## A

### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509

### APPLICATION FOR OUT-OF-STATE 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

☑New Pharmacy or ☐Ownership Change (Provide of Check box below for type of ownership and complete all	current license number if making changes: PH
☐ Publicly Traded Corporation – Pages 1,2,3,7	□ Partnership - Pages 1 2 5 7
	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by al	ll types of ownership
Pharmacy Name: Advanced Pharmacy Solutions	
Physical Address: 26611 Cabot Road, Suite B, Lag	guna Hills CA 92653
Mailing Address: 26611 Cabot Road, Suite B	
City:Laguna Hills State:	CA Zip Code: 92653
Telephone: 949-348-7900 Fax: 9	949-348-7920
Toll Free Number: 800 - 464 - 7736 (Re	equired per NAC 639.708)
E-mail: slee@aps-rx.net We	ebsite: https://www.aps-rx.net
Managing Pharmacist:	License Number:
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	☑ ☐ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	☐ ☑ Parenteral **
□ ☑ Internet	☐ ☑ Parenteral (outpatient)
☐ ☑ Nuclear	☑ □ Outpatient/Discharge
□ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service
☐ Community	☑ □ Long Term Care
☑ □ Other: <u>Specialty</u>	☐ ☑ Sterile Compounding **
	□ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	☐ ☐ Other Services:

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



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Manage (Provide conclusions) Check box below for type of ownership and complete all	required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☑Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	
Pharmacy Name: A viva Care F	Pharmacy
Physical Address: 2053 North Univer	sity Drive Sunrise FL 33322
Mailing Address: 2053 North University	
City: State:	
Telephone: 954 451 - 5578 Fax: 95	
Toll Free Number: 844-236-5644 (Re	quired per NAC 639.708)
E-mail: <u>aviva care pharmay @ gmail</u> com Web	
Managing Pharmacist: Vilna Roberts	License Number: PS 57438
Managing Pharmacist: Vilna RobertS  TYPE OF PHARMACY AND	
	SERVICES PROVIDED
TYPE OF PHARMACY AND	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No  ☐ Retail	SERVICES PROVIDED  Yes/No  ☐  ☐ Off-site Cognitive Services
Yes/No  Retail  Hospital (# beds)	Yes/No  ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral **
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☑ Hospital (# beds) ☐ ☒ Internet	Yes/No  ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ** ☐ ※ Parenteral (outpatient)
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ M Hospital (# beds) ☐ M Internet ☐ M Nuclear	Yes/No  ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ** ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge
Yes/No Yes/No Retail Hospital (# beds) Internet Note the content of the cont	Yes/No  ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ** ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge Mail Service
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ M Hospital (# beds) ☐ M Internet ☐ M Nuclear ☐ M Ambulatory Surgery Center ☐ M Community	Yes/No  ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ** ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge ※ Mail Service ☐ ※ Long Term Care
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ M Hospital (# beds) ☐ M Internet ☐ M Nuclear ☐ M Ambulatory Surgery Center ☐ M Community	Yes/No  ☐ X Off-site Cognitive Services ☐ X Parenteral ** ☐ X Parenteral (outpatient) ☐ X Outpatient/Discharge X Mail Service ☐ X Long Term Care ☐ X Sterile Compounding **
Yes/No   Retail   Retail   Hospital (# beds)     Internet   Nuclear   Ambulatory Surgery Center   Community   Other:	Yes/No  ☐ ※ Off-site Cognitive Services ☐ ※ Parenteral ** ☐ ※ Parenteral (outpatient) ☐ ※ Outpatient/Discharge ※ Mail Service ☐ ※ Long Term Care ☐ ※ Sterile Compounding ** ☐ ※ Non Sterile Compounding

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

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☐ Publicly Traded Corporation – Pages 1,2, ☑ Non Publicly Traded Corporation – Pages	3,7 <u>[</u> 1,2,4,7 <u>[</u>	7 Partnership  - Pages 1,2,5,7 7 Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be compl		
Pharmacy Name: CareMetx Health, LLC	= ,1	
Physical Address: 704 Quince Orchard Rd., S	uite 150, Gaithersb	rg, MD 20878
Mailing Address: Same as above		
City:	State:	Zip Code:
Telephone: <u>877-885-1101</u>	Fax: <u>877-885-1</u>	103
Toll Free Number: 877-885-1101	(Requi	ed per NAC 639.708)
E-mail:_spmanagement@caremetx.com	Website	www.caremetx.com
Managing Pharmacist: Darvin Joy	a	License Number: Maryland #21717
TYPE OF PHARMACY	AND S	ERVICES PROVIDED
Yes/No	<b>\</b>	es/No
☑ □ Retail	[	☑ Off-site Cognitive Services
☐ ☒ Hospital (# beds	) [	☑ Parenteral **
□ ☑ Internet		■ Parenteral (outpatient)
□ ᡌ Nuclear		□ Outpatient/Discharge
☐ ☑ Ambulatory Surgery 0	Center D	│ □ Mail Service
☐ ☑ Community	Г	I ⊠ Long Term Care
□ 図 Other:		☑ Sterile Compounding **
4	[	■ Non Sterile Compounding
All boxes must be checked	Ε	I ☑ Mail Service Sterile Compounding **
For the application to be com	olete [	☑ Other Services:

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Check box below for t	type of ownership and compl	ete all requir	icense number if making changes: <b>PH</b> red forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7			
☐ Non Publicly Traded Corporation – Pages 1,2,4,7			
GENERAL INFORM	MATION to be completed	by all type	s of ownership
Pharmacy Name: _	CHESTERFIELD PHARMA	ACY	
	102 N. SHILOH STE 305,	GARLAND	TX 75042
Mailing Address: 1	02 N. SHILOH STE 305		
City: GARLAND	Stat	e: TX	Zip Code: 75042
Telephone: (972) 2	?72-0840 Fax:	(214) 594	-9669
Toll Free Number:	(888) 776-5192	_ (Required	d per NAC 639.708)
	ELDPHARMACY@GM/		
Managing Pharmaci	ist: COURTNEY HICKS S	STEGMAN	License Number: 44428
TYPE	OF PHARMACY AND	<u>SE</u>	RVICES PROVIDED
Yes/No	) · · · · ·	Yes	s/No _
	Retail	, e	☑ Off-site Cognitive Services
	Hospital (# beds)		☑ Parenteral **
	Internet		☑ Parenteral (outpatient)
	Nuclear		☑ Outpatient/Discharge
	Ambulatory Surgery Center	(*)	Mail Service
	Community		☑ Long Term Care
	Other:		☑ Sterile Compounding **
			Mon Sterile Compounding
All box	es must be checked		Mail Service Sterile Compounding **
For the	application to be complete		☑ Other Services:
<			

