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FabianVanCott

December 11, 2019

JEFFREY B. SETNESS

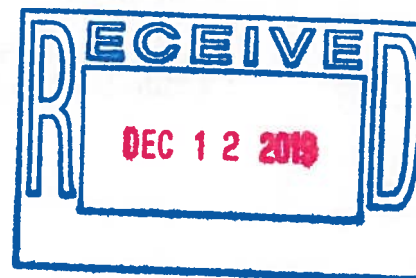
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Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

**Re: *Nevada State Board of Pharmacy v. Craig Weingrow, M.D.*
Case No. 17-066-CS-S**

**Craig Weingrow's Petition for Reinstatement of Controlled Substance
Registration and Request to Appear Before the Board**

Dear Paul and Brett,

Please find enclosed Dr. Weingrow's "Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board" with exhibits.

We would respectfully request being permitted to appear at the Board's Meeting which is scheduled for January 15th and 16th, 2020 in Las Vegas.

I look forward to hearing from you.

Regards,


JEFFREY B. SETNESS
FABIAN VANCOTT

Enclosure

ATTORNEYS AT LAW

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FILED
DEC 12 2019
 NEVADA STATE
 OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of:

CRAIG WEINGROW, M.D.
Certificate of Registration Nos. CS20272
PD00502

Petitioner

CASE NO. 17-066-CS-S

PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE
REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW Petitioner Craig Weingrow, M.D. by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for reinstatement of Dr. Weingrow's Controlled Substance Registration pursuant to NRS 639.257 based on the following¹:

I. INTRODUCTION

On July 25, 2018, in the case of *Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al*, Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order which states on Page 9, in pertinent part, as follows:

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

¹ It should be noted that Dr. Weingrow is not petitioning for reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medications.

In accordance with the terms and conditions of the above-mentioned Nevada State Board of Pharmacy Order and NRS 639.257, Dr. Weingrow files this Petition for Reinstatement of his Controlled Substance Registration and respectfully submits that reinstatement of his Controlled Substance Registration is justified based upon the following:

1. Dr. Weingrow has complied with the terms and conditions of the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1) based upon the fact that over 1 year has lapsed since the date of revocation that being July 18, 2018.

2. Dr. Weingrow has complied with the terms and conditions of the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, because Dr. Weingrow has:
 - a. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.
 - b. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.
 - c. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances.
 - d. Paid a fine totaling \$12,000.

On December 6, 2019, at a hearing before the Nevada State Board of Medical Examiners, the Board approved Dr. Weingrow's request for a change in status Inactive-Probation to Active-Probation.

3. Dr. Weingrow has complied with the terms and conditions of the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, by fully paying \$80,000 in civil penalties.

4. Dr. Weingrow accepts full responsibility for his actions and freely admits the various facts that establish the bases of violations alleged in the Accusation. Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses. As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

5. This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right. Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

6. The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

II. PROCEDURAL HISTORY

A. Nevada State Board of Pharmacy Proceeding

On July 23, 2012, Dr. Weingrow was issued Controlled Substance License No. CS20272 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 1.

On January 20, 2015, Dr. Weingrow was issued Practitioner Dispensing License No. PD00502 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 2.

On February 27, 2018, in the case of *Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al*, Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Notice of Intended Action and Accusation. A true and correct copy of the Accusation is attached as Exhibit 3.

On March 23, 2018, Dr. Weingrow filed his Answer and Notice of Defense of Craig Weingrow, M.D. A true and correct copy of this Answer is attached as Exhibit 4.

Prior to the April 2018 Board Meeting, a proposed Stipulation and Order was negotiated between counsel for Dr. Weingrow and counsel for the Nevada State Board of Pharmacy, in which Dr. Weingrow admitted that evidence existed to establish a basis for violations alleged in the Accusation. The terms of the proposed Stipulation and Order included Dr. Weingrow's Controlled Substances Registration being suspended and the suspension stayed and his registration placed on probation for a minimum of five years. In addition, Dr. Weingrow would surrender his Dispensing Practitioner Registration and he would not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. A former Board Member moved to deny the Stipulation and Order presented by Board Staff which was passed and the case was scheduled for hearing during the July 2018 Board Meeting. The relevant excerpts of the Minutes of the April 11th and 12th 2018 Board Meeting are attached as Exhibit 5.

On July 18, 2018, in a pleading entitled "Stipulated Facts", Dr. Weingrow freely and voluntarily admitted to various factual statements. A true and correct copy of the Stipulated Facts is attached Exhibit 6.

On July 25, 2018, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order. A true and correct copy of this Order is attached as Exhibit 7. Page 9 of the Order states, in pertinent part, as follows:

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

...

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

B. Nevada State Board of Medical Examiners Proceeding

On August 16, 2018, *In the Matter of Charges and Complaint Against Craig Mitchell Weingrow, M.D., Respondent*, the Nevada State Board of Medical Examiners filed its Complaint. A true and correct copy of the Complaint is attached as Exhibit 8.

On September 10, 2018, the Nevada State Board of Medical Examiners filed a Settlement Agreement which was entered into between Dr. Weingrow and the Nevada State Board of Medical Examiners. A true and correct copy of the Settlement Agreement is attached as Exhibit

9. The Settlement Agreement on Pages 5 and 6 state, in pertinent part, as follows:

...
B. Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following.

C. Respondent's license shall be subject to a term of probation for a period of time not to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the stay of revocation of Respondent's license shall be lifted, and his license shall be immediately revoked. The following terms and conditions shall apply during Respondent's probationary period:

(1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board;

(2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being \$4,539.06, not including any costs that may be necessary to finalize this Agreement.

(3) Respondent shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances within twelve (12) months from the date of the Board's acceptance,

adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of \$1,000 per count admitted to hereby, consisting of 12 counts, for a total of \$12,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Nevada State Board of Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, specifically including the following: . . .

On December 6, 2019, Dr. Weingrow appeared at a hearing before the Nevada State Board of Medical Examiners and the Board approved Dr. Weingrow's change of status from Inactive-Probation to Active-Probation. See Exhibit 10.

C. United States Attorney's Office and Drug Enforcement Administration

On November 28, 2018, Dr. Weingrow entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration in which he agreed to pay \$80,000 in civil penalties. See Exhibit 11. Dr. Weingrow has fully paid this amount. See Exhibit 12.

On March 22, 2019, Dr. Weingrow's DEA Certificate of Registration was revoked. See Exhibit 13.

III. LAW

NRS 639.257 entitled "Reinstatement of revoked certificate, license or permit." states, in pertinent part, as follow:

1. A person whose certificate, license or permit has been revoked may petition the Board for reinstatement after a period of not less than 1 year has lapsed since the date of revocation.
2. The petition shall state such facts as may be required by the Board and shall be heard by the Board at its next regular meeting held not earlier than 30 days after the petition is filed. Such petition may be considered by the Board while the petitioner is under sentence for any criminal offense, including any period during which the petitioner

is on probation or parole, only if the Board members, by a majority vote, find that the public interest would best be served by such reinstatement.

3. In considering reinstatement the Board may investigate and consider all activities of the petitioner since the time the original certificate, license or permit was issued and his or her ability, character and reputation. The affirmative vote of at least three members is necessary for reinstatement of a certificate, license or permit with or without terms, conditions and restrictions.

IV. REASONS WHY REINSTATEMENT IS JUSTIFIED

A. Dr. Weingrow has Fully Complied with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order

In compliance with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1), over 1 year has lapsed since the date of revocation that being the date of the hearing which was July 18, 2018.

B. Dr. Weingrow has Fully Complied with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners

In compliance with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, Dr. Weingrow has:

1. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.
2. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.
3. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances which was in addition to any CME requirements that are regularly imposed.
4. Paid a fine of \$1,000 per count admitted to hereby, consisting of 12 counts, for a total of \$12,000.

1. PACE Program

Pursuant to the Settlement Agreement with the Nevada State Board of Medical Examiners, Dr. Weingrow attended the Physician Assessment and Clinical Education (PACE) Program at the University of California San Diego School of Medicine.

The PACE Program was of great benefit to Dr. Weingrow because it made him take a hard look at himself to determine how he could improve. It also helped Dr. Weingrow focus on those areas of his practice where he needed to improve so that he will be able to safely practice medicine and prescribe medication.

As a result of the PACE Program, Dr. Weingrow's physical exam taking skills have improved and he is now able to develop a broader range of differential diagnoses for clinical scenarios with the information he has learned. Dr. Weingrow is now also able to conduct a more thorough workup regarding a patient's condition.

2. University of Nevada, Reno School of Medicine "Best Practices and Tools for Prescribing Controlled Substances" Course

Dr. Weingrow also attended the "Best Practices and Tools for Prescribing Controlled Substances" course at University of Nevada, Reno School of Medicine. This course taught Dr. Weingrow how to prescribe controlled substances safely and helped him recognize substance abuse and patients who are at risk. This course also taught Dr. Weingrow to recognize his own personal characteristics which negatively impacted his past prescription practices. For example, by nature Dr. Weingrow is a non-confrontational person. So when patients requested certain medications, he simply gave in and prescribed the medication instead of holding his ground and offering more appropriate, safer alternatives.

This course helped change Dr. Weingrow's perspective and he now realizes there are many alternatives to prescribing opioid medications when patients are experiencing pain and that he must be mindful of the combinations of drugs one prescribes, since these can have additive effects and be harmful.

C. The Nevada State Board of Medical Examiners Approved Dr. Weingrow's Status to Active on December 6, 2019

On December 6, 2019, the Nevada State Board of Medical Examiners approved Dr.

Weingrow's status from Inactive-Probation to Active-Probation.

D. Dr. Weingrow Has Complied with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration

In compliance with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, Dr.

Weingrow has paid \$80,000 in civil penalties.

E. Dr. Weingrow Accepts Full Responsibility for His Actions

As set forth in the proposed Stipulation and Order (which was rejected) and the Stipulated Facts Dr. Weingrow signed on July 18, 2017, Dr. Weingrow accepts full responsibility for his actions and freely admitted various facts and that evidence existed to establish a basis of violations alleged in the Accusation.

Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses.

As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

F. Dr Weingrow Appreciates That Practicing Medicine and Prescribing Medications is a Privilege and Not A Right

This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right.

Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

G. Commitment to Maintaining the Highest Standards

The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

III. CONCLUSION

Dr. Weingrow respectfully requests that the Board reinstate his Controlled Substances Registration.

Dated December 11, 2019.



JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER CRAIG
WEINGROW, M.D.

Approved as to form and content:



CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 11th day of December, 2019, I served a true and correct copy of the:

**PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE
REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD**

by Federal Express and E-mail to the following:

Paul Edwards
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
pedwards@pharmacy.nv.gov

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
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bkandt@pharmacy.nv.gov


An Employee of
FABIAN VANCOTT

**Nevada State Board of Pharmacy**

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	CS20272				Yes	

License Number : CS20272**Name :** WEINGROW, CRAIG**License Type :** Controlled Substance**License Status :** Revoked**License Date :** 07/23/2012**Discipline :** Yes**Expiration Date :** 10/31/2018

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EXHIBIT 1



Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	PD00502				None	

License Number : PD00502
Name : WEINGROW, CRAIG
License Type : Practitioner Dispensing
License Status : Revoked
License Date : 01/20/2015
Discipline :
Expiration Date : 10/31/2018



FILED

FEB 27 2018

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
PD00502,TERESA JAFFER, T.D.,
Certificate of Registration No. TD01408,

and

MARECXY RUBIO-VERONICA, T.D.,
Certificate of Registration No. TD01461,

Respondents.

