



Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: July 24, 2019

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a teleconference meeting on July 30, 2019 at 11:00 a.m. at the following locations:

Nevada State Board of Pharmacy Offices

985 Damonte Ranch Parkway, Suite 206

Reno, Nevada

and

1050 E Flamingo Road, Suite E217

Las Vegas, Nevada

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.

1. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◆ REGULAR AGENDA ◆

2. Application for Pharmaceutical Technician in Training - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Kolong P. Ongor
3. Appearance of Vetsource and Andrew Bane on application pursuant to NRS 639.500 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the named individuals. **(FOR POSSIBLE ACTION)**
4. Appearance of Medical Purchasing Solutions, LLC and Denis McNicholl on application pursuant to NRS 639.500. Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the named individuals. **(FOR POSSIBLE ACTION)**
5. Appearance of JAMSRX-DEERFIELD and Peter Bizzarro on application pursuant to NRS 639.500. Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the named individuals. **(FOR POSSIBLE ACTION)**
6. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

This notice has been posted at the following locations and is available for viewing at www.notice.nv.gov and bop.nv.gov.

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas
Mineral County Courthouse – Hawthorne

Agenda Item 2

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

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

Complete Name (no abbreviations):

First: Kulong Middle: P. Last: Ongor

Home Address: W. Charleston Blvd. Apt#: 6

City: Las Vegas State: NV Zip Code: 89146

Telephone: _____ Social Security Number: _____

Date of Birth: 2 Place of Birth: Koror, Palau Sex: M or F

E-mail Address: _____

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

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: ~~02598~~ 02598

Address: 7085 S. Rainbow Blvd

City: Las Vegas State: NV Zip Code: 89139

Signature of Managing Pharmacist: M. B. [Signature] Lic #: 17653 Date: 4/29/19

(Without the signature of the managing pharmacist, the application will be returned.)

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

	Yes	No
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"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

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

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

Original Signature, no copies or stamps accepted: [Signature] Date: 4-23-2019 ←

Board Use Only Date Processed: _____ Amount: 40.00

PT17296

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Kolong Middle: P. Last: Ongor
Home Address: W. Charleston Blvd. Apt #: 6
City: Las Vegas State: NV Zip Code: 89146
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Koror, Palau Sex: M or F
E-mail Address: _____

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

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 3915
Address: 6401 W. Charleston Blvd.
City: Las Vegas State: NV Zip Code: 89146
Signature of Managing Pharmacist: _____ Lic #: 18352 Date: 8/16/15

(Without the signature of the managing pharmacist, the application will be returned.)

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

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 3. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Board Administrative Action:	State: <u>Nevada</u>	Case #: <u>C0493901A</u>
		<u>misdemeanor Domestic Violence.</u>

Criminal Action:	State: <u>NEVADA</u>	Court: <u>Stewart/Mojave</u>
	<u>7/24 2001</u>	

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

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

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

Original Signature, No copies or stamps accepted: Kolong P. Ongor Date: August 16, 2015 ←

Board Use Only Date Processed: 9/3/15 Amount: \$40.00

NRS 639.500

NRS 639.500 Submission of fingerprints and information concerning certain persons associated with wholesaler; issuance of provisional license; prohibitions.

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

(a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.

(b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

(Added to NRS by 2005, 1608; A 2007, 1472)

Agenda Item 3

WH01459

NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be typed or printed legibly

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 Wholesaler Ownership Change Name Change
(Please provide current license number if making changes: WH)

FACILITY INFORMATION

Facility Name: Strategic Pharmaceutical Solutions, Inc. d/b/a VetSource

Physical Address: 17044 NE Sandy Blvd. Portland, OR 97230

Mailing Address: 17044 NE Sandy Blvd.

City: Portland State: OR Zip Code: 97230

Telephone Number: 503-802-7400 Fax Number: 1-877-330-6337

E-mail: twest@spsmeds.com

Facility Manager: Thomas Earle West III

Professional qualifications and experience of facility manager: (see attached resume)

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other Veterinarians

Type of Products to be handled or wholesaled by firm

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA certificate)
 Other Prepackaged/Repackaged medications & Ophthalmics

Board Use Only
Received OCT 08 2007 Check Number 775 Amount 500.00

FP in file

WH01459

OWNERSHIP IS A CORPORATION

State of Incorporation: Oregon

Parent Company if any: N/A

Corporation Name: Strategic Pharmaceutical Solutions, Inc. d/b/a VetSource

Mailing Address: 17044 NE Sandy Blvd.