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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 Check box below for type of ownership and complete ☐ Publicly Traded Corporation — Pages 1,2,3,7 ⑤Non Publicly Traded Corporation — Pages 1,2,4,7	all required forms	
GENERAL INFORMATION to be completed by	all types of ownership	
Pharmacy Name: Comprehensive Can	Pharmacy	
Physical Address: 910 Morth Charles	es & Seivers Blyd	
Mailing Address: 910 Month Charles		
City: Clinton State:	TN Zip Code: 37716	
Telephone: 865-264-4899 Fax: 5		
	<del></del>	
Toll Free Number: 833-256-9227 (1	Required per NAC 639 708)	
Toll Free Number: 833-256-9227 (I		
E-mail: comprehensive care pharmacy @mail W	ebsite: waw. camprehensive carephar	ma
E-mail: comprehensive care pharmacy & mail		mod
E-mail: comprehensive care pharmacy @mail W	ebsite: waw. camprehensive carephar	mod
E-mail: <u>Comprehensive care pharmacy</u> W Managing Pharmacist: <u>Chris Helms</u>	ebsite: Waw. Camprehensive care phar License Number: 8806	mad
E-mail: Comprehensive care pharmacy Email Wanaging Pharmacist: Chris Helms  TYPE OF PHARMACY AND	ebsite: Waw. Camprehensive care phar License Number: 8806 SERVICES PROVIDED	mad
E-mail: <u>Comprehensive care phormacy</u> Wanaging Pharmacist: <u>Chris Helms</u> TYPE OF PHARMACY AND  Yes/No	License Number: 8806  SERVICES PROVIDED  Yes/No	mac
E-mail: Comprehensive care pharmacy Email Wanaging Pharmacist: Chris Helms  TYPE OF PHARMACY AND  Yes/No	License Number:	mad
E-mail: <u>Comprehensive care phormacy</u> Wanaging Pharmacist: <u>Chris Helms</u> TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)	License Number: 8806  SERVICES PROVIDED  Yes/No  Parenteral **	mod
E-mail: <u>Comprehensive care phormacy Email</u> Wanaging Pharmacist: <u>Chris Helms</u> TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet	License Number:	mod
E-mail: <u>Comprehensive care promoted and Managing Pharmacist: Chris Helms</u> TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet  Nuclear	License Number: 8806  SERVICES PROVIDED  Yes/No  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge	Mod
E-mail: <u>Comprehensive care phormacy and grading Pharmacist</u> : <u>Chris Helms</u> TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet  Muclear  Ambulatory Surgery Center	License Number:	mod
E-mail: Comprehensive care promoted and Wanaging Pharmacist: Chris Helms  TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet  Nuclear  Ambulatory Surgery Center  Community	License Number:	Mod
E-mail: Comprehensive care promoted and Wanaging Pharmacist: Chris Helms  TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet  Nuclear  Ambulatory Surgery Center  Community	License Number:	mad

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☐ Publicly Traded Corporation – Pages 1,2,3 ☑ Non Publicly Traded Corporation – Pages	
GENERAL INFORMATION to be complete	
Pharmacy Name: Concentrix CVG	
Physical Address: 3760 N. Commerce Drive, Su	te 160
Mailing Address: same as above	
City: Tucson	State: Arizona Zip Code: 85705
Telephone: 520-407-7421	Fax: <u>520-407-7335</u>
Toll Free Number: 800-925-4733	(Required per NAC 639.708)
E-mail:_john.belobraydic@walgreens.com	Website:
Managing Pharmacist: John Belobraydic	License Number: S008583 (AZ)
TYPE OF PHARMACY	ND SERVICES PROVIDED
Yes/No	Yes/No
□ Ď Retail	□ 凶 Off-site Cognitive Services
□ 🖾 Hospital (# beds)	□ ⊠ Parenteral **
□ 🖄 Internet	□ 凶 Parenteral (outpatient)
□ 🗵 Nuclear	□ 箇 Outpatient/Discharge
☐ ☒ Ambulatory Surgery Ce	enter □ ঐ Mail Service
□ 🖾 Community	□ ௴ Long Term Care
図 口 Other: Non Dispensing C	all Center □ 🛛 Sterile Compounding **
	□
All boxes must be checked	□ 🖾 Mail Service Sterile Compounding **
For the application to be comp	ete   Ö Other Services: Non Dispensing Call Center

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

# G

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Check box below for type of ownership and c Publicly Traded Corporation – Pages 1,2,3 Non Publicly Traded Corporation – Pages	omplete all requir	ed forms. Partnership - Pages 1 2 5 7
GENERAL INFORMATION to be comple	eted by all type:	s of ownership
Pharmacy Name: Fresenius Medical Care 1	North America	
Physical Address: 101 Waukegan Road, Su	ite 100	
Mailing Address: c/o RA Licensing, 920 Wi	nter Street, Walth	am, MA 02451
City: Lake Bluff	State: IL	Zip Code: 600044
Telephone: 847-473-0855	Fax: 781-466-06	82
Toll Free Number: <u>866-577-8632</u>	(Required	I per NAC 639.708)
E-mail: Frank.Petrillo@fmc-na.com	Website:	www.fmcna.com
Managing Pharmacist: Seth D. Feldman		License Number: IL Lic. #051.034337
TYPE OF PHARMACY	AND SE	RVICES PROVIDED
Yes/No		s/No
□ ⊠ Retail		☑ Off-site Cognitive Services
□ 🖾 Hospital (# beds)		□ Parenteral **
□ 図 Internet		☑ Parenteral (outpatient)
□ ⊠ Nuclear		☑ Outpatient/Discharge
☐ ☒ Ambulatory Surgery Co	enter 🔯	☑ Mail Service
☐      Community		□ Long Term Care
☐ Other: Attachment #6		Sterile Compounding **
		☑ Non Sterile Compounding
All boxes must be checked		
For the application to be comp	lete 🖾	☐ Other Services: <u>Attachment #6</u>