CASE NOS. 17-066-CS-S

17-066-TD-A-S

17-066-TD-B-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Craig Weingrow, MD (Weingrow) had both a Controlled Substance Registration, Certificate No. CS20272 and a Practitioner Dispensing Registration, Certificate No. PD00502, with the Board. Respondents Teresa Jaffer (Jaffer), Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica (Rubio-Veronica), Certificate of Registration No. TD01461, each held Technician Dispensing Registrations with the Board.

FACTUAL ALLEGATIONS

II.

On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation at Respondent Weingrow's medical office.

III.

The investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances at Wiengrow's medical office. The misconduct and the violations the investigators observed and documented at Weingrow's medical office include:

1. Investigators obtained a sample of five hundred and eighty (580) prescriptions for controlled substances and dangerous drugs that Wiengrow's medical office dispensed to patients between October 14, 2017 and October 31, 2017. Of those 580 prescriptions, not one was signed by Weingrow personally.

2. Weingrow knowingly permitted Respondents Jaffer, Rubio-Veronica and three unlicensed office staff members, namely, two receptionists and one medical assistant/receptionist (collectively "Office Staff"), to falsify his signature or initials on his prescriptions.

3. Weingrow typically signs his full name when he signs prescriptions and other documents personally.

4. Weingrow trained and/or permitted Jaffer, Rubio-Veronica and Office Staff to write a "C" followed by a wavy line to falsify his signature to his prescriptions.

5. Jaffer, Rubio-Veronica, and Office Staff falsely documented patient initials and dates of service on patient's informed consent labels.

6. Weingrow allowed Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

7. Weingrow, Jaffer, Rubio-Veronica and Office Staff mailed controlled substances to patients who lived out-of-town.

8. Weingrow allowed Jaffer to transport controlled substances to a United States Post Office for mailing.

9. Weingrow, Jaffer, Rubio-Veronica and Office Staff also used Federal Express to ship medications to patients.

10. As examples of Weingrow's unlawful activities, the investigators found evidence that Weingrow vacationed outside of the country in October 2016, and again in July 2017. The following is a summary of the controlled substances Jaffer, Rubio-Veronica and Office Staff wrote for and/or dispensed to Weingrow's patients during those periods while Weingrow was absent.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

11. The "Medical Weight Loss" shipping log at Wiengrow's medical office for the time period between August 26, 2016, through October 31, 2017, indicates that his staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

IV.

Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

- Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;
- Falsely documented patient initials on informed consent forms;
- Dispensed controlled substances to patients by U.S. Mail and Federal Express; and
- Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature on the prescriptions.

APPLICABLE LAW

V.

Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* Nevada Revised Statutes (NRS) 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

VI.

"Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." Nevada Administrative Code (NAC) 639.945(1)(h).

VII.

A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

VIII.

A person must be a *licensed practitioner* in order to lawfully write a prescription. See NRS 453.226, NRS 453.231, and NRS 639.100.

IX.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(k).

X.

NAC 639.742 states in relevant part:

1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.

....

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

....

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

XI.

NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

XII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board.

Nevada Revised Statute (NRS) 639.210(4).

FIRST CAUSE OF ACTION

Dispensing Without A Practitioner's Signature
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIII.

By dispensing, and/or by allowing to be dispensed, controlled substances and dangerous

drugs to patients without Weingrow's handwritten signature on each written prescription, Respondents Weingrow, Jaffer and Rubio-Veronica each acted in violation of NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

SECOND CAUSE OF ACTION

Falsifying Signatures

(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIV.

By falsifying Weingrow's signature on written prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to falsify Weingrow's signature on prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, Respondents, and each of them, engaged in fraudulent and/or deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

THIRD CAUSE OF ACTION

Unlicensed Practice of Medicine

(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XV.

By signing prescriptions as if they were authorized practitioners, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to sign prescriptions as if they were authorized practitioners, Respondents, and each of them, "performed acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur." Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

FOURTH CAUSE OF ACTION
Failure to Adequately Secure Drugs
(Respondent Weingrow)

XVI.

A dispensing practitioner must secure all controlled substances and dangerous drugs in his inventory in a locked storage area to which the dispensing practitioner has the only key or lock. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated those regulations by allowing Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs when he was not onsite at his facility.

FIFTH CAUSE OF ACTION
Unlawful Access to Drugs
(Respondents Weingrow, Jaffer and Rubio-Veronica)

XVII.

A dispensing technician may not access the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondents Jaffer and Rubio-Veronica accessed controlled substances and dangerous drugs when Weingrow was not onsite at the office, which conduct Weingrow allowed. By doing so, Respondents, and each of them, violated NAC 639.743.

SIXTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
(Respondent Weingrow)

XVIII.

A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing Jaffer, Rubio-Veronica and/or Office Staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

SEVENTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
 (Respondents Jaffer and Rubio-Veronica)

XIX.

No person may dispense any controlled substance or dangerous drug from a dispensing practitioner's office when the dispensing practitioner is not on-site at his facility. *See* NAC 639.742(3)(e). Jaffer and Rubio-Veronica dispensed medications to patients while Weingrow was not on-site at his facility. By doing so Jaffer and Rubio-Veronica violated NAC 639.742(3)(e).

EIGHTH CAUSE OF ACTION
Dispensing to Off-Site Patients
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XX.

A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Weingrow allowed Jaffer, Rubio-Veronica and Office Staff to dispense to patients who were not at Weingrow's facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow, Jaffer and Rubio-Veronica violated NAC 639.742(3)(f).

NINTH CAUSE OF ACTION
Dispensing Without Dispensing Practitioner Verification
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXI.

By dispensing prescriptions for controlled substances and dangerous drugs that were not first checked and initialed by Weingrow – when Weingrow was not at the facility – and by allowing his staff to dispense prescriptions without personally checking the medications before they were dispensed, Respondents, and each of them, violated NAC 639.743(2)(a) and/or (b).

TENTH CAUSE OF ACTION
Falsifying Patient Records
 (Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXII.

By falsely documenting patient initials and dates of service on patient informed consent labels, and by allowing his staff to falsely document that information, Jaffer, Rubio-Veronica and Weingrow are each guilty of "unprofessional conduct and conduct contrary to the public interest", as defined at NAC 639.945(1)(h).


XXIII.

For the misconduct and violations described in each of the Causes of Action above, Respondents, and each of them, are subject to discipline per NRS 639.210(1), (4), (11) and/or (12), and NRS 639.255, as well as NAC 639.7445.

XXIV.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 27th day of February, 2018.


 Larry Pinson, Pharm.D., Executive Secretary
 Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

RECEIVED MAR 26 2018

FILED

MAR 23 2018

NEVADA STATE BOARD
OF PHARMACY

1 Jason G. Weiner, Esq.
Nevada Bar No. 7555
2 Gregory V. Cortese, Esq.
Nevada Bar No. 6610
3 WEINER LAW GROUP, LLC.
2820 W. Charleston Blvd., #35
4 Las Vegas, Nevada 89102
5 Phone: (702) 202-0500
Fax: (702) 202-4999
6 gcortese@weinerlawnevada.com
7 Attorneys for Respondent
Craig Weingrow, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF
PHARMACY,

Petitioner,

v.

14 CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
15 PD00502,

16 TERESA JAFFER, T.D.
17 Certificate of Registration No. TD01408,

and

19 MARECXY RUBIO-VERONICA, T.D.,
20 Certificate of Registration No. TD01461

Respondents.

CASE NOS. 17-066-CS-S
17-066-TD-A-S
17-066-TD-B-S

ANSWER AND NOTICE OF DEFENSE
OF CRAIG WEINGROW, M.D.

22 Respondent CRAIG WEINGROW, M.D., in answer to the Notice of Intended Action
23 and Accusation filed in the above entitled matter before the Nevada State Board of Pharmacy,
24 declares:

26 1. That his objection to the Notice of Intended Action and Accusation as being
27 incomplete or failing to state clearly the charges against him, is hereby interposed on the
28 following grounds: None.

EXHIBIT 4

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd., #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999

WEINER LAW GROUP, LLC
 2820 W. Charleston Blvd. #35
 Las Vegas, Nevada 89102
 Tel: (702) 202-0500 Fax: (702) 202-4999

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent CRAIG WEINGROW, M.D., admits the following allegations: I, III (3), III (7), III (8), III (9), IV, V, VI, VII, VIII, IX, X, XI, XII

Respondent CRAIG WEINGROW, M.D., denies the following allegations: III (1), III (2), III (4), III (5), III (6), III (10), XIII, XIV, XV, XVI, XVII, XVIII, XIX, XX, XXI, XXII, XXIII, XXIV

Respondent CRAIG WEINGROW, M.D., is without knowledge or information sufficient to form a belief as to the truth of the allegations contained in paragraphs: II, III (11),


Any paragraph not explicitly admitted or denied is hereby denied.

Therefore, Respondent CRAIG WEINGROW, M.D., respectfully requests:

1. That the Board deny the requested relief in the Complaint; and
2. For such other relief as the Board finds to be just and proper.

DATED this 22 day of March, 2018.

WEINER LAW GROUP, LLC

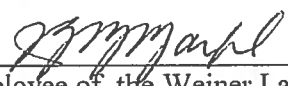


 Jason G. Weiner, Esq.
 Nevada Bar No. 7555
 Gregory V. Cortese, Esq.
 Nevada Bar No. 6610
 2820 W. Charleston Blvd., Ste. 35
 Las Vegas, NV 89102
 Attorneys for Respondent
 Craig Weingrow, M.D.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 22nd day of March, 2018, I served a true and correct copy of the aforementioned **ANSWER AND NOTICE OF DEFENSE OF CRAIG WEINGROW, M/D.** by facsimile and by U.S. Mail addressed to the following:

Larry Pinson, Pharm.D
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
FaX: (775) 850-1444


An Employee of the Weiner Law Group, LLC

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd. #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999



NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

April 11 & 12, 2018

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

EXHIBIT 5

- X. Case Baldwin Healthcare Systems, Inc. – Wichita, KS
- Y. McKesson Patient Care Solutions Inc. – Moorestown, NJ
- Z. Unicare Biomedical, Inc. – Laguna Hills, CA

Applications for Nevada Pharmacy – Non-Appearance:

- AA. AbacusRx Pharmacy – Henderson, NV
- BB. Raley's Pharmacy #122 – Fernley, NV
- CC. Raley's Pharmacy #116 – Reno, NV
- DD. Raley's Pharmacy #124 – Reno, NV
- EE. Raley's Pharmacy #120 – Tonopah, NV
- FF. Raley's Pharmacy #123 – Yerington, NV
- GG. Smith's Pharmacy #315 – Las Vegas, NV
- HH. Smith's Pharmacy #376 – Las Vegas, NV

President Basch requested to have Items D & AA pulled from the Consent Agenda and have representatives from the companies appear at a future Board meeting.

Board Action:

Motion: Jason Penrod moved to approve the Consent Agenda with the exceptions of Items D & AA.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

A. Craig Weingrow, MD

(17-066-CS-S)

Craig Weingrow appeared and was sworn by President Basch prior to answering questions or offering testimony.

Jason Weiner was present as counsel representing Dr. Weingrow.

Mr. Edwards summarized the facts of the case where Dr. Weingrow knowingly permitted Teresa Jaffer, Marecxy Rubio-Veronica and three unlicensed office staff members to falsify his signature or initials on his prescriptions. Investigators from the Nevada State Board of Medical Examiners and the Nevada State Board of Pharmacy obtained a sample of 580 prescriptions dispensed between October 14, 2017 and October 31, 2017. Not one of those 580 prescriptions were signed by Dr. Weingrow personally. Dr. Weingrow also allowed office staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office. Dr. Weingrow and his office staff mailed controlled substances to patients who live out-of-town.