City, State and Zip: Portland, OR 97230

Telephone Number: 503-802-7400 Fax Number: 1-877-330-6337

License Contact Person: Thomas Earle West III

Professional Compliance Contact Person: Thomas Earle West III

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>David Charles Laurance/ President</u>	<u>Thomas Alan Friar/ Executive Vice President-Secretary</u>
<u>Thomas Earle West III/VP of Operations</u>	<u>Kurt Douglas Green/ VP Chief Information Officer</u>

Ownership Information – Complete Section 1 or 2
DO NOT USE N/A IN THIS SECTION. SECTION 1 or 2 MUST BE COMPLETED.

Section 1: List the corporations four largest shareholders:

(Name, professional degree, occupation, address, city, state, zip and percentage of ownership)

<u>Name</u>	<u>Percentage</u>
a) <u>David Charles Laurance, President</u> <u>17044 NE Sandy Blvd. Portland, OR 97230</u>	<u>51%</u> —
b) <u>Thomas Alan Friar, Certified Public Accountant, Executive VP - Secretary</u> <u>17044 NE Sandy Blvd. Portland, OR 97230</u>	<u>21%</u>
c) _____	
d) _____	

Section 2: If any corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the Securities and Exchange Commission, the registration number issued, and the exchange at which the stock is being traded.

Date of Incorporation: N/A

Registration Number Issued: N/A

Stock Exchange: N/A

If the publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes No If yes, list the persons, their address and their business names.

a) See attached officer list

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

d)

Name	Address
Business	

Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were administered, prescribed, dispensed or distributed? Yes No If yes, list the persons, their address and their business names.

a) See attached resumes

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) any interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any 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 wholesaler may be grounds for the revocation of this permit.

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



Signature of corporation officer



Date

David Charles Laurance/ President

Print or Type name and title

Agenda Item 4

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

WH01874

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

GENERAL INFORMATION

Facility Name: Medical Purchasing Solutions, LLC

Physical Address: 15021 N. 74th Street, #300 Scottsdale, AZ 85260

Mailing Address: 15021 N. 74th Street, #300

City: Scottsdale State: AZ Zip Code: 85260

Telephone: 602-476-1595 Fax: 800-351-0834

Toll Free Number: 888-894-2487

E-mail: service@medicalpurchasingsolutions.com Website: www.medicalpurchasingsolutions.com

Facility Manager: John Discerni

Professional qualifications and experience of facility manager: I am a pharmacist, with over 20 years
of experience in owning, running and managing wholesale drug distribution businesses.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

PP's

61474

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes No
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes No
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	Hospira Pharmaceuticals	75 Remittance Drive, #6136 Chicago, IL 60675
	Name	Address
	Business	
2)	JHP Pharmaceuticals	1 Upper Pond Road Bldg D Parsippany, NY 07054
	Name	Address
	Business	
3)	Akorn Pharmaceuticals	150 S. Wycles Road, Decatur, IL 62522
	Name	Address
	Business	
4)	AmerisourceBergen	1825 S. 43rd Ave, Suite B Phoenix, AZ 85009
	Name	Address
	Business	

Within the last five (5) years:

- Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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
- Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No
- Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 wholesaler may be grounds for the revocation of this permit.

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

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

John Discerni, Member

10 / 3 / 2012

Print Name of Authorized Person

Date

Board Use Only	Received: <u>OCT 17 2012</u>	Amount: <u>500.00</u>
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Agenda Item 5

New Application

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

Application type selection box with checkboxes for New Wholesaler, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Jams Wholesale Distribution Services LLC, DBA. JAMSRX-DEERFIELD

Physical Address: 1371 West Newport Center Drive Suite 103

City: Deerfield Beach State: Florida Zip Code: 33442

Telephone Number: 888-570-5267 Fax Number: 866-542-8544

Toll Free Number:

E-mail: pete@petebizzarro.com Website: www.jamsrx.com

Facility Manager: Peter Bizzarro

Professional qualifications and experience of facility manager: Designated Rep at other location since 2010. Oversees daily functions at location and fully understands all distributor rules and regulations

Types of licensed outlets or authorized persons firm will serve:

Checkboxes for Pharmacies, Practitioners, Hospitals, Wholesalers, and Other.

Type of Products to be handled or wholesaled by firm:

Checkboxes for Legend Pharmaceuticals, Supplies or Devices, Poisons or Chemicals, Controlled Substances, Other, Hypodermic Devices, and Veterinary Legend Drugs.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes No

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes No

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

we have not sold, dispensed or distributed in the past year.
Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

Amy Brzambo
Print Name of Authorized Person

5/28/2019
Date

Board Use Only	Date Processed: _____	Amount: _____
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