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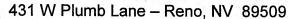
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	cy or <b>☐Ownership Chang</b> ov for type of ownership and			icense number if making changes: PH red forms.
☐ Publicly Trad	ed Corporation - Pages 1,2,	3,7		Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
GENERAL INF	ORMATION to be comp	eted by	all types	s of ownership
Pharmacy Nan	ne: Lakeside Pharmacy		15 Y 2 1	
Physical Addre	ss: 6280 Highway 129, Mo	nterey LA	71354	
Mailing Addres	s: 6280 Highway 129, Monte	erey LA 71	354	
City: Monterey		State:	LA	Zip Code:71354
Telephone: 3	18-386-2344	Fax: <u>31</u>	8-386-23	66
Toll Free Numl	per: <u>833-30 -859</u>	14 (F	Required	d per NAC 639.708)
E-mail: cedwar	dmaier@yahoo.com	W	ebsite:	
Managing Pha	rmacist: Charles Maier			License Number: _15447
Ţ	YPE OF PHARMACY	DIA	SE	RVICES PROVIDED
	-01-		1170	
g Y	es/No		Yes	s/No
	es/No ∄		Yes	S/No  Ø Off-site Cognitive Services
Ū		١		Off-site Cognitive Services
Ç	☑ Retail	٦		Off-site Cognitive Services
Ç	☑ Retail ☑ Internet	ن	0	<ul> <li>✓ Off-site Cognitive Services</li> <li>✓ Parenteral **</li> </ul>
G G	☐ Retail ☐ ☑ Hospital (# beds ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery ©			<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral **</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> </ul>
G G	☐ Retail ☐ ☑ Hospital (# beds ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery ©			<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral **</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> </ul>
	☐ Retail ☐ ☑ Hospital (# beds ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery ©			<ul> <li>☑ Off-site Cognitive Services</li> <li>☑ Parenteral **</li> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> <li>☑ Mail Service</li> </ul>
	☐ Retail ☐ ☑ Hospital (# beds ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery ©			☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ** ☐ Non Sterile Compounding
	☐ Retail ☐ ☑ Hospital (# beds ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery ©			☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding **
G G G	Z ☐ Retail Z Hospital (# beds I ☑ Internet Z Nuclear Z Ambulatory Surgery C Z Community Z Other:	Center		☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ** ☐ Non Sterile Compounding

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□New Pharmacy or <b>Ownership Chang</b> e (Provide current license number if making changes: PH01418		
Check box below for type of ownership and complete all required forms.		
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7		
Non Fubility Traded Corporation — Pages 1,2,4,7		
GENERAL INFORMATION to be completed by all types of ownership		
Pharmacy Name: Lincare Pharmacy Services, Inc. dba Med 4 Home		
Physical Address: 10800 N. Congress Avenue		
Mailing Address: 10800 N. Congress Avenue		
City: Kansas City State: MO Zip Code: 64153		
Telephone: 816-801-7505 Fax: 816-895-6862		
Toll Free Number: 800-804-2084 (Required per NAC 639.708)		
E-mail:_eweight@secure.med4home.com		
Managing Pharmacist: Evan Weight License Number: 2012025448		
TYPE OF PHARMACY AND SERVICES PROVIDED		
Yes/No Yes/No		
Retail   Off-site Cognitive Services		
☐ M Hospital (# beds) ☐ M Parenteral **		
☐ ☑ Internet ☐ ☑ Parenteral (outpatient)		
□ ☑ Nuclear □ ☑ Outpatient/Discharge		
☐ Mail Service		
□ Community □ Long Term Care		
Other:   Sterile Compounding **	-	
□ Mon Sterile Compounding		
All boxes must be checked    Mail Service Sterile Compounding **		
For the application to be complete   Other Services:		

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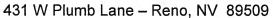
\$500.00 Fee made payable to: Nevada State Board of Pharmacy

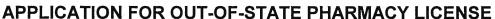
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☑New Pharmacy o Check box below for	or <b>☐Ownership Chang</b> e (Provident of the complete of the compl	current license number if making change	es: <b>PH</b>
│ <i>□</i> Publicly Traded C	Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7	
	MATION to be completed by		
Pharmacy Name:			
Physical Address:	nysical Address: 1901 Campus Place STE 100 Louisville, KY 40299		
Mailing Address: _	same as above		
City:	State:	Zip Code:	
	<sup>47-5556</sup> Fax:		
	800-947-5556		
		ebsite: www.pharmerica.com	
Managing Pharma	Cist:		008718
	· · · · · · · · · · · · · · · · · · ·	Licerise Number:	
	OF PHARMACY AND		
TYPE	OF PHARMACY AND		
TYPE Yes/N	OF PHARMACY AND	SERVICES PROVIDED	
Yes/N	OF PHARMACY AND No Retail Hospital (# beds)	SERVICES PROVIDED Yes/No	
TYPE Yes/N	EOF PHARMACY AND No Retail Hospital (# beds) Internet	SERVICES PROVIDED  Yes/No  □	
TYPE Yes/N	E OF PHARMACY AND No Retail Hospital (# beds) Internet Nuclear	SERVICES PROVIDED  Yes/No  □ ☑ Off-site Cognitive Service □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge	
Yes/N	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No  ☐ ☑ Off-site Cognitive Service ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service	
TYPE Yes/N	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	SERVICES PROVIDED  Yes/No  □	
TYPE Yes/N	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No  ☐ M Off-site Cognitive Service ☐ M Parenteral ** ☐ M Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding **	es
TYPE Yes/N	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:  Clinical Practice Non-dispensing pharmace	Yes/No  ☐ M Off-site Cognitive Service ☐ M Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ** ☐ Non Sterile Compounding	es
Yes/N	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:  Clinical Practice Non-dispensing pharmace  Xes must be checked	Yes/No  ☐ M Off-site Cognitive Service ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ** ☐ Non Sterile Compounding ☐ Mail Service Sterile Compounding	es g pounding **
Yes/N	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:  Clinical Practice Non-dispensing pharmace	Yes/No  ☐ M Off-site Cognitive Service ☐ M Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ** ☐ Non Sterile Compounding	es g pounding **