Mr. Edwards presented a Stipulation and Order regarding Dr. Weingrow for the Board's consideration. The Respondent admits that evidence exists to establish a basis for violations alleged in the Accusation.

Dr. Weingrow's Controlled Substance Registration shall be suspended. The suspension stayed, and his registration placed on probation for a minimum of five years. He shall surrender his Dispensing Practitioner Registration within three days, and will not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. Dr. Weingrow shall dispose of his entire inventory with Board Staff present or with written approval. Dr. Weingrow shall pay a fine of \$1,000.00 and an administrative fee of \$4,000.00 within 60 days. Dr. Weingrow shall attend two of the next three Las Vegas Board Meetings, and shall create new policies and procedures to prevent these errors from occurring in the future.

After discussion, the Board expressed concern over the severity and quantity of violations by Dr. Weingrow and his office staff.

Board Action:

Motion: Jason Penrod moved to deny the Stipulation and Order presented by Board Staff and schedule the hearing for this case during the July 2018 Board Meeting.

Second: Melissa Shake

Action: Passed unanimously

B. Teresa Jaffer

(17-066-TD-A-S)

Ms. Jaffer was not present.

Mr. Edwards explained that this case shares the same set of facts as Dr. Weingrow's case. He stated that Ms. Jaffer was a dispensing technician at Dr. Weingrow's office.

Mr. Edwards moved to have Exhibits 1-4 admitted into the record.

President Basch admitted Exhibits 1-4 into the record.

Mr. Edwards reviewed Exhibits 1-4 for the Board. He presented a copy of the certified mail receipt indicating that the Notice of Intended Action and Accusation was properly served to Ms. Jaffer, a letter notifying Ms. Jaffer of the date and time of her hearing, a letter from Ms. Jaffer surrendering her dispensing technician registration and a response from Board Staff.

Board Action:

Motion: Jason Penrod moved that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Jaffer.

Second: Kevin Desmond

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NOS. 17-066-CS-S
)	
Petitioner,)	
v.)	
)	STIPULATED FACTS
CRAIG WEINGROW, M.D.,)	(Weingrow Only)
Certificate of Registration Nos. CS20272)	
PD00502,)	
)	
TERESA JAFFER, T.D.,)	
Certificate of Registration No. TD01408,)	
)	
and)	
)	
MARECXY RUBIO-VERONICA, T.D.,)	
Certificate of Registration No. TD01461,)	
)	
Respondents.	/	

Respondent Craig Weingrow, M.D., Certificate of Registration Nos. CS20272 and PD00502, ("Weingrow" or "Respondent"), by and through his counsel of record, Jason Weiner, Esq., of Weiner Law Group, LLC,

HEREBY STIPULATES AND AGREES THAT:

1. The Board has jurisdiction over this matter because at the time of the events alleged herein, Weingrow had both a Board-issued Controlled Substance Registration, Certificate No. CS20272, and a Board-issued Practitioner Dispensing Registration, Certificate No. PD00502.
2. On or about February 27, 2018, Board Staff properly served the *Notice of Intended Action and Accusation* (Accusation) on file in this matter on Weingrow in compliance with Nevada Revised Statutes (NRS) 233B.127(3) and NRS 639.241.
3. Weingrow, through his counsel, filed an *Answer and Notice of Defense* with the Board on or about March 23, 2018.
4. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office.

5. During the inspection the Board's investigators obtained approximately 580 computer-generated unsigned prescriptions for controlled substances and dangerous drugs that indicate they were written between October 14, 2017 and October 31, 2017.

6. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

7. Weingrow's medical office had already dispensed to patients the medications called for in those 580 unsigned prescriptions at the time of the inspection.

8. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board investigators requested them at the time of the inspection.

9. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

10. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

11. Weingrow allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

12. Weingrow and Jaffer used Federal Express to ship medications to patients.

13. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

(a) Signed Weingrow's name of prescriptions for controlled substances and dangerous drugs;

(b) Falsely documented patient initials on informed consent forms;

(c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and

(d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials prescriptions.

14. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

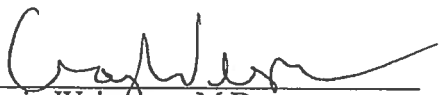
Weingrow's medical office:

- Issued 4 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

18. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

Respondent has fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter and the admissions in this Stipulation. He freely and voluntarily agrees to the factual statements set forth herein.

Signed this 18th day of July 2017


Craig Weingrow, M.D.
Certificate of Registration Nos. CS20272
and PD00502

FILED**JUL 25 2018****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,)	CASE NOS. 17-066-CS-S
)	17-066-TD-A-S
Petitioner,)	17-066-TD-B-S
v.)	
)	
CRAIG WEINGROW, M.D.,)	FINDINGS OF FACT,
Certificate of Registration Nos. CS20272)	CONCLUSIONS OF LAW
PD00502,)	AND ORDER
)	
TERESA JAFFER, T.D.,)	(Craig Weingrow, M.D. Only)
Certificate of Registration No. TD01408,)	
)	
and)	
)	
MARECXY RUBIO-VERONICA, T.D.,)	
Certificate of Registration No. TD01461,)	
)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly-scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Craig Weingrow, M.D. (Weingrow), Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502, appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Weingrow, makes the following Findings of Fact, Conclusions of Law and Order.¹

FINDINGS OF FACT

The allegations against Weingrow, as stated in the Accusation on file herein, and upon which the Board makes findings of fact, are as follows:

¹ The Board set a hearing for April 11, 2018, to hear this matter as to Respondents Teresa Jaffer, T.D., Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica, T.D., Certificate of Registration No. TD01461. The Board held the hearing as scheduled, however, Respondents Jaffer and Rubio-Veronica each failed to appear. The Board entered default against each of them and revoked the Dispensing Technician Registration of each of those Respondents. *See Orders of Default, Case Nos. 17-066TD-A-S and 17-066TD-B-S*, dated April 23, 2018. Neither Jaffer nor Rubio-Veronica requested reconsideration or petitioned a district court for judicial review of the Board's orders.



1. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office, located at 7200 Smoke Ranch Road, Suite 120, in Las Vegas, Nevada.

2. During the inspection of Weingrow's medical office, the Board's investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions for controlled substances and dangerous drugs that each indicated a written date between October 14, 2017 and October 31, 2017.

3. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

4. Weingrow's medical office had already dispensed to patients the controlled substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the inspection.

5. Weingrow did not sign any of those 580 prescriptions.

6. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board's investigators requested them at the time of the inspection.

7. Weingrow's medical office never produced to Board Staff or to the Board's investigators the original or a signed copy of the original of any of the 580 unsigned prescriptions.

8. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

9. Additionally, Weingrow routinely permitted unlicensed members of his office staff, including Respondent Teresa Jaffer (Jaffer), Respondent Rubio-Veronica (Rubio-Veronica) and other members of his staff, to falsify his signature on his prescriptions.

10. Weingrow typically signs his first and last name ("Craig Weingrow") when he signs prescriptions and other documents personally.

11. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for medications dispensed by his medical office by writing a "C" followed by a wavy line on his prescriptions.

12. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on patients' informed consent labels.

13. Weingrow routinely allowed Jaffer access to the keys and to access his locked cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

14. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

15. Weingrow routinely allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

16. Weingrow and Jaffer routinely used Federal Express to ship medications to patients.

17. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

- a) Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;
- b) Falsely documented patient initials on informed consent forms;
- c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and
- d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials on the prescriptions.

18. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 14 patients.
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July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

19. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

20. Weingrow's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

21. The Board has jurisdiction over this matter because at the time of the events set forth above, Respondent Weingrow had both a Controlled Substance Registration, Certificate No. CS20272, and a Practitioner Dispensing Registration, Certificate No. PD00502, each issued by the Board.

22. The applicable law in this matter is as follows:

a. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* NRS 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1) and 21 C.F.R. § 1306.05.

b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

c. “Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” Nevada Administrative Code (NAC) 639.945(1)(h).

d. A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

e. A person must be a *licensed practitioner* in order to lawfully write a prescription. See NRS 453.226, NRS 453.231, and NRS 639.100.

f. “Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(k).

g. NAC 639.742 states in relevant part:

1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.

...

3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;

....

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

h. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

- (a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and
- (b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

i. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. Nevada Revised Statute (NRS) 639.210(4).

j. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

k. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

l. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

23. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent Weingrow violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

24. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Weingrow engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

25. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Weingrow allowed members of his office staff to "perform[] acts, tasks or operations for which licensure, certification or registration is required without the required license,

certificate or registration, or knowingly allowed such conduct to occur.” Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

26. A dispensing practitioner must secure all controlled substances and dangerous drugs in his office in a locked storage area to which the dispensing practitioner has the only key or lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member of his office staff access to his locked storage cabinets for controlled substances and dangerous drugs when he was not on-site at his facility.

27. A dispensing practitioner must not allow a dispensing technician access to the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent Weingrow violated NAC 639.743 when he allowed a member of his office staff access to the key and to access the room and cabinet in which he stored controlled substances and dangerous drugs when he was not on-site at his office.

28. A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing members of his office staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

29. A dispensing practitioner is required to ensure that “[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner’s] facility.” *See* NAC 639.742(3)(f). Weingrow allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow violated NAC 639.742(3)(f).

30. By allowing members of his Office Staff to falsely document patient initials and dates of service on patient informed consent forms, Weingrow is guilty of “unprofessional conduct and conduct contrary to the public interest,” as defined at NAC 639.945(1)(h).

31. For the misconduct and violations described in each of the causes of action above, Weingrow is subject to discipline per NRS 639.210(1), (4), (11) and (12), NRS 639.255, and NAC 639.7445.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

1. Respondent Craig Weingrow's Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502, are each revoked effective as of the date of the hearing, July 18, 2018.

2. Unless and until Weingrow applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Board reinstates his registration(s), Weingrow:

a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

c. May not prescribe any controlled substance for any patient.

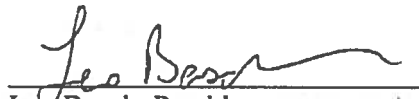
d. May not dispense any controlled substance or dangerous drug.

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and entered this 25 day of July 2018.

A handwritten signature in dark ink, appearing to read "Lee Basch", is written over a horizontal line.

Lee Basch, President
Nevada State Board of Pharmacy

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and

Case No. 18-39792-1

Complaint Against

CRAIG MITCHELL WEINGROW, M.D.,

Respondent.

FILED

AUG 16 2018

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Craig Mitchell Weingrow, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent is a physician licensed to practice medicine in the State of Nevada (License No. 14309). He has been continuously licensed by the Board since April 5, 2012.

A. Respondent's Treatment of Patient A

2. Patient A was a 36-year-old female at the time she established care with Respondent. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint (Patient Designation).

3. Respondent treated Patient A from October 15, 2014, through August 11, 2017. Respondent saw Patient A approximately 42 times during this period, during which Respondent prescribed controlled substances to Patient A, including but not limited to: Oxycodone and Acetaminophen, 5/325 mg and 10/325 mg tablets; Dextroamphetamine-amphetamine, 30 mg

¹ The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Theodore B. Berndt, M.D., and Mr. M. Neil Duxbury. [REDACTED]

1 tablets; Alprazolam 0.5 mg and 1 mg tablets; Phentermine 37.5 mg tablets; Hydrocodone and
2 Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Diazepam, 5 mg tablets;
3 Lorazepam, 0.5 mg tablets; Oxandrolone, 10 mg tablets; Guaitussin AC.

