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

**APPLICATION FOR ADVANCED PRACTITIONER OF NURSING • DISPENSE**

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

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

First: JOHN Middle: R Last: PHOENIX  
 Home Address: ALDSN AVE  
 City: LAS VEGAS State: NV Zip Code: 89121  
 Telephone: 702 979 1111 SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 E-mail address: JPHOENIX@HUNTRIDGEFCF.ORG  
 Board of Nursing APN Certificate #: APRN 001351 Pharmacy Board #: CS 199962

**PRACTICING LOCATION**

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

**SUPERVISING PHYSICIAN – Please Print**

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

		Yes	No		
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....					
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....		??	??		
2. Been the subject of an administrative action whether completed or pending in any state?.....		??	??		
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....		??	??		
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:					
Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

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

[Signature]  
 Original Signature of APN, no copies or stamps accepted

3/11/2022  
 Date

NA  
 Original Signature of Supervising Physician, no copies or stamps accepted

\_\_\_\_\_  
 Date

<input checked="" type="checkbox"/> Board Use Only	Received _____	Amount _____	Entity: _____
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## ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

**JOHN ROBERT PHOENIX**

Wednesday, March 11 2020 12:14:53 PM

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

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

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

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

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

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

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

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

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

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

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

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

Primary Source Board of Nursing Messages & Notifications

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

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

### Primary Source Board of Nursing Messages & Notifications

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

### Advanced Practice license/recognition information

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

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

### Advanced Practice license/recognition information

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

### License type information

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



# Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521  
PHONE (775) 850-1440 • FAX (775) 850-1444  
E-mail: [bkandt@pharmacy.nv.gov](mailto:bkandt@pharmacy.nv.gov) • Web Page: [bop.nv.gov](http://bop.nv.gov)

March 5, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: [jphoenixm@gmail.com](mailto:jphoenixm@gmail.com)

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

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

Dear Mr. Phoenix:

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

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

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

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

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

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt", is written over the typed name.

Brett Kandt  
General Counsel  
Nevada State Board of Pharmacy