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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 <b>Downership Chang</b> e (Provide curticleck box below for type of ownership and complete all red Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	equired forms.  ☐ Partnership - Pages 1,2,5,7	
GENERAL INFORMATION to be completed by all t	ypes of ownership	
Pharmacy Name: PillPack LLC		
Physical Address: 250 Commercial St., Suite 2012		
Mailing Address: Same as physical.		
	Zip Code: 03101	
Telephone: 855-745-5725 Fax: 603-		
055 745 5705	uired per NAC 639.708)	
•	ite: www.Pillpack.com	
Managing Pharmacist: Nicholas Guletsky	License Number: R2431(NH)	
TYPE OF PHARMACY AND	SERVICES PROVIDED	
Yes/No	Yes/No	
☑ □ Retail	☐ ■ Off-site Cognitive Services	
□ ■ Hospital (# beds)	□ ■ Parenteral **	
□ <b>■</b> Internet	□ ■ Parenteral (outpatient)	
□ <b>■</b> Nuclear	□ ■ Outpatient/Discharge	
□ □ Ambulatory Surgery Center	☑ □ Mail Service	
☐ <b>☐</b> Community	□ 🗎 Long Term Care	
Other: 30 day home delivery with	☐ ■ Sterile Compounding **	
patient-specific multi-dose packaging.	□ ■ Non Sterile Compounding	
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **	
For the application to be complete	☐ ■ Other Services:	

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<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

### L

### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509

### **APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

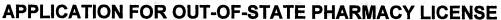
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Mew Pharmacy or <b>Dwnership Chang</b> e (Provide cu Check box below for type of ownership and complete all	required forms
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Ø Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: PINELAND PHARMACY	
Physical Address: 502 BUSINESS PARKWAY	
Mailing Address: 502 BUSINESS PARKWAY	
	Zip Code: 75081
Telephone: (214) 579-9967 Fax: (409)	420-3101
Toll Free Number: (800) 991-3059 (Red	quired per NAC 639.708)
E-mail: PINELANDPHARMACY@GMAIL.COM Web	site: NONE
Managing Pharmacist: STEWART HOUSTON BYE	RS License Number: 29768
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No /
☑ Retail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	□ ☑ Parenteral **
□ ☑ Internet	☐ ☑ Parenteral (outpatient)
□ ᡚ Nuclear	□ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service
☑ □ Community	□ ☑ Løng Term Care
□	☐ ☑ Sterile Compounding **
A	□ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding **
For the application to be complete	☐ ☑ Other Services:

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

431 W Plumb Lane - Reno, NV 89509



\$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 <b>Government Change</b> (Provide current license number if making changes: <b>PH</b> Check box below for type of ownership and complete all required forms.			
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name:	WeCare Specialty Pharmacy,	nc. dba Pre	veon Specialty Pharmacy
Physical Address:	7223 Church Street, Suite A-	19, Highland	, CA 92346
Mailing Address:	2121 N D Street		
City: San Bernardi		e: California	Zip Code: 92405
Telephone: (909) 2	266-0016 Fax:		
Toll Free Number:	(877) 843-5181	_ (Require	d per NAC 639.708)
E-mail: wecarespecialty@gmail.com Website: www.preveon.com			
Managing Pharma	cist: Jefmar Dickey	·	License Number: 65988
	cist: Jefmar Dickey  E OF PHARMACY AND	SE	License Number: 65988  RVICES PROVIDED
	E OF PHARMACY AND		
TYPE Yes/N	E OF PHARMACY AND		RVICES PROVIDED
TYPE Yes/N 図 [	E OF PHARMACY AND	Ye	RVICES PROVIDED s/No  Off-site Cognitive Services
TYPE Yes/N □ □	E OF PHARMACY AND No Retail	Ye	RVICES PROVIDED  s/No  ☐ Off-site Cognitive Services ☐ Parenteral **
Yes/N	E OF PHARMACY AND No □ Retail □ Hospital (# beds)	Ye	RVICES PROVIDED  s/No  ☐ Off-site Cognitive Services ☐ Parenteral **
Yes/N	E OF PHARMACY AND No □ Retail □ Hospital (# beds) ☑ Internet	Ye:	RVICES PROVIDED  s/No  Grace Cognitive Services  Parenteral **  Parenteral (outpatient)
Yes/N	E OF PHARMACY AND No □ Retail □ Hospital (# beds) ☑ Internet ☑ Nuclear	Ye:	RVICES PROVIDED  s/No  ☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge
Yes/N	E OF PHARMACY AND No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Ye:	RVICES PROVIDED  s/No  ☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service
Yes/N	E OF PHARMACY AND No □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center □ Community	Ye:	RVICES PROVIDED  s/No  ☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care
Yes/N	E OF PHARMACY AND No □ Retail □ Hospital (# beds) □ Internet □ Nuclear □ Ambulatory Surgery Center □ Community	Ye:	RVICES PROVIDED  s/No  ☐ Off-site Cognitive Services ☐ Parenteral *** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding **
Yes/N  Ves/N  All bo	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	Ye:	RVICES PROVIDED  s/No  ☐ Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ** ☐ Non Sterile Compounding

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

### APPLICATION FOR OUT-OF-STATE 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

☑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.			
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7			
☐ Non Publicly Traded Corporation - Pages	5 1,2,4,7	☐ So	ole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be comp	eted by all ty	pes o	of ownership
Pharmacy Name: Professional Pharm	acy Resources		
Physical Address: 4854 Woodbine Rd Unit 5			
Mailing Address: 4854 Woodbine Rd	Unit 5		
City: Pace	State:	F	FL Zip Code:32571
Telephone: 850-463-0022	Fax:866	-685-7	-7608
Toll Free Number: <u>866-236-5040</u>	(Requ	ired p	per NAC 639.708)
E-mail: pharmacist@propharmrx.com	Websi	te:	propharmrx.com
Managing Pharmacist: Bryan Henderson	n		License Number: PS31350
TYPE OF PHARMACY	AND	SER\	RVICES PROVIDED
Yes/No		Yes/N	/No
□ ☑ Retail			☑ Off-site Cognitive Services
□ 🖾 Hospital (# beds	_)		☑ Parenteral **
☐ ☒ Internet			☑ Parenteral (outpatient)
□ 🖬 Nuclear			☑ Outpatient/Discharge
□	Center		
□ Community			☑ Long Term Care
☑ □ Other: Veterinary			
- ^			☐ Non Sterile Compounding
All boxes must be checked			
For the application to be com	plete		☐ Other Services:

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

### DH-SJ-1

### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509

### APPLICATION FOR OUT-OF-STATE 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

■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.  ☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7			
■ Non Publicly Traded Corporation — Pages 1,2,4,7 □ Sole Owner — Pages 1,2,6,7			
OFNEDAL INFODMATION (			
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name: St. Joseph's McA			
Physical Address: 500 West Thoma	nas Road, Suite 190, Phoenix, AZ 85013		
Mailing Address: 500 West Thoma	as Road, Suite 190, Attn Sophia Jensen		
City: Phoenix	State: AZZip Code: 85013		
Telephone: 602-406-3970	Fax: 602-406-7145		
Toll Free Number: 888-294-8348	(Required per NAC 639.708)		
E-mail: StJosephOutpatientPharmacy@DignityHealth.org	https://www.dignityhealth.org/arizona/locations/ Website: stjosephs/services/pharmacy		
Managing Pharmacist: Sophia Jense	sen License Number: S017376		
TYPE OF PHARMACY	AND SERVICES PROVIDED		
Yes/No	Yes/No		
■ □ Retail	☐		
☐ ☐ Hospital (# beds	)   □ Parenteral **		
□ □ Internet	☐ ■ Parenteral (outpatient)		
□ □ Nuclear	■ □ Outpatient/Discharge		
□ □ Ambulatory Surgery 0	Center		
□ □ Community	■ □ Long Term Care		
□ □ Other:	☐ Sterile Compounding **		
	■ □ Non Sterile Compounding		
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **		
For the application to be com	mplete   Other Services:		

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



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

New Wholesaler or New York Change (Provide current license number if making changes: WH 01141 neck box below for type of ownership and complete all required forms for type of ownership that u have selected. If LLC use Non Public Corporation or Partnership  Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8		
ENERAL INFORMATION to be completed be all types of ownership		
acility Name: Amneal Pharmaceuticals LLC		
nysical Address: 118 Beaver Trail		
ty: Glasgow State: KY Zip Code: 42141		
elephone Number: <u>(866) 525-7873</u> Fax Number: <u>(866) 525-7874</u>		
oll Free Number: N/A		
E-mail: APL@slsny.com Website: www.amneal.com		
acility Manager: Anthony Wayne Hodges		
rofessional qualifications and experience of facility manager: Mr. Hodges is certified in various chnology protocols and maintains all internal controls for safety and efficiencies within the company.  This over 16 years of security and technical experience, and over 11 years of managerial experience.		
pes of licensed outlets or authorized persons firm will serve:		
Pharmacies   Practitioners   Hospitals   Wholesalers  Other:   Distribution sites with organization, manufacturers, distributors, and US Government		
pe of Products to be handled or wholesaled by firm:		
Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:		



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

	The second secon	
□ New Wholesaler or ☑ Ownership Chang Check <u>box</u> below for type of ownership and you have selected. If LLC use Non Public ( □ Publicly Traded Corporation – Pages 1,2 ☑ Non Publicly Traded Corporation – Page	l complete all requi Corporation or Par 2,3,4   □	ired forms for type of ownership that
GENERAL INFORMATION to be comp	oleted be all type	es of ownership
Facility Name: Amneal Pharmaceuticals	LLC	
Physical Address: 40 Aberdeen Drive		
City: Glasgow	_ State: KY	Zip Code: <u>42141</u>
Telephone Number: (866) 525-7270	Fax Nun	nber: <u>(866) 525-7271</u>
Toll Free Number: N/A		
E-mail: APL@slsny.com	_ Website:	www.amneal.com
Facility Manager: David Lee Groce		
Professional qualifications and experien Warehouse Manager experience since 199	ice of facility mar 4 (please see atta	nager:ched resume)
Types of licensed outlets or authorized (	persons firm will	serve:
<ul><li>☑ Pharmacies</li><li>☐ Practition</li><li>☐ Other: <u>Distribution sites with organizat</u></li></ul>		Hospitals Wholesalers
Type of Products to be handled or whole	esaled by firm:	
<ul><li>☑ Legend Pharmaceuticals, Supplies o</li><li>☐ Poisons or Chemicals</li><li>☐ Controlled Substances (include copy</li><li>☐ Other:</li></ul>		☐ Hypodermic Devices ☐ Veterinary Legend Drugs



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

New Wholesaler or □Ownership Change (Provide current license number if making changes: WHOONO Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Aprecia Pharmaceuticals, LLC
Physical Address: 10901 Kenwood Road
City: Blue Ash State: OH Zip Code: 45242
Telephone Number: (513) 864-4110 Fax Number: (845) 544-2481
Toll Free Number: N/A
E-mail: APA@slsny.com Website: www.aprecia.com
Facility Manager: Kyle E. Smith
Professional qualifications and experience of facility manager: MBA, BS Chemical and Biomolecular Engineering
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>

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### **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)

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New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: Arnold Dental Supply Company, Inc.			
Physical Address: _16531 13th Ave, Suite A102			
City: Lynnwood State: WA Zip Code: 98037			
Telephone Number: <u>(425) 712-8786</u> Fax Number: <u>(425) 712-8677</u>			
Toll Free Number: (800) 562-6645			
E-mail: leticia@arnold-dental.com Website: www.arnold-dental.com			
Facility Manager: Leticia Guerrero - Quality Assurance Manager			
Professional qualifications and experience of facility manager: Over 9 years of of operations experience in manufacturing/supply chain within a regulated part of health care/pharmaceutical industry.			
Types of licensed outlets or authorized persons firm will serve:			
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Licensed Dental Schools and Dental Labs			
Type of Products to be handled or wholesaled by firm:			
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>			

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### **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

☑ New Wholesaler ☐ Ownership Change		
, and the state of		
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ 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: Burke Thera Peutics, LLC		
Physical Address: 1205 Albert Pike, Ste B		
Mailing Address: 3633 Central Ave		
City: Hot Springs State: AR Zip Code: 71913		
Telephone: 501-620-4449 Fax: 501-321-2886		
Toll Free Number: N/A		
E-mail: tdugan@burkepharmaceutical.com/website: burketherapeutics.com		
Facility Manager: Tim Dugan		
Professional qualifications and experience of facility manager: See attached		
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:		
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>		
□ Other:		

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### **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