4 4. Respondent prescribed opioid analgesics to Patient A at higher than indicated
5 starting dosages for various patient complaints, without establishing diagnoses through a history,
6 physical exam or appropriate studies. Respondent continued to prescribe opioids to Patient A,
7 which were incrementally increased without exploring other non-controlled substances and
8 therapy alternatives. Pathological and possible life-threatening etiologies were not explored by
9 Respondent.

10 5. Respondent prescribed anabolic steroids to Patient A without establishing
11 diagnoses through a proper history, physical exam or appropriate studies, such as labs or imaging,
12 to confirm and establish diagnosis related to the loss of muscle mass complained of. Respondent
13 prescribed anabolic steroids, a pregnancy "Class X" (contraindicated) medication, to a female of
14 child-bearing age without establishing or documenting risks of pregnancy or of breast cancer.
15 Oxandrolone has a "black-box" warning for peliosis hepatitis, which can lead to liver failure;
16 Respondent did not perform appropriate studies of liver function and follow-up, and education on
17 the risks of the medication were not offered.

18 6. Respondent prescribed benzodiazapines to Patient A at higher than indicated
19 starting dosages for various patient complaints without establishing diagnoses through a proper
20 history, physical and psychological exams or appropriate studies. Alternatives, such as non-
21 controlled substances or psychological therapy, were not explored by Respondent. Respondent
22 changed, increased and decreased benzodiazapine prescriptions and dosages for Patient A without
23 further evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use
24 were not explained to Patient A, and the use of benzodiazapines in conjunction with opioids was
25 not assessed for risk of accidental overdose.

26 7. Respondent prescribed Adderall (dextroamphetamine-amphetamine) to Patient A at
27 a higher than indicated starting dosage for various patient complaints without establishing
28

1 diagnoses through a proper focused history and assessment for DSM-V criteria for ADHD. Risks
2 of dependence, tolerance and addiction were not explained to Patient A by Respondent.

3 8. Respondent prescribed Phentermine, an appetite suppressant, to Patient A at a
4 higher than indicated starting dosage based on Patient A stating a desire to lose weight.
5 Respondent prescribed the appetite suppressant without taking a complete medical history,
6 without performing a physical examination and conducting appropriate studies to determine if
7 there are any contraindications to the use of the appetite suppressant by the patient, without
8 establishing that Patient A's obesity represented a threat to her health, and without including a
9 program of dietary restrictions, modification of behavior and exercise. Patient A was continued
10 on appetite suppressants for more than 3 months despite Patient A not losing an average of 2
11 pounds per month or more, and, on the contrary, gaining weight while under Respondent's care.
12 Respondent prescribed Phentermine, a pregnancy "Class X" (contraindicated) medication, to a
13 female of child-bearing age without establishing or documenting risks of pregnancy.

14 COUNT I

15 NRS 630.301(4) (Malpractice)

16 9. All of the allegations in the above paragraphs are hereby incorporated as if fully set
17 forth herein.

18 10. Malpractice is grounds for disciplinary action against a licensee pursuant to
19 NRS 630.301(4).

20 11. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable
21 care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

22 12. As demonstrated by, but not limited to, the above-outlined facts, Respondent
23 committed malpractice with respect to his treatment of Patient A by failing to use reasonable care,
24 skill, or knowledge ordinarily used under similar circumstance when treating Patient A.

25 13. By reason of the foregoing, Respondent is subject to discipline by the Board as
26 provided in NRS 630.352.

27 ///

28 ///

COUNT II

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

14. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

16. The Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

17. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187.

18. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

19. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

20. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

21. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

22. The Board adopted by reference the *Dietary Guidelines for Americans, 2010*, 7th edition, published jointly by the United States Department of Health and Human Services and the Department of Agriculture pursuant to 7 U.S.C. § 5341 (Dietary Guidelines).

33. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

34. Respondent's conduct was unsafe and unprofessional.

35. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

36. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

37. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

38. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient A, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

39. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

B. Respondent's Treatment of Patient B

40. Patient A was a 24-year-old male at the time he established care with Respondent. Patient B's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation.

41. Respondent treated Patient B from February 1, 2017, through August 8, 2017. During this time, Respondent prescribed controlled substances to Patient B, including but not

1 limited to: Oxycodone and Acetaminophen, 10/325 mg tablets; Alprazolam 1 mg and 2 mg
2 tablets.

3 42. Patient B established care on February 1, 2017, with a complaint of a history of back
4 pain. Respondent performed a focused history of the present illness and exam at this time.
5 However, no further examinations were performed on Patient B through the rest of this period of
6 care. Respondent initially prescribed Oxycodone and Acetaminophen, 10/325 mg tablets, twice a
7 day, but this was increased on March 6, 2017, to three times a day without explanation. Three
8 previous emergency room x-ray images of Patient B's lumbar spine from May 27, 2013, are
9 negative for fracture, subluxation, destructive change, disc space narrowing or scoliosis, and
10 sacroiliac joints were normal. Opioids were continued through the entire period, without
11 documentation of previous modalities for treatment of Patient B's condition, without exploring
12 other treatment modalities, such as NSAIDs, physical therapy, orthopedic or neurosurgical
13 evaluation. Respondent did not establish the etiology of Patient B's pain, did not order additional
14 imaging studies, did not evaluate or examine for changes or etiology of pain.

15 43. Respondent prescribed benzodiazapines to Patient B at higher than indicated
16 starting dosages based on Patient B's complaint of a history of anxiety, without establishing
17 diagnoses through a proper history, physical and psychological exams or appropriate studies. No
18 previous treatment modalities to control his anxiety were explored, and treatment alternatives,
19 such as non-controlled substances or psychological therapy, were also not explored by
20 Respondent. Respondent increased the dosage from 1 mg to 2 mg for Patient B without
21 explanation, noting only that the history of present illness was that "anxiety is severe now, as
22 patient is going through personal issues with his family/girlfriend feels the Xanax is not
23 controlling his anxiety." Respondent did not order any lab work or tests. Respondent increased
24 the dosage without further evaluation, diagnosis or explanation. Risks of dependence, tolerance
25 and addiction with chronic use were not explained to Patient B, and the use of benzodiazapines in
26 conjunction with opioids was not assessed for risk of accidental overdose.

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COUNT VII

NRS 630.301(4) (Malpractice)

44. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

45. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

46. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

47. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient B by failing to use reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B.

48. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

49. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

50. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

51. The Board adopted by reference the Model Policy in NAC 630.187.

52. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

53. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

54. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IX

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

57. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

58. Respondent's conduct was unsafe and unprofessional.

59. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT X

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

60. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

61. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

62. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient B, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B, and failing to document his compliance with the Model Policy.

63. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

1 **C. Respondent's Treatment of Patient C**

2 64. Patient C was a 32-year-old male at the time he established care with Respondent.
3 Patient C's true identity is not disclosed herein to protect his privacy, but is disclosed in the
4 Patient Designation.

5 65. Respondent treated Patient C from October 24, 2014, through August 11, 2017.
6 Respondent saw Patient C approximately 34 times during this period. From April 18, 2016,
7 through August 28, 2017, Respondent prescribed controlled substances to Patient C, including but
8 not limited to: Hydrocodone and Acetaminophen, 10/325 mg tablets; Oxycodone and
9 Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Alprazolam 0.5 mg and 1 mg
10 tablets; Phentermine 37.5 mg tablets.

11 66. Respondent prescribed opioid analgesics to Patient C without establishing a
12 diagnosis through a history, physical exam and appropriate studies. Once an MRI was eventually
13 performed on Patient C, treatment alternatives and findings were not reviewed by Respondent.
14 Respondent continued to prescribe opioids to Patient C, which were incrementally increased
15 without exploring other non-controlled substances and therapy alternatives.

16 67. Respondent prescribed benzodiazapines to Patient C at higher than indicated
17 starting dosages for nonspecific patient complaints without establishing diagnoses through a
18 proper history, physical and psychological exams or appropriate studies. Alternatives, such as
19 non-controlled substances or psychological therapy, were not explored by Respondent.
20 Respondent increased benzodiazapine prescription dosages for Patient C without further
21 evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use were
22 not explained to Patient C, and the use of benzodiazapines in conjunction with opioids was not
23 assessed for risk of accidental overdose.

24 68. Respondent prescribed Phentermine, an appetite suppressant, to Patient C at a
25 higher than indicated starting dosage based on Patient C stating a desire to lose weight.
26 Respondent prescribed the appetite suppressant without taking a complete medical history,
27 without performing a physical examination and conducting appropriate studies to determine if
28 there are any contraindications to the use of the appetite suppressant by the patient, without

1 establishing that Patient C's obesity represented a threat to her health, and without including a
2 program of dietary restrictions, modification of behavior and exercise.

3 COUNT XI

4 **NRS 630.301(4) (Malpractice)**

5 69. All of the allegations in the above paragraphs are hereby incorporated as if fully set
6 forth herein.

7 70. Malpractice is grounds for disciplinary action against a licensee pursuant to
8 NRS 630.301(4).

9 71. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable
10 care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

11 72. As demonstrated by, but not limited to, the above-outlined facts, Respondent
12 committed malpractice with respect to his treatment of Patient C by failing to use reasonable care,
13 skill or knowledge ordinarily used under similar circumstance when treating Patient C.

14 73. By reason of the foregoing, Respondent is subject to discipline by the Board as
15 provided in NRS 630.352.

16 COUNT XII

17 **NRS 630.306(1)(b)(2) (Violation of Standards of Practice)**

18 74. All of the allegations in the above paragraphs are hereby incorporated by reference
19 as though fully set forth herein.

20 75. Violation of a standard of practice adopted by the Board is grounds for disciplinary
21 action pursuant to NRS 630.306(1)(b)(2).

22 76. The Board adopted by reference the Model Policy in NAC 630.187.

23 77. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of
24 writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that
25 deviates from the standards set forth in the Model Policy.

26 78. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote
27 prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated
28 from the Model Policy.

79. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

80. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

81. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

82. The Board adopted by reference the Dietary Guidelines in NAC 630.187.

83. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifically incorporates the Dietary Guidelines.

84. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

85. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

86. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

87. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

88. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

89. Respondent's conduct was unsafe and unprofessional.

90. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

91. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

92. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

93. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

94. Respondent's conduct was unsafe and unprofessional.

95. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

96. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

97. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

98. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient C, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient C, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

1 99. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 **D. Respondent's Violations of Nevada Prescribing Laws, and the Nevada State Board of**
4 **Pharmacy's Revocation of Respondent's Licenses to Prescribe and Dispense**
5 **Controlled Substances.**

6 100. On November 1, 2017, investigators from the Nevada State Board of Pharmacy
7 (Pharmacy Board), the Board, and the Drug Enforcement Administration (DEA) conducted a joint
8 investigation and inspection at Respondent's medical office, located at 7200 Smoke Ranch Road,
9 Suite 120, in Las Vegas, Nevada.

10 101. During the inspection of Respondent's medical office, the Pharmacy Board's
11 investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions
12 for controlled substances and dangerous drugs that each indicated a written date between October
13 14, 2017, and October 31, 2017.

14 102. The 580 unsigned prescriptions are designated by Respondent's medical office to
15 include prescription numbers Rx #136694 through Rx #137287.

16 103. Respondent's medical office had already dispensed to patients the controlled
17 substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the
18 inspection.

19 104. Respondent did not sign any of the aforementioned 580 prescriptions.

20 105. Respondent's medical office did not have, and could not provide, signed copies of
21 those 580 prescriptions when the Pharmacy Board's investigators requested them at the time of
22 the inspection.

