruption, whether the act is committed in the course of relations as a licensee or otherwise, and
 18 whether the act is a felony or misdemeanor or not.

19

20 "(l) The conviction of a crime substantially related to the qualifications, functions, and
 21 duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13
 22 (commencing with Section 801) of Title 21 of the United States Code regulating controlled
 23 substances or of a violation of the statutes of this state regulating controlled substances or
 24 dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the
 25 record of conviction shall be conclusive evidence only of the fact that the conviction occurred.
 26 The board may inquire into the circumstances surrounding the commission of the crime, in order
 27 to fix the degree of discipline or, in the case of a conviction not involving controlled substances
 28 or dangerous drugs, to determine if the conviction is of an offense substantially related to the

1 qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or
 2 a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning
 3 of this provision. The board may take action when the time for appeal has elapsed, or the
 4 judgment of conviction has been affirmed on appeal or when an order granting probation is made
 5 suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of
 6 the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not
 7 guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or
 8 indictment.

9 **REGULATORY PROVISIONS**

10 9. California Code of Regulations, title 16, section 1770, states:

11 "For the purpose of denial, suspension, or revocation of a personal or facility license
 12 pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a
 13 crime or act shall be considered substantially related to the qualifications, functions or duties of a
 14 licensee or registrant if to a substantial degree it evidences present or potential unfitness of a
 15 licensee or registrant to perform the functions authorized by his license or registration in a manner
 16 consistent with the public health, safety, or welfare."

17 **COST RECOVERY**

18 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
 19 administrative law judge to direct a licentiate found to have committed a violation or violations of
 20 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
 21 enforcement of the case.

22 **DRUGS**

23 11. Pregabalin, also known by the brand name Lyrica, is a Schedule V, non-narcotic
 24 controlled substance under Health and Safety Code section 11058, and is classified as a
 25 dangerous drug pursuant to Business and Professions Code section 4022.

26 12. Eszopiclone, also known by the brand name Lunesta, is a Schedule IV, non-narcotic
 27 controlled substance under Health and Safety Code section 11057, and is classified as a
 28 dangerous drug pursuant to Business and Professions Code section 4022.

1 13. Tadalafil, also known by the brand name Cialis, is not a scheduled drug, but is
2 classified as a dangerous drug pursuant to Business and Professions Code section 4022.

3 14. Celecoxib, also known by the brand name Celebrex, is not a scheduled drug, but is
4 classified as a dangerous drug pursuant to Business and Professions Code section 4022.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Substantially Related Convictions)**

7 15. Respondent is subject to disciplinary action under sections 490 and 4301, subdivision
8 (I), of the Code, in conjunction with California Code of Regulation, title 16, section 1770, in that
9 Respondent was convicted of a crime substantially related to the qualifications, functions or
10 duties of a licensed pharmacist. Specifically, on or about September 2, 2008, after pleading nolo
11 contendere, Respondent was convicted of one misdemeanor count of violating Penal Code
12 Section 602.5(B) [entering dwelling without consent] in the criminal proceeding entitled *The*
13 *People of the State of California v. Serj Soukaz Markarian* (Super. Ct. Los Angeles County, 2008,
14 No. 7PY07737). Respondent was placed on probation for 36 months and was ordered to pay a
15 fine.

16 16. The circumstances are that on or about August 17, 2007, while working as a
17 pharmacist at CVS Pharmacy, Respondent was observed concealing the following
18 pharmaceuticals in his bag: Cialis 20 mg, Lyrica 50 mg, Lunesta 3mg and Celebrex 100 mg. A
19 CVS store manager waited for Respondent to exit the store at closing time and contacted him in
20 the parking lot. The store manager checked Respondent's bags and located five (5) bottles of
21 pharmaceuticals that had been taken from the pharmacy without permission and had not been
22 paid for nor prescribed to Respondent.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Unprofessional Conduct: Dishonest Act)**

25 17. Respondent is subject to disciplinary action under section 4301, subdivision (f) of the
26 Code in that he committed an act involving moral turpitude, dishonesty, fraud, deceit or
27 corruption. Complainant refers to, and by this reference incorporates, the allegations set forth in
28 paragraphs 15 and 16, as though set forth fully.

THIRD CAUSE FOR DISCIPLINE

(Possession of Controlled Substance Without a Prescription)

18. Respondent is subject to disciplinary action under section 4060 of the Code, in that he possessed controlled substances that were not furnished to him upon prescription of a physician. Complainant refers to, and by this reference incorporates, the allegations set forth in paragraphs 15 and 16, as though set forth fully.

FOURTH CAUSE FOR DISCIPLINE

(Administer/Furnish Controlled Substance to Self)

19. Respondent is subject to disciplinary action under section 11170 of the Health and Safety Code in that he prescribed, administered or furnished a controlled substance to himself. Complainant refers to, and by this reference incorporates, the allegations set forth in paragraphs 15 and 16, as though set forth fully.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

- 1. Revoking or suspending Pharmacist License Number RPH 54284, issued to Serj Soukaz Markarian;
- 2. Ordering Serj Soukaz Markarian to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
- 3. Taking such other and further action as deemed necessary and proper.

DATED: 6/6/11

Virginia K. Herold

VIRGINIA K. HEROLD
Executive Officer
California State Board of Pharmacy
State of California
Complainant

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BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

Business Entity - Filing Acknowledgement

04/06/2020

Work Order Item Number: W2020040601195 - 509159
Filing Number: 20200591384
Filing Type: Articles of Organization
Filing Date/Time: 04/06/2020 14:43:48 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E5913852020-9

Entity Name: Plus One Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
ANDERSON REGISTERED AGENTS
3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
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2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

Business Entity - Filing Acknowledgement

04/06/2020

Work Order Item Number: W2020040601195 - 509160
Filing Number: 20200591386
Filing Type: Initial List
Filing Date/Time: 04/06/2020 14:43:48 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E5913852020-9

Entity Name: Plus One Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

ANDERSON REGISTERED AGENTS

3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

BARBARA K. CEGAVSKE
Secretary of State



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

**Formation -
 Limited-Liability Company**
 Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)	
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company <input type="checkbox"/> Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company <input type="checkbox"/>
10. Records Office: (Foreign Limited-Liability Companies)	Address _____ City _____ State _____ Zip code _____ Country _____
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address _____ City _____ State _____ Zip code _____ Country _____
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 -Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Amanda Phillips _____ </div> Name _____ Country _____ <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> _____ </div> Address _____ City _____ State _____ Zip/Postal Code _____ X <u>Amanda Phillips</u> _____ (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
 (attach additional page(s) if necessary)



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Plus One Pharmacy, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
 - This corporation is publicly traded the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E5913852020-9
Secretary of State State Of Nevada	Filing Number 20200591386
	Filed On 04/06/2020 14:43:48 PM
	Number of Pages 2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee

- 001 - Governmental Entity
- 006 - NRS 680B 020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the "Charitable Solicitation Registration Statement" is required
- The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>MANAGER</u> :			
Anisha Patel		USA	
Name		Country	
3225 McLeod Drive, Suite 100	Las Vegas	NV	89121
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Amanda Phillips

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED

Organizer	04/06/2020
<small>Title</small>	<small>Date</small>

SECRETARY OF STATE

**DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER**

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Plus One Pharmacy, LLC** did, on 04/06/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/06/2020.

Barbara K. Cegavske

Certificate Number: B20200406712233

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Plus One Pharmacy, LLC

Nevada Business Identification # NV20201755142

Expiration Date: 04/30/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/06/2020.

Barbara K. Cegavske

Certificate Number: B20200406712234

You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State