□New Wholesaler or ■Ownership Change (Provide current license number if making changes: WH 01564 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership − Pages 1,2,3,7 ■ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: DSC Logistics, LLC
Physical Address: 11599 Arrow Route
City: Rancho Cucamonga State: CA Zip Code: 91730
Telephone Number: (909) 390-4880 Fax Number: (909) 605-1027
Toll Free Number: N/A
E-mail: mark.diaz@dsclogistics.com Website: www.dsclogistics.com
Facility Manager: Mark Diaz
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: Nursing Homes, Acute Care Centers
Type of Products to be handled or wholesaled by firm:
<ul> <li>■ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>■ Other: OTC Medications</li> <li>□ Hypodermic Devices</li> <li>□ Veterinary Legend Drugs</li> </ul>



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

New Wholesaler or Ownership Change (Provide current license number if making changes: WH 02199
Check box below for type of ownership and complete all required forms for type of ownership that
you have selected. If LLC use Non Public Corporation or Partnership
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
■ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: DSC Logistics, LLC
Physical Address: 874 Thomas Parkway
City: Jefferson State: GA Zip Code: 30549
Telephone Number: (706) 708-3005 Fax Number: (706) 367-1074
Toll Free Number: N/A
E-mail: ryan.aberg@dsclogistics.com Website: www.dsclogistics.com
Facility Manager: Ryan Aberg
Professional qualifications and experience of facility manager: See attached resume.
Types of licensed outlets or authorized persons firm will serve:
<ul> <li>■ Pharmacies</li> <li>■ Practitioners</li> <li>■ Hospitals</li> <li>■ Wholesalers</li> <li>■ Other: Nursing Homes, Acute Care Centers</li> </ul>
Type of Products to be handled or wholesaled by firm:
<ul> <li>■ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>□ Hypodermic Devices</li> <li>□ Veterinary Legend Drugs</li> </ul>
Other: OTC medications.

## M

### **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

■New Wholesaler or □Ownership Change (Record Check box below for type of ownership and compound have selected. If LLC use Non Public Corp □ Publicly Traded Corporation — Pages 1,2,3,4 ■ Non Publicly Traded Corporation — Pages 1,3	Provide current license number if making changes: WH mplete all required forms for type of ownership that coration or Partnership	
GENERAL INFORMATION to be complete	ed be all types of ownership	
Facility Name: Eyevance Pharmaceuticals LLC		
Physical Address: 777 Taylor Street, Suite 1050	0	
City: Fort Worth St	tate: TX Zip Code: 76102	
Telephone Number: 817-677-6120	Fax Number: n/a	
Toll Free Number: _n/a		
E-mail: info@eyevance.com Website: www.eyevance.com		
Facility Manager: Jerry St. Peter		
Professional qualifications and experience of than 28 years of executive leadership in specialty phomarkets, reimbursement, financial management and	of facility manager: Chief Executive Officer with more narmaceutical strategic planning, marketing, sales, managed business development.	
Types of licensed outlets or authorized pers	sons firm will serve:	
☐ Pharmacies ☐ Practitioners ☐ Other:	☐ Hospitals ■ Wholesalers	
Type of Products to be handled or wholesale	ed by firm:	
<ul> <li>■ Legend Pharmaceuticals, Supplies or De</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of E</li> <li>□ Other:</li> </ul>	☐ Veterinary Legend Drugs	



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

□ New Wholesaler or ☑Ownership Change (Provide current license number if making changes: WH01966 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership − Pages 1,2,3,7 ☑ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: Humco Holding Group, Inc.			
Physical Address: 7400 Alumax Drive			
City:Texarkana State: _TX Zip Code: _75501			
Telephone Number: 903-334-6200 Fax Number: 903-334-6300			
Toll Free Number: 800-662-3435			
E-mail: licensing@humco.com Website: https://www.humco.com/			
Facility Manager: Ivan Gonzalez			
Professional qualifications and experience of facility manager: Please see attached resume.			
Types of licensed outlets or authorized persons firm will serve:			
☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:			
Type of Products to be handled or wholesaled by firm:			
<ul> <li>□ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Veterinary Legend Drugs</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>☑ Other:prescription drugs (human), precursor chemicals, API, and OTC drugs</li> </ul>			

# Y

### **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

New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: TAMS Wholesole Tistribution Services LLC
Physical Address: 4811 Lyous Technology Farkway Witts 03404
City: Coconst Creek State: FL Zip Code: 33073
Telephone Number: 888-595000 Fax Number: 800-546-8544
Toll Free Number:
E-mail: Peterpeteb252820.com Website: Www. jamsushdesale.com
Facility Manager: Peter Bizzaro
Professional qualifications and experience of facility manager: Designated Repart Location once 3010. Oversees day to day functions at location and fully understands all unblesale distributor rules a Types of licensed outlets or authorized persons firm will serve:  Regulations.
Pharmacies
Type of Products to be handled or wholesaled by firm:
Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

Z

### **NEVADA STATE BOARD OF PHARMACY**

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

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you have selected. If LLC use Non Public Corporation or Partnership
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: 100 Honecove UC
Physical Address: 407 New Sonford Rol
City: State: Zip Code: 37000
Telephone Number: 65 366 3230 Fax Number: 1 A
Toll Free Number:
E-mail: Constance onde-na www. www-nachonecgre. con
Facility Manager: 10mm Begster
Professional qualifications and experience of facility manager: See affeched
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled by firm:
Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

AA

### **NEVADA STATE BOARD OF PHARMACY**

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

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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GENERAL INFORMATION to be completed be all types of ownership					
acility Name: Shire Rare Disease U.S. Biotech, Inc.	_				
Physical Address: 300 Shire Way	_				
City: Lexington State: MA Zip Code: 02421	_				
elephone Number: 617-349-0200 Fax Number: 614-652-0282 674					
oll Free Number: N/A					
-mail: gmb-facility-licensing@cardinalhealth.com Website: www.baxalta.com	_				
acility Manager: John Morelli					
Professional qualifications and experience of facility manager:  SEE ATTACHED					
ypes of licensed outlets or authorized persons firm will serve:	_				
Pharmacies	_				
ype of Products to be handled or wholesaled by firm:					
Legend Pharmaceuticals, Supplies or Devices  Poisons or Chemicals  Controlled Substances (include copy of DEA)  Other:					