23 106. Respondent's medical office never produced to Pharmacy Board investigators the
24 original, or a signed copy of the original, of any of the 580 unsigned prescriptions.

25 107. Respondent's medical office reported to the Nevada Prescription Monitoring
26 Program (PMP) that it dispensed all the controlled substances called for by the 580 unsigned
27 prescriptions – approximately 248 controlled substance prescriptions between October 14, 2017,
28 and October 31, 2017.

1 108. Additionally, Respondent routinely permitted unlicensed members of his office
2 staff, including Teresa Jaffer (Jaffer), Rubio-Veronica (Rubio-Veronica) and other members of his
3 staff, to falsify his signature on his prescriptions.

4 109. Respondent typically signs his first and last name ("Craig Weingrow") when he
5 signs prescriptions and other documents personally.

6 110. Respondent routinely permitted unlicensed members of his office staff, including
7 Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for
8 medications dispensed by his medical office by writing a "C" followed by a wavy line on his
9 prescriptions.

10 111. Respondent routinely permitted unlicensed members of his office staff, including
11 Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on
12 patients' informed consent labels.

13 112. Respondent routinely allowed Jaffer access to the keys and to access his locked
14 cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he
15 was not present in the office.

16 113. Respondent and Jaffer dispensed controlled substances and dangerous drugs by
17 mail to patients who lived out of town.

18 114. Respondent routinely allowed Jaffer to transport controlled substances and
19 dangerous drugs to a United States post office for mailing.

20 115. Respondent and Jaffer routinely used Federal Express to ship medications to
21 patients.

22 116. Respondent and Jaffer each signed a statement admitting that Jaffer, Rubio-
23 Veronica and office staff:

- 24 a. signed Respondent's name on prescriptions for controlled substances and
25 dangerous drugs;
26 b. falsely documented patient initials on informed consent forms;
27 c. dispensed controlled substances and dangerous drugs to patients by U.S. mail and
28 Federal Express; and

d. dispensed medications for controlled substances and dangerous drugs without Respondent's signature or initials on the prescriptions.

117. Respondent vacationed outside of the country in October 2016, and again in July 2017.

118. Jaffer and Rubio-Veronica dispensed to Respondent's patients prescription medications during those periods in Respondent's absence, as follows:

From October 18, 2016 to October 28, 2016, Respondent's medical office:

- Issued 18 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 14 patients.
- Dispensed 6 medications at Respondent's office.
- Dispensed 4 medications to patients by mail.

From July 1, 2017 to July 9, 2017, Respondent's medical office:

- Issued 4 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 3 patients.
- Dispensed 1 medication at Respondent's office.

119. Respondent's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Respondent's staff shipped approximately 166 shipments containing controlled substances to Respondent's patients.

120. Respondent's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

121. On February 27, 2018, the Pharmacy Board filed a Notice of Intended Action and Accusation in its Case Nos. 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, against Respondent, holder of Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502. On Wednesday, July 18, 2018, in Las Vegas, Nevada, the Pharmacy Board heard the matter at its regularly-scheduled meeting, at which time Respondent appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Respondent, made its Findings of Fact, Conclusions of Law and Order, which was filed July 25, 2018.

122. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See*

1 NRS 453.128(l)(a), NRS 454.0096(l)(a), NRS 454.223(2)(a), NRS 639.013(l)(a) and
2 NRS 639.2353(2); *see also* NAC 453.440(l)(c), NAC 453.410(l)(b)(8), NAC 454.060(1) and
3 21 C.F.R. § 1306.05.

4 123. No person may prescribe and dispense controlled substances in Nevada except as
5 authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1);
6 NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

7 124. "Performing or in any way being a party to any fraudulent or deceitful practice or
8 transaction" constitutes "unprofessional conduct and conduct contrary to the public interest."
9 NAC 639.945(1)(h).

10 125. A licensee "[p]erforming any of his or her duties as the holder of a license,
11 certificate or registration issued by the Board, or as the owner of a business or an entity licensed
12 by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional
13 conduct and conduct contrary to the public interest." NAC 639.945(l)(i).

14 126. A person must be a licensed practitioner in order to lawfully write a prescription.
15 *See* NRS 453.226, NRS 453.231, and NRS 639.100.

16 127. "Performing any act, task or operation for which licensure, certification or
17 registration is required without the required license, certificate or registration" constitutes
18 "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

19 128. NAC 639.742 states in relevant part:

20 1. A practitioner who wishes to dispense controlled substances or
21 dangerous drugs must apply to the Board on an application provided
22 by the Board for a certificate of registration to dispense controlled
substances or dangerous drugs.

23 3. Except as otherwise provided in NRS 639.23277 and NAC
24 639.395, the dispensing practitioner and, if applicable, the owner or
owners of the facility, shall ensure that:

- 25 (a) All drugs are ordered by the dispensing practitioner;
- 26 (b) All drugs are received and accounted for by the
dispensing practitioner;
- 27 (c) All drugs are stored in a secure, locked room or cabinet
28 to which the dispensing practitioner has the only key or lock
combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;

(f) All drugs are dispensed only to the patient personally at the facility;

...

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

129. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which

has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

130. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

131. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

132. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to perform acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

133. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(4).

134. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(11).

135. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(12).

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1 136. The Pharmacy Board may suspend or revoke a registration issued pursuant to
2 NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the
3 registrant has committed an act that would render registration inconsistent with the public interest.
4 NRS 453.236(1)(d) and NRS 453.241(1).

5 137. By dispensing, and by allowing to be dispensed, controlled substances and
6 dangerous drugs to patients without his handwritten signature on each written prescription,
7 Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c),
8 NAC 453.410(1)(b)(8) and NAC 454.060(1).

9 138. By allowing members of his office staff to falsify his signature on prescriptions for
10 controlled substances and dangerous drugs that his medical office had already dispensed and that
11 were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent
12 and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary
13 to the public interest per NAC 639.945(1)(h).

14 139. By allowing unlicensed members of his office staff to sign prescriptions for
15 controlled substances and dangerous drugs as if they were licensed practitioners with authority to
16 prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to
17 perform acts, tasks or operations for which licensure, certification or registration is required
18 without the required license, certificate or registration, or knowingly allowed such conduct to
19 occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest
20 per NAC 639.945(k).

21 140. A dispensing practitioner must secure all controlled substances and dangerous
22 drugs in his office in a locked storage area to which the dispensing practitioner has the only key or
23 lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent
24 violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member
25 of his office staff access to his locked storage cabinets for controlled substances and dangerous
26 drugs when he was not on-site at his facility.

27 141. A dispensing practitioner must not allow a dispensing technician access to the
28 room or cabinet in which controlled substances and/or dangerous drugs are stored unless the

1 dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent violated
2 NAC 639.743 when he allowed a member of his office staff access to the key and to access the
3 room and cabinet in which he stored controlled substances and dangerous drugs when he was not
4 on-site at his office.

5 142. A dispensing practitioner may not allow his staff to dispense any controlled
6 substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By
7 allowing members of his office staff to dispense controlled substances and dangerous drugs to
8 patients when he was not on-site at his medical facility, Respondent violated NAC 639.742(3)(e).

9 143. A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only
10 to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f).
11 Respondent allowed members of his office staff to dispense to patients who were not at his
12 medical facility, including dispensing by U.S. mail and Federal Express. By doing so, Respondent
13 violated NAC 639.742(3)(f).

14 144. By allowing members of his staff to falsely document patient initials and dates of
15 service on patient informed consent forms, Respondent engaged in "unprofessional conduct and
16 conduct contrary to the public interest," as defined at NAC 639.945(1)(h).

17 145. For the misconduct and violations described in this Section D, Respondent was
18 subject to discipline by the Pharmacy Board per NRS 639.210(1), (4), (11) and (12),
19 NRS 639.255, and NAC 639.7445.

20 146. For the misconduct and violations described in this Section D, the Pharmacy Board
21 ordered as follows:

- 22 a. Respondent's Controlled Substance Registration, Certificate No. CS20272, and his
23 Practitioner Dispensing Registration, Certificate No. PD00502, were each revoked
24 effective as of the date of the hearing, July 18, 2018.
- 25 b. Unless and until Respondent applies for reinstatement of his controlled substance
26 registration and/or his dispensing practitioner registration, and the Board reinstates
27 his registration(s), Respondent:
28

- i. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.
- ii. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.
- iii. May not prescribe any controlled substance for any patient.
- iv. May not dispense any controlled substance or dangerous drug.
- c. Respondent may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).
- d. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

COUNT XVII

NRS 630.301(9) (Disreputable Conduct)

147. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

148. Conduct that brings the medical profession into disrepute is grounds for discipline pursuant to NRS 630.301(9), including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.

149. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes engaging in conduct that brings the medical profession into disrepute.

150. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVIII

NRS 630.306(1)(b)(1) (Deceptive Conduct)

151. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

152. Engaging in any conduct which is intended to deceive is grounds for discipline pursuant to NRS 630.306(1)(b)(1).

153. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes deceptive conduct that is intended to deceive.

154. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIX

NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct)

155. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

156. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

157. By the misconduct described in this Section D, under the circumstances set forth herein, Respondent engaged in unsafe and unprofessional conduct

158. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XX

NRS 630.306(1)(r) (Failure to Adequately Supervise)

159. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

160. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical

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1 assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating
2 disciplinary action.

3 161. By the misconduct described in this Section D, under the circumstances set forth
4 herein, Respondent failed to adequately supervise Jaffer and Rubio-Veronica in their performance
5 of medical tasks.

6 162. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
7 Board of Medical Examiners as provided in NRS 630.352.

8 **COUNT XXI**

9 **NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person)**

10 163. All of the allegations in the above paragraphs are hereby incorporated as if fully set
11 forth herein.

12 164. NRS 630.305(1)(e) provides that the aiding, assisting, employing or advising,
13 directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the
14 provisions of NRS 630 or the regulations of the Board is an act, among others, that constitutes
15 grounds for initiating disciplinary action.

16 165. NRS 630.020 provides that the "practice of medicine" means:

- 17 1. To diagnose, treat, correct, prevent or prescribe for any human
- 18 disease, ailment, injury, infirmity, deformity or other condition,
- 19 physical or mental, by any means or instrumentality, including, but
- 20 not limited to, the performance of an autopsy.
- 21 2. To apply principles or techniques of medical science in the
- 22 diagnosis or the prevention of any such conditions.
- 23 3. To perform any of the acts described in subsections 1 and 2 by
- 24 using equipment that transfers information concerning the medical
- 25 condition of the patient electronically, telephonically or by fiber
- 26 optics, including, without limitation, through telehealth, from within
- 27 or outside this State or the United States.
- 28 4. To offer, undertake, attempt to do or hold oneself out as able to
- do any of the acts described in subsections 1 and 2.

166. The conduct of Jaffer and Rubio-Veronica, including but not limited to the conduct
described in this Section D, constitutes the practice of medicine.

167. By the misconduct described in this Section D, to the extent that Respondent either
did not delegate medical tasks to Jaffer and Rubio-Veronica as medical assistants, or to the extent

that Jaffer's and Rubio-Veronica's actions were not authorized by Respondent, Respondent nonetheless aided, assisted and advised these unlicensed persons, both directly and indirectly, in their engaging in the practice of medicine contrary to the provisions of NRS 630 and the regulations of the Board.

168. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXII

NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations)

169. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

170. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

171. By the misconduct described in this Section D, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1), NAC 639.945(1)(h), NAC 639.945(k).

172. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXIII

NRS 630.301(4) (Malpractice)

173. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

174. NRS 630.301(4) provides that committing malpractice is grounds for disciplinary action or denying licensure.

175. NAC 630.040 defines malpractice as the failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

176. By the misconduct described in this Section D, Respondent committed malpractice by failing to use to use the reasonable care, skill, or knowledge ordinarily used under similar

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1 circumstances when treating the patients at issue.

2 177. By reason of the foregoing, Respondent is subject to discipline by the Nevada State
 3 Board of Medical Examiners as provided in NRS 630.352.

4 **WHEREFORE**, the Investigative Committee prays:

5 1. That the Board give Respondent notice of the charges herein against him and give
 6 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)
 7 within twenty (20) days of service of the Complaint;

8 2. That the Board set a time and place for a formal hearing after holding an Early
 9 Case Conference pursuant to NRS 630.339(3);

10 3. That the Board determine what sanctions to impose if it determines there has been
 11 a violation or violations of the Medical Practice Act committed by Respondent;

12 4. That the Board make, issue and serve on Respondent its findings of fact,
 13 conclusions of law and order, in writing, that includes the sanctions imposed; and

14 5. That the Board take such other and further action as may be just and proper in these
 15 premises.

16 DATED this 16 day of August, 2018.

17 INVESTIGATIVE COMMITTEE OF THE
 18 NEVADA STATE BOARD OF MEDICAL EXAMINERS

19 By: _____

20 Aaron Bart Fricke, Esq., Deputy General Counsel
 21 Attorney for the Investigative Committee
 22
 23
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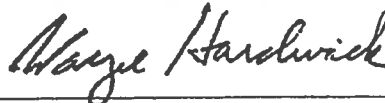
VERIFICATION

STATE OF NEVADA)
 : ss.
 COUNTY OF WASHOE)

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 15th day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
 NEVADA STATE BOARD OF MEDICAL EXAMINERS



Wayne Hardwick, M.D., Chairman

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 16th day of August, 2018, I served a file-stamped copy of the COMPLAINT, PATIENT DESIGNATION and FINGERPRINT INFORMATION, via USPS e-certified return receipt mail to the following:

Craig Weingrow

c/o Jason Weiner, Esq.

WEINER LAW GROUP

2820 W. Charleston Blvd #35

Las Vegas, NV 89102

DATED this 16th day of August, 2018.

Dawn DeHaven Gordillo
Dawn DeHaven Gordillo
Legal Assistant

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

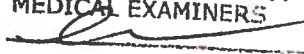
**In the Matter of Charges and
Complaint Against
CRAIG MITCHELL WEINGROW, M.D.,
Respondent.**

Case No. 18-39792-1

FILED

SEP 10 2018

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 


SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Deputy General Counsel for the Board and attorney for the IC, and Craig Mitchell Weingrow, M.D. (Respondent), a licensed Physician in Nevada, assisted by his attorney, Jason Weiner, Esq., of the law firm of Weiner Law Group, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. Background

1. Respondent is a medical doctor currently licensed (License No. 14309) in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since April 5, 2012.

2. On August 16, 2018, in Case No. 18-11729-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges: Count I, violation of NRS 630.301(4) (Malpractice); Count II, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count III, violations of NRS

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter. 

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1 630.306(1)(b)(2) (Violation of Standards of Practice); Count IV, violation of NRS 630.306(1)(p)
2 (Unsafe or Unprofessional Conduct); Count V, violation of NRS 630.306(1)(p) (Unsafe or
3 Unprofessional Conduct); Count VI, violation of NRS 630.3062(1)(a) (Failure to Maintain
4 Complete Medical Records); Count VII, violation of NRS 630.301(4) (Malpractice); Count VIII,
5 violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count IX, violation of
6 NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count X, violation of NRS
7 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XI, violation of NRS
8 630.301(4) (Malpractice); Count XII, violation of NRS 630.306(1)(b)(2) (Violation of Standards
9 of Practice); Count XIII, violations of NRS 630.306(1)(b)(2) (Violation of Standards of Practice);
10 Count XIV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XV,
11 violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XVI, violation of
12 NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XVII, violation of
13 NRS 630.301(9) (Disreputable Conduct); Count XVIII, violation of NRS 630.306(1)(b)(1)
14 (Deceptive Conduct); Count XIX, violation of NRS 630.306(1)(p) (Engaging in Unsafe or
15 Unprofessional Conduct); Count XX, violation of NRS 630.306(1)(r) (Failure to Adequately
16 Supervise); XXI, violation of NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person); Count
17 XXII, violation of NRS 630.306(1)(b)(3) (Engaging in Conduct that Violated Pharmacy Board
18 Regulations); Count XXIII, NRS 630.301(4) (Malpractice)

19 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
20 provided in NRS 630.352.

21 4. Respondent was properly served with a copy of this Complaint, has reviewed and
22 understands this Complaint, and has had the opportunity to consult with competent counsel
23 concerning the nature and significance of this Complaint.

24 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
25 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
26 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
27 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
28 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS

Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this

1 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 2 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 3 have a full consultation with and upon the advice of legal counsel.

4 **3. Waiver of Rights.** In connection with this Agreement, and the associated terms
 5 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
 6 with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives
 7 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
 8 Practice Act, the OML, the APA, and any other legal rights that may be available to him or that
 9 may apply to him in connection with the administrative proceedings resulting from the Complaint
 10 filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in
 11 the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.
 12 Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
 13 Agreement, without a hearing or any further proceedings and without the right to judicial review.

14 **4. Acknowledgement of Reasonable Basis to Proceed.** Respondent acknowledges
 15 that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is
 16 grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent
 17 is not admitting that the Board's claims/counts as alleged in the Complaint have merit and
 18 Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
 19 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
 20 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
 21 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
 22 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
 23 effectuate this Agreement.

24 **5. Consent to Entry of Order.** In order to resolve this Complaint pending against
 25 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
 26 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
 27 the following terms and conditions are hereby agreed upon:
 28

1 A. Respondent admits to Counts II, III, VI, VIII, X, XII, XIII, XVI, XVII, XVIII, XX
2 and XXII.

3 B. Respondent's license to practice medicine in the state of Nevada shall be revoked
4 with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive"
5 status until successful completion of the terms set forth in Paragraph C immediately following.

6 C. Respondent's license shall be subject to a term of probation for a period of time not
7 to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval
8 of this Agreement (Probationary Period). Respondent must complete the following terms and
9 conditions within the Probationary Period and demonstrate compliance to the good faith
10 satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice
11 of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to
12 demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36)
13 months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the
14 stay of revocation of Respondent's license shall be lifted, and his license shall be immediately
15 revoked. The following terms and conditions shall apply during Respondent's probationary
16 period:

17 (1) Respondent shall complete the University of San Diego, Physician Assessment and
18 Competency Evaluation Program (PACE), Competency Assessment, and, if
19 recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the
20 above to the satisfaction of the Board;

21 (2) Respondent will pay the costs and expenses incurred in the investigation and
22 prosecution of the above-referenced matter within thirty (30) days of the Board's
23 acceptance, adoption and approval of this Agreement, the current amount being
24 \$4,539.06, not including any costs that may be necessary to finalize this Agreement.

25 (3) Respondent shall take twenty (20) hours of continuing medical education (CME)
26 related to best practices in the prescribing of controlled substances within twelve (12)
27 months from the date of the Board's acceptance, adoption and approval of this
28 Agreement. The aforementioned hours of CME shall be in addition to any CME

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Reno, Nevada 89502
(775) 688-2559

requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of \$1,000 per count admitted to hereby, consisting of 12 counts, for a total of \$12,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Nevada State Board of Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, specifically including the following:

a. Unless and until Respondent applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Pharmacy Board reinstates his registration(s), Respondent:

i. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

ii. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

iii. May not prescribe any controlled substance for any patient.

iv. May not dispense any controlled substance or dangerous drug.

b. Respondent may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not

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less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

c. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Pharmacy Board, he shall appear before the Pharmacy Board to answer questions and give testimony regarding his application, his compliance with the Pharmacy Board Order, and the facts and circumstances underlying this matter.

(6) During the probationary period, Respondent shall complete all terms and conditions of any criminal sanctions incurred before or during the period of this agreement, if any, including probation or parole.

(7) During the probationary period, Respondent shall not supervise any Physician Assistant, or collaborate with any Advanced Practice Registered Nurse.

(8) Within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first, Respondent shall appear before the Board at a public meeting and demonstrate compliance with all the terms of this Agreement, at which time, Respondent may complete an application for a change of status to "Active," and petition the Board to allow him to resume the practice of medicine.

D. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

E. Respondent shall receive a Public Letter of Reprimand.

F. The other counts of the Complaint shall be dismissed with prejudice.

6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,

committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. Effect of Acceptance of Agreement by Board. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaint shall be dismissed with prejudice.

9. Effect of Rejection of Agreement by Board. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering

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Nevada State Board of Medical Examiners

1105 Terminal Way #301

Reno, Nevada 89502

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1 this Complaint and from participating in disciplinary proceedings against Respondent, including
2 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
3 such member absent evidence of bad faith.

4 **10. Binding Effect.** If approved by the Board, Respondent understands that this
5 Agreement is a binding and enforceable contract upon Respondent and the Board.

6 **11. Forum Selection Clause.** The parties agree that in the event either party is
7 required to seek enforcement of this Agreement in district court, the parties consent to such
8 jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court,
9 State of Nevada, Washoe County.

10 **12. Attorneys' Fees and Costs.** The parties agree that in the event an action is
11 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
12 be entitled to recover reasonable attorneys' fees and costs.

13 **13. Failure to Comply with Terms.** Should Respondent fail to comply with any term
14 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
15 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
16 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
17 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
18 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
19 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
20 Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a
21 condition of this Agreement may subject Respondent to civil collection efforts.

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Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

1 Dated this 23 day of AUGUST, 2018.

2
3 INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

4
5 By: 

6 Aaron Bart Frieke, Esq., Deputy General Counsel
7 Attorney for the Investigative Committee

8
9 Dated this ____ day of _____, 2018.

10
11 Weiner Law Group

12 By: 

13 Jason Weiner, Esq.,
14 Attorneys for Respondent

15 Dated this 16th day of August, 2018.

16
17
18 

19
20 Craig Mitchell Weingrow, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted
2 by the Nevada State Board of Medical Examiners on the 7th day of September, 2018, with the final
3 total amount of costs due of \$12,000.00.

D. Rachakonda
40

5 _____
6 Rachakonda D. Prabhu, M.D., President
7 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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Jeffrey B. Setness

From: <1 << >>>
 Sent: Tuesday, December 10, 2019 12:46 PM
 To: Jeffrey B. Setness
 Subject: Fwd: License Status Changed

Sent from my iPhone

Begin forwarded message:

From: Tara Bailey <tbailey@medboard.nv.gov>
Date: December 10, 2019 at 12:20:42 PM PST
To: "t n" <n@yahoo.com>
Subject: License Status Changed

Good afternoon Dr. Weingrow,

Your license status has been changed from "Inactive-Probation" to "Active-Probation". Your wallet I.D. card will be mailed to you in about a week or two.

Congratulations!

Tara Bailey
 License Specialist
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, NV 89521
 Phone: (775)324.9359
 Fax: (775)688.2551

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EXHIBIT 10



NEVADA STATE BOARD OF MEDICAL EXAMINERS

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[Search](#)

Name	License #	Profession	License Type	Status
WEINGROW, Craig Mitchell	14309	Medical Examiners	Medical Doctor	Active-Probation

[New Person Search](#)

In the Matter of

Craig M. Weingrow, M.D.

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between the United States of America (United States), acting through the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration (DEA), and Craig M. Weingrow, M.D. (Weingrow). This Memorandum is based on the following:

1. Weingrow is licensed as a physician in Nevada and is registered with the DEA as a physician with Registration No. FW3352539.