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New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ XNon Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: SPECTRA MEDICAL DEVICES, INC.				
Physical Address: 260 H FORDHAM RD.				
City: WILMINGTON State: MA Zip Code: 01887				
Telephone Number: 978-657-0889 Fax Number: 978-651-4166				
Toll Free Number:none				
E-mail: MPUOPOLO@SPECTRAMEDICAL.COM Website: WWW.SPECTRAMEDICAL.COM				
Facility Manager: ANTHONY C ARRIGO				
Professional qualifications and experience of facility manager: 46 YEARS IN THEMEDICAL DEVICE AND KIT COMPONENT BUSINESS				
Types of licensed outlets or authorized persons firm will serve:				
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:				
Type of Products to be handled or wholesaled by firm:				
<ul> <li>☐ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Veterinary Legend Drugs</li> <li>☐ Other:</li> </ul>				



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Application must be printed legibly or typed

☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that				
you have selected. If LLC use Non Public Corporation or Partnership				
<ul> <li>✓ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>✓ Partnership - Pages 1,2,3,7</li> <li>✓ Sole Owner – Pages 1,2,3,8</li> </ul>				
□ Non Fublicity Traded Corporation = Fages 1,2,3,5,6 □ Sole Owner = Pages 1,2,3,6				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: Jubilant DraxImage Radiopharmacies, Inc. dba Triad Isotopes				
Physical Address: 1835 Nonconnah Boulevard, Suite 153				
City: Memphis State: TN Zip Code: 38132				
Telephone Number: 901-345-3434 Fax Number: 901-345-2463				
Toll Free Number: 855-862-8371				
E-mail: STaylor@triadisotopes.com Website: www.triadisotopes.com				
Facility Manager: Steve Taylor				
Professional qualifications and experience of facility manager: See attached CV				
Types of licensed outlets or authorized persons firm will serve:				
☐ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers ☑ Other: Authorized users / Imaging centers				
Type of Products to be handled or wholesaled by firm:				
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>✓ Other: Radiopharmacueticals</li> <li>☐ Hypodermic Devices</li> <li>☐ Veterinary Legend Drugs</li> </ul>				



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Application must be printed legibly or typed

New Wholesaler or Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that
you have selected. If LLC use Non Public Corporation or Partnership
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7
Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: MDC Hongcare UC day WOLF Medical Supply
Physical Address: 13951 Whwest 9th 5t
City: State: Zip Code: 33325
Telephone Number: 415 344 3730 Fax Number: 0000
Toll Free Number: One
E-mail: Compliance Ende-inc Website: WWW:notchomecare.com
Facility Manager: Solomon
Professional qualifications and experience of facility manager: See Attached
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals Wholesalers ☐ Other:
Type of Products to be handled or wholesaled by firm:
Legend Pharmaceuticals, Supplies or Devices  Poisons or Chemicals  Controlled Substances (include copy of DEA)  Other:



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

### APPLICATION FOR OUT-OF-STATE MDEG 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

✓ New MDEG □ Ownership Change  (Please provide current license number if making changes: MP or MW)				
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.				
FACILITY INFORMATION				
Facility Name: Angelini Pharma Inc.				
Physical Address: 8322 Helgerman Court, Gaithersburg, MD 20877  (This must be a business address, we can not issue a license to a home address)				
Mailing Address: (Same)				
City: State: Zip Code:				
Telephone: <u>301-330-7597</u> Fax: <u>301-330-6432</u>				
E-mail: Vsena-weltin@angelini-us.com Website: www.angelini-us.com				
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING				
Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00				
Fri: 9:00 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to				
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis				
Name: _Valeria Sena-Weltin				
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)				
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Other: OTC devices, prescription ("federal legend") devices  **If providing these types of services you are required to haintended for chronic wound care, and disinfectants for care in the event of an emergency. Provide name and tele    Catheters, ports, and skin				



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

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Application must be printed legibly or typed

New MDEG
☐ Publicly Traded Corporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation ☐ Pages 1,2,3,5 ☐ Sole Owner ☐ Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.
FACILITY INFORMATION
Facility Name: Chown Medical Solutions, L.C.
Physical Address: 27 41 Lemon Gyove Avenue, Ste. 101 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 274 Lemon Grove Avenue, Ste. 101
City: Lemon Grove State: CA Zip Code: 91945
Telephone: <u>619-207-4004</u> Fax: <u>844-313-8267</u>
E-mail: Mto@crownmedicalSolutions.com Website:
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to3:00 Tue: 0 to3:00 Wed: 0 to3:00 Thu: 9 to3:00
Fri: 0 to 3'00 Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: _ Michele King
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Orthotics and Prosethics</li> </ul>
□ Diabetic Supplies  Other: Off the Shoff or tho the Shoff or the
Name: Telephone:
Page 1



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

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Application must be printed legibly or typed

(	☐ Ownership Change Please provide current license number if making changes: MP or MW)		
□ Publicly Traded C ☑ Non Publicly Trad Please cl	orporation □ Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 led Corporation □ Pages 1,2,3,5 □ Sole Owner □ Pages 1,2,3,7 neck box for type of ownership and complete correct part of the application.		
FACILITY INFORM	MATION		
Facility Name:	MAINLANDS MEDICAL, INC.		
Physical Address:	9371 US HWY 19 N SUITE D		
	(This must be a business address, we can not issue a license to a home address)		
Mailing Address: _	9371 US HWY 19 N SUITE D		
City: PINELLA	AS PARK State: FL Zip Code: 33782		
Telephone:	7274418300 Fax: 7274461928		
E-mail:info@ma	ainlandsmedical.com Website:		
DAYS AND HOUR	S THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: 9AM to 5PM	Tue: 9AM to5PM Wed: 9AM to 5PM Thu: 9AM to 5PM		
Fri: 9AM to 5PM	Sat: to Sun: to Holidays: to		
MDEG ADMINISTE	RATOR INFORMATION: Person in charge on a daily basis		
Name: Kristina	a Wexler		
TYPE OF MDEG P	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Respiratory Eq.	Assistive Equipment  uipment** □ Parenteral and Enteral Equipment** equipment** □ Orthotics and Prosethics Other: Off the shelf orthotics		
☐ Life-sustaining	equipment**  ☐ Parenteral and Enteral Equipment  ☐ Orthotics and Prosethics		
☐ Diabetic Supplie	Other: Off the shelf orthotics		
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.			
Name:	Telephone:		
	Page 1		