2. On August 23, 2018, Weingrow entered into a Settlement Agreement with the Nevada State Board of Medical Examiners in which it was agreed that "Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following". The Settlement Agreement also states, in pertinent part, as follows:

a. All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter. (Page 1, Footnote 1)

b. . . . The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement. (Page 4)

3. Weingrow's Controlled Substance Registration Certificate and Practitioner Dispensing Registration Certificate have been revoked by the Nevada State Board of Pharmacy effective July 18, 2018. Weingrow may apply for reinstatement of his Nevada State Board of Pharmacy controlled substance registration or his dispensing practitioner registration on or after July 18, 2019.

4. The DEA conducted an investigation concerning the receipt and distribution of and record-keeping for certain Controlled Substances that were acquired or dispensed by Weingrow in Las Vegas, Nevada during the period from March 8, 2017, through November 1, 2017 (the Covered Conduct). Based upon that investigation, DEA alleges that the Covered Conduct constituted civil violations of the Controlled Substances Act, 21 U.S.C. § 801, *et seq.*, and related regulations.

5. The parties wish to compromise and settle this matter to avoid the uncertainties and expense of litigation. The parties intend to enter into an Agreement that will resolve the issues between them based upon the above-described investigation, in lieu of pursuing a civil penalty action pursuant to the Controlled Substances Act.

6. Nothing in this Agreement constitutes an admission of any facts and / or liability by Weingrow. The parties agree that this Agreement may only be admitted into evidence in any proceeding to the extent that admission would not violate Fed. R. Evid. 408.

NOW THEREFORE, for and in consideration of the mutual promises and consideration described below, the United States and Weingrow agree as follows:

7. Weingrow agrees to pay the United States \$80,000 in civil penalties (the Settlement Amount), by making 11 monthly payments of \$6,667 and one final monthly payment of \$6,663. Payments by check shall be made payable to the United States Department of Justice.

8. The United States agrees not to institute any civil proceedings relating to the Covered Conduct.

9. Weingrow agrees to abide by all federal, state, and local laws and regulations relating to the prescribing of Controlled Substances.

10. The address where Weingrow will maintain any and all medical records that it is required to maintain under Title 21 of the United States Code is 7200 Smoke Ranch Rd., Suite # 120, Las Vegas, Nevada 89128 (the "Designated Address."). For a period of two years from the date on which Weingrow executes this Memorandum, Weingrow represents that he will currently maintain the required records at the Designated Address. Weingrow further agrees to

notify the DEA of any change in the Designated Address within 30 days after any such change. Any rights DEA may have to inspect records under this Memorandum are in addition to, and not exclusive of, any rights conferred by Title 21 or other Federal law.

11. This Memorandum of Agreement will remain in effect until the entire \$80,000 penalty is paid in full by or on behalf of Weingrow. This Memorandum of Agreement will be considered fully executed upon the last party's signature, and the Effective Date of this Memorandum of Agreement will be the date of the last signature.

12. If any other offense or violation by Weingrow arising from conduct other than the Covered Conduct is charged after the Effective Date of this Agreement, nothing in this Memorandum of Agreement shall be construed as a waiver on the part of the United States to utilize the results of the investigation referred to herein as grounds for revocation or denial of a DEA registration, either by itself or in conjunction with other grounds, in the event that future administrative proceedings become necessary. Nothing in this Agreement shall constitute a release by the United States of any civil or criminal liability of Weingrow other than civil liability for the Covered Conduct.

13. The United States enters into this Memorandum of Agreement with the understanding that Weingrow will abide by its contents in good faith.

14. All parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

CRAIG M. WEINGROW, M.D.

Craig Weingrow
Dated: 11/28/18

Jeffrey B. Setness, Esq.
Jeffrey B. Setness, Esq.
Attorney for Weingrow

Dated: NOV 28, 2018

DRUG ENFORCEMENT
ADMINISTRATION

By: Marlon C. Whitfield
Marlon C. Whitfield
Diversion Program Manager
Las Vegas District Office
Los Angeles Field Division
Dated: 11/28/18

DAYLE ELIESON
United States Attorney

By: Roger W. Wenthe
Roger W. Wenthe
Assistant United States Attorney

Dated: 11/28/18

Jeffrey B. Setness

From: Wenthe, Roger (USANV) <Roger.Wenthe@usdoj.gov>
Sent: Wednesday, November 20, 2019 8:52 AM
To: Jeffrey B. Setness
Subject: Dr. Weingrow

Jeff – This email will confirm that Dr. Craig Weingrow has paid in full his settlement amount with the United States.

Roger Wenthe
Assistant United States Attorney
501 Las Vegas Blvd. S., Suite 1100
Las Vegas, NV 89101
Direct: 702-388-6538

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EXHIBIT 12 -



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[Federal Register Volume 84, Number 67 (Monday, April 8, 2019)]

[Notices]

[Pages 13957-13958]

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[FR Doc No: 2019-06834]

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. 19-7]

Craig M. Weingrow, M.D.; Decision and Order

EXHIBIT 13

On November 7, 2018, the Assistant Administrator, Diversion Control Division, Drug Enforcement Administration (DEA), issued an Order to Show Cause to Craig M. Weingrow, M.D. (Respondent), of Las Vegas, Nevada. The Show Cause Order proposed the revocation of Respondent's DEA Certificate of Registration No. FW3352539 on the ground that he does "not have authority to handle controlled substances in Nevada, the [S]tate in which [he is] registered." Order to Show Cause, at 1 (citing 21 U.S.C. 823(f), 824(a)(3)).

With respect to the Agency's jurisdiction, the Show Cause Order alleged that Respondent is the holder of Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances as a practitioner in schedules II through V, at the registered address of 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. Id. The Order also alleged that this registration does not expire until May 31, 2021. Id.

Regarding the substantive grounds for the proceeding, the Show Cause Order alleged that effective July 18, 2018, the Nevada State Board of Pharmacy (NSBP) revoked Respondent's Nevada "Controlled Substance Registration" and his Nevada "Practitioner Dispensing Registration." Id. The Show Cause Order also alleged that on September 18, 2018, Respondent entered into a Settlement Agreement with the Board of Medical Examiners of the State of Nevada (NBME) "whereby [he was] placed on probation for a period of 36 months, and during which [he is] prohibited from prescribing or dispensing controlled substances." Id. at 1-2. As a result, the Order alleged that Respondent "currently lack[s] the authority to handle controlled substances in Nevada." Id. at 2. Based on his "lack of authority to [dispense] controlled substances in . . . Nevada," the Order asserted that "DEA must revoke" Respondent's registration. Id. (citing 21 U.S.C. 823(f); 824(a)(3)).

The Show Cause Order notified Respondent of (1) his right to request a hearing on the allegations or to submit a written statement in lieu of a hearing, (2) the procedure for electing either option, and (3) the consequence for failing to elect either option. Id. (citing 21 CFR 1301.43). The Order also notified Respondent of his right to submit a corrective action plan. Id. at 3 (citing 21 U.S.C. 824(c)(2)(C)).

On December 10, 2018, Respondent, through counsel, filed a letter requesting a hearing on the allegations and indicating that the Show Cause Order "was received on November 13, 2018." Dec. 10, 2018 Letter from Respondent's Counsel to Hearing Clerk (hereinafter, Hearing Request), at 1. In his Hearing Request, Respondent specifically contends that suspension, rather than revocation, "is an appropriate sanction in this case" because he had not committed a crime and neither the conduct set forth in the Settlement Agreement with the NBME nor the findings of the NSBP "warrant a revocation." Id. at 2-4.

The matter was then placed on the docket of the Office of Administrative Law Judges and assigned to Chief Administrative Law Judge John J. Mulrooney, II (hereinafter, CALJ). On December 11, 2018, the CALJ issued an Order directing the Government to file its "evidence to support the allegation that the Respondent lacks state authority to handle controlled substances" and "any Government motion for summary disposition" no later than December 28, 2018. Order Directing the Filing of Government Evidence of Lack of State Authority Allegation and Briefing Schedule, at 1. The CALJ issued a separate Order directing Respondent to file his response to any summary disposition motion no later than January 14, 2019. Order Granting Unopposed Motion for Enlargement of Time, at 1.

On December 27, 2018, the Government filed its Motion for Summary Disposition. In its Motion, the Government argued that Respondent currently lacks authority to handle controlled substances in Nevada because the NSBP revoked Respondent's Nevada Controlled Substance Registration and Nevada Practitioner Dispensing Registration effective July 18, 2018. Government's Motion for Summary Disposition (hereinafter Government's Motion or Govt. Mot.) at 1, 5. The Government also alleged that neither registration has been reinstated. Id. In addition, the Government alleged that the NBME placed Respondent's Nevada medical license on probation for 36 months as part of a Settlement Agreement and that, as part of this Agreement, Respondent "has been prohibited from prescribing or dispensing controlled substances" during this period. Id. On January 14, 2019, Respondent filed his "Non-Opposition" to the Government's Motion, stating that he no longer opposes the Government's Motion based upon his review of the Government's Motion and past DEA and federal court decisions. Respondent's Non-Opposition to Government's Motion for Summary Disposition, at 1.

After considering these pleadings, the CALJ issued an Order on January 16, 2019, recommending that I find that it is "undisputed that the Respondent lacks the state authority to handle controlled substances." Order Granting the Government's Motion for Summary Disposition and Recommended Rulings, Findings of Fact, Conclusions of Law, and Decision of the Administrative Law Judge (hereinafter "Recommended Decision" or "R.D."), at 4. As a result, the ALJ granted the Government's motion for summary disposition and recommended that I revoke Respondent's DEA registration and deny any pending applications for renewal. Id. at 5. Neither party filed exceptions to the ALJ's Recommended Decision.

Thereafter, the record was forwarded to my Office for Final Agency Action. Having reviewed the record, I find that Respondent is currently without authority to handle controlled substances in Nevada, the State in which he holds his registration with the Agency, and thus he is not entitled to maintain his DEA registration. I adopt the ALJ's recommendation that I revoke Respondent's registration. I make the following factual findings.

[[Page 13958]]

Findings of Fact

Respondent is the holder of DEA Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances in schedules II through V as a practitioner at the registered address of Weingrow Wellness & Medical Center, 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. GX 2 (Certification of Registration History) to Govt. Mot., at 1. This registration does not expire until May 31, 2021. Id.

On July 25, 2018, the NSBP issued an Order revoking Respondent's Nevada "Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502," effective July 18, 2018. GX 3 (July 25, 2018 Findings of Fact, Conclusion of Law and Order of the NSBP) to Govt. Mot., at 8. The NSBP's Order expressly prohibited Respondent from, *inter alia*, (1) "prescrib[ing] any controlled substance for any patient;" (2) "dispens[ing] any controlled substance or dangerous drug;" and (3) "possess[ing] any controlled substance for office use or for patient use." Id. The NSBP also directed Respondent to "immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use." Id. On September 18, 2018, the NBME placed Respondent's Nevada medical license in an "[i]nactive status" as part of a Settlement Agreement whereby Respondent agreed that his medical license would be subject to probation for 36 months and that he would be prohibited from prescribing or dispensing controlled substances during that time. See GX 4 (NBME-Respondent Settlement Agreement) to RFAA, at 5-6. There is no evidence in the



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record that the NSBP ever reinstated Respondent's Nevada controlled substance or practitioner dispensing registrations, nor is there any evidence that the NBME changed the status of Respondent's medical license from inactive status.