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

### APPLICATION FOR NEVADA PHARMACY LICENSE

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(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New Pharmacy or □Ownership Change (Provide curre Check box below for type of ownership and complete all r	ent license number if making changes: PH equired 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 11a8h			
Non Publicly Traded Corporation – Pages 1,2,4,10,11a	a&b			
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name: WC Surgery	Center LC			
Physical Address: 1050 S Rayh box	w Blvd			
City: Cos Vegas State:				
Telephone: (702) 2355778 Fax:				
Toll Free Number:E-ma	il:			
Website:				
Managing Pharmacist: Mavy Grear License Number: 10687				
Managing Pharmacist:	License Number: 1001+			
Managing Pharmacist: May Grew  TYPE OF PHARMACY AND				
TYPE OF PHARMACY AND	SERVICES PROVIDED			
TYPE OF PHARMACY AND  Yes/No  □ □ Retail	Yes/No			
TYPE OF PHARMACY AND  Yes/No  □ □ Retail	Yes/No □ □ Off-site Cognitive Services			
TYPE OF PHARMACY AND  Yes/No  □ □ Retail □ □ Hospital (# beds)	Yes/No ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral			
TYPE OF PHARMACY AND  Yes/No  □ □ Retail □ □ Hospital (# beds) □ □ Internet	Yes/No  Off-site Cognitive Services  Parenteral Parenteral (outpatient)			
Yes/No	Yes/No  Off-site Cognitive Services  Parenteral Parenteral (outpatient)  Outpatient/Discharge			
Yes/No	Yes/No  Off-site Cognitive Services  Parenteral  Parenteral (outpatient)  Outpatient/Discharge  Mail Service			
Yes/No	Yes/No  Doff-site Cognitive Services Dearenteral Dearenteral (outpatient)			
Yes/No	Yes/No  Off-site Cognitive Services  Parenteral  Outpatient/Discharge  Mail Service  Sterile Compounding			
Yes/No	Yes/No  Off-site Cognitive Services  Parenteral  Outpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding  Non Sterile Compounding			

### 11

### **NEVADA STATE BOARD OF PHARMACY**

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

### **APPLICATION FOR NEVADA PHARMACY LICENSE**

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MINEW Pharmacy or Flownership Change (Provide current I	
Check hav below for type of aumorphia and appendix all result	icense number if making changes: PH
Check <u>box</u> below for type of ownership and complete all requestion or Partnership.	ilred forms. **If LLC use Non Public
☐ Publicly Traded Corporation – Pages 1.2.3.10.11a&b	☐ Partnership - Pages 1 2 6 10 11a8h
▼ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	☐ Sole Owner – Pages 1,2,8,10,11a&b
<b>GENERAL INFORMATION to be completed by all typ</b>	es of ownership
Pharmacy Name: PREFERRED F	
Physical Address: 8352 W. WARM	SPRINGS SUITE 300
City: LAS VEGAS State: N	JV Zip Code: 89113
Telephone: 702 701 8943 Fax: 702	
Toll Free Number: N/A E-mail:_	SARIF, CHOROYAHOO. COM
Website: N/A	
Managing Pharmacist: LALBHAI PATE	L License Number: 16527
	ERVICES PROVIDED
	es/No
<b>5</b> 5 5 4 11	30/110
	M Off-site Cognitive Services
_	0.1 0.10 00g.mavo 00, v1000
□ D Hospital (# beds) □	⊠ Parenteral
□ 🗷 Hospital (# beds) □ □	ጃ Parenteral 図 Parenteral (outpatient)
□ ⊠ Hospital (# beds) □ □ □ Internet □ □ □ Nuclear	<ul><li>☒ Parenteral</li><li>☒ Parenteral (outpatient)</li><li>☐ Outpatient/Discharge</li></ul>
□ 🗷 Hospital (# beds) □ □	<ul><li>☒ Parenteral</li><li>☒ Parenteral (outpatient)</li><li>☐ Outpatient/Discharge</li></ul>
□ ⊠ Hospital (# beds) □ □ □ Internet □ □ □ Nuclear	<ul><li>☒ Parenteral</li><li>☒ Parenteral (outpatient)</li><li>☐ Outpatient/Discharge</li><li>☒ Mail Service</li></ul>
□ ☑ Hospital (# beds) □ □ ☑ Internet □ □ ☑ Nuclear ☑ □ ☑ Ambulatory Surgery Center □	<ul> <li>☒ Parenteral</li> <li>☒ Parenteral (outpatient)</li> <li>☐ Outpatient/Discharge</li> <li>☒ Mail Service</li> <li>☒ Long Term Care</li> </ul>
□ ☑ Hospital (# beds) □ □ ☑ Internet □ □ ☑ Nuclear □ □ ☑ Ambulatory Surgery Center □ □ ☑ Community □	<ul> <li>☒ Parenteral</li> <li>☒ Parenteral (outpatient)</li> <li>☐ Outpatient/Discharge</li> <li>☒ Mail Service</li> <li>☒ Long Term Care</li> <li>☒ Sterile Compounding</li> </ul>
□       □       Hospital (# beds)       □         □       ☑       Internet       □         □       ☑       Nuclear       □         □       ☑       Ambulatory Surgery Center       □         □       ☑       Community       □         □       □       Other:       □	<ul> <li>☑ Parenteral</li> <li>☑ Parenteral (outpatient)</li> <li>☐ Outpatient/Discharge</li> <li>☑ Mail Service</li> <li>☑ Long Term Care</li> <li>☑ Sterile Compounding</li> <li>☑ Non Sterile Compounding</li> </ul>
□ □ Hospital (# beds) □ □ Internet □ □ □ Nuclear □ □ □ Ambulatory Surgery Center □ □ □ Community □ □ Other: □ □ □ All boxes must be checked □ □	<ul> <li>☒ Parenteral</li> <li>☒ Parenteral (outpatient)</li> <li>☐ Outpatient/Discharge</li> <li>☒ Mail Service</li> <li>☒ Long Term Care</li> <li>☒ Sterile Compounding</li> <li>☒ Non Sterile Compounding</li> <li>☒ Mail Service Sterile Compounding</li> </ul>
☐ ☑ Hospital (# beds) ☐ ☐ Internet ☐ ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☐ ☐ ☑ Community ☐ ☐ Other: ☐ ☐ All boxes must be checked ☐	<ul> <li>☒ Parenteral</li> <li>☒ Parenteral (outpatient)</li> <li>☐ Outpatient/Discharge</li> <li>☒ Mail Service</li> <li>☒ Long Term Care</li> <li>☒ Sterile Compounding</li> <li>☒ Non Sterile Compounding</li> <li>☒ Mail Service Sterile Compounding</li> </ul>