\1\ After conducting a hearing, the NSBP based its decision to revoke Respondent's Nevada controlled substance and practitioner dispensing registrations in part on its finding that Respondent "routinely permitted unlicensed members of his office staff . . . to falsify his signature on the prescriptions for medications dispensed by his medical office" and "to falsify patient initials and dates of service on patients' informed consent labels." Id. at 1 & n.1, 2. The NSBP also found that Respondent "dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town" and "used Federal Express to ship medications to patients." Id. Respondent also signed a statement agreeing to these fact findings. See id.

Accordingly, I find that Respondent currently does not possess the authority to dispense controlled substances in the State of Nevada, the State in which he is registered with the DEA, because both the NSBP and the NBME have expressly prohibited him from doing so.

Discussion

Pursuant to **21 U.S.C. 824(a)(3)**, the Attorney General is authorized to suspend or revoke a registration issued under **section 823** of the Controlled Substances Act (CSA), "upon a finding that the registrant . . . has had his State license . . . suspended [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances." Also, DEA has long held that the possession of authority to dispense controlled substances under the laws of the State in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. See, e.g., James L. Hooper, 76 FR 71371 (2011), pet. for rev. denied, 481 Fed. Appx. 826 (4th Cir. 2012); see also Frederick Marsh Blanton, 43 FR 27616 (1978) ("State authorization to dispense or otherwise handle controlled substances is a prerequisite to the issuance and maintenance of a Federal controlled substances registration.").

This rule derives from the text of two provisions of the CSA. First, Congress defined "the term 'practitioner' [to] mean[] a . . . physician . . . or other person licensed, registered or otherwise permitted, by . . . the jurisdiction in which he practices . . . to distribute, dispense, [or] administer . . . a controlled substance in the course of professional practice." **21 U.S.C. 802(21)**. Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that "[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices." **21 U.S.C. 823(f)**. Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the Act, DEA has long held that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the State in which he engages in professional practice. See, e.g., Calvin Ramsey, 76 FR 20034, 20036 (2011); Sharon Arden Yeates, M.D., 71 FR 39130, 39131 (2006); Dominick A. Ricci, 58 FR 51104, 51105 (1993); Bobby Watts, 53 FR 11919, 11920 (1988); Blanton, 43 FR 27616 (1978).

Here, I find that there is no dispute over the material fact that Respondent is no longer currently authorized to dispense controlled substances in Nevada, the State in which he is registered with the Agency. Accordingly, Respondent is not entitled to maintain his DEA registration. I will therefore adopt the ALJ's recommendation that I revoke Respondent's registration. R.D., at 5. I will also deny any pending application to renew or to modify his registration, or any pending application for any other DEA registration in Nevada.

Order

Pursuant to the authority vested in me by **21 U.S.C. 823(f)** and **824(a)**, as well as 28 CFR 0.100(b), I order that DEA Certificate of Registration No. FW3352539, issued to Craig M. Weingrow, M.D., be, and it hereby is, revoked. I further order that any pending application of Craig M. Weingrow to renew or modify the above registration, or any pending application of Craig M. Weingrow for any other DEA registration in the State of Nevada, be, and it hereby is, denied. This Order is effective immediately.\2\

\2\ For the same reasons which led the NSBP to revoke Respondent's controlled substances and practitioner's dispensing licenses and prescriptive authority, I conclude that the public interest necessitates that this Order be effective immediately. **21 CFR 1316.67**.

Dated: March 22, 2019.

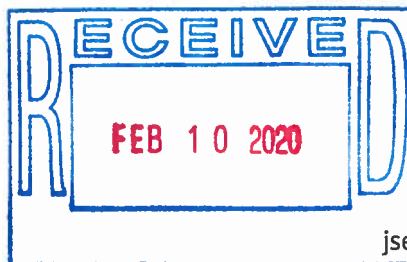
Uttam Dhillon,
Acting Administrator.

[FR Doc. 2019-06834 Filed 4-5-19; 8:45 am]

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FabianVanCott



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February 7, 2020

VIA E-MAIL dwuest@pharmacy.nv.gov AND FEDERAL EXPRESS

Dave Wuest
 Executive Secretary
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway, Suite 206
 Reno, Nevada 89521

VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
 General Counsel
 Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway, Suite 206
 Reno, Nevada 89521

**Re: *Nevada State Board of Pharmacy v. Craig Weingrow, M.D.*
 Case No. 17-066-CS-S**

**Craig Weingrow's Supplemental Information to Be Submitted to the Board
 Relating to His Petition for Reinstatement of Controlled Substance
 Registration and Request to Appear Before the Board**

Dear Dave and Brett,

In response to the inquiries made during the January 15, 2020 Board Meeting, the following additional information and documentation is provided for the Board Members' consideration:

1. **Dr. Weingrow's Anticipated Type of Practice.** Dr. Weingrow anticipates practicing adult outpatient primary care. The type of diseases and illnesses that Dr. Weingrow anticipates treating are set forth in **Exhibit 1** which is attached.
2. **List of Controlled Substances Dr. Weingrow Anticipates Prescribing.** The type of controlled substances that Dr. Weingrow anticipates prescribing in his practice are set forth in **Exhibit 2** which is attached.

ATTORNEYS AT LAW

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 Tel: 702.233.4444 Fax: 877.898.1168
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Dave Wuest
 Brett Kandt
 February 7, 2020
 Page 2

3. Medical Groups, Hospitals and Insurance Companies Require a DEA Registration. Although it is true that a physician licensed to practice by the Nevada State Board of Medical Examiners is authorized to prescribe medications, the type of medications that can be prescribed cannot include controlled substances. In order for a physician to be authorized to prescribe a controlled substance in Nevada, the physician must first obtain a Controlled Substance Registration from the Nevada State Board of Pharmacy and then obtain a DEA Registration from the Drug Enforcement Administration.

During the course of the January 15, 2020 hearing, questions were raised regarding the possibility of Dr. Weingrow commencing his practice for a period of time prior to the Board making a decision on Reinstatement of Controlled Substance Registration. In response to that inquiry, we conducted research regarding the possibility of: (1) Being hired by a medical group in Southern Nevada without an active DEA Registration; (2) Obtaining hospital privileges in Southern Nevada without an active DEA Registration; and (3) Being credentialed by insurance companies as a provider without an active DEA Registration. The results of our research are set forth below:

- a. **Medical Groups.** In regards to a physician being hired by a medical group in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 3** a summary which sets forth that most of the large medical groups in Southern Nevada require an active DEA Registration for a physician to be considered for employment.
- b. **Hospitals.** In regards to a physician obtaining hospital privileges in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 4** a summary which sets forth that the majority of the hospitals in Southern Nevada require an active DEA Registration for a physician to obtain hospital privileges.
- c. **Insurance Companies.** In regards to a physician being credentialed by insurance companies as a provider without an active DEA Registration, please find attached as **Exhibit 5** a summary which sets forth that most of the major insurance carriers in Southern Nevada require an active DEA Registration for a physician to be credentialed.

4. Dr. Weingrow is Not Requesting Reinstatement of his Dispensing Practitioner Registration. As set forth in the original Petition for Reinstatement, Dr. Weingrow is not requesting reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medication. This is of significance given the fact that a significant number of the violations set forth in the Accusation related to dispensing as the summary attached as **Exhibit 6** illustrates.

Dave Wuest
Brett Kandt
February 7, 2020
Page 3

Finally, we would respectfully request being permitted to appear at the Board's Meeting which is scheduled for March 18th and 19th, 2020 in Las Vegas.

If you believe there is any other additional information or documentation that may be of assistance to the Board that you would like us to provide, please let me know.

Regards,



JEFFREY B. SETNESS
FABIAN VANCOTT

Attachments

CRAIG WEINGROW, M.D.

ANTICIPATED TYPE OF PRACTICE - ADULT OUTPATIENT PRIMARY CARE

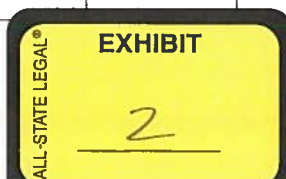
Dr. Weingrow anticipates treating the following chronic diseases and illnesses, including but not limited to, the following:

Diseases	Illnesses
Diabetes	Lower Back Pain
Hypertension	Abdominal Pain
Dyslipidemia	Headache
Irritable Bowel Syndrome	Conjunctivitis
Depression	Bronchitis/Cough
Anxiety/Panic Disorder	Flu/Viral Illness
Insomnia	Earache
Migraine	Sore Throat
Fibromyalgia	Dizziness
Obesity (without prescribing any Controlled Substances)	Muscle Sprain/Strain
Coronary Artery Disease	Knee Pain
COPD	Urinary Tract Infection
Asthma	STD
Hypogonadism	N + V/ Diarrhea
Menopausal Symptoms	Acute Sinusitis
Thyroid Disorders	Fatigue
Osteoarthritis	Other
Osteoporosis	
Non-alcoholic Fatty Liver Disease	
Benign Prostatic Hyperplasia	
Acne	
Tobacco Abuse	
Chronic Kidney Disease	
Other	



CRAIG WEINGROW, M.D.**LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES
PRESCRIBING**

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post- Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia



CRAIG WEINGROW, M.D.

MEDICAL GROUPS THAT REQUIRE AN ACTIVE DEA REGISTRATION TO BE HIRED

Name of Group	Required Qualifications to Be Hired Include:	Exhibit
Southwest Medical Associates (an Optum Company) - Nevada's Largest Multi-Specialty Practice	"An unrestricted DEA License (or ability to obtain prior to start)"	3-A
DaVita Medical Group/ Healthcare Partners	"Current Nevada DEA certificate required prior to start date"	3-B
Sierra Health and Life/Health Plan of Nevada	"An unrestricted DEA License (or ability to obtain prior to start)"	3-C
University Medical Center of Southern Nevada	"Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate."	3-D

It should be noted that DaVita/Healthcare Partners; Optum/Southwest Medical Associates; and University Medical Center employ approximately 90% of all the primary care physicians in the Las Vegas area.



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Physician Urgent Care - Las Vegas, NV (859893)

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Position Description

As a part of the OptumCare network, Southwest Medical is looking for a dynamic

Full-Time Urgent Care Physician to work in our Henderson location

Southwest Medical Associates(SMA), an Optum company, is Nevada's largest multi-specialty practice, with over 350 physicians and advanced practice clinicians. Our facilities include 22 medical offices, with 13 urgent cares and retail clinics, two lifestyle centers catering to seniors and two outpatient surgery centers. The practice is fully integrated and includes home health, complex disease management, pharmacy services, medical management and palliative care. SMA is actively engaged in population health management, with an emphasis on outcomes, and offers patients compassionate, innovative and high-quality care throughout Nevada. SMA is headquartered in Las Vegas, Nevada.

Our On-Demand Care Department is the largest, most-comprehensive in Nevada for outpatient episodic care, with a quarter million visits annually. The department includes six urgent cares and seven retail clinics, offering a full-spectrum of services, with on-site laboratory, radiology (which includes CT and ultrasound), observation unit and infusion center. Our practice is nearly paperless, with electronic health records, digital radiology, electronic prescriptions and e-visits. The practice encompasses the full scope of urgent care and is evidence-based and protocol driven. Our department also includes a robust telemedicine practice, with nearly 15,000 virtual consultations since 2014.

Position Highlights

- The schedule is equitable and flexible, with ample time off.
- Providers work primarily three 12-hour shifts a week, with some weekend, night and holiday shifts distributed evenly among the staff.
- Additional shifts, which are paid at a premium rate, are also available.

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Pleasanton, TX

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Brooklyn, NY

Nurse Practitioner Long Term Care Brooklyn NY 860631
(/data/jobs/healthcare-delivery/860631-nurse-practitioner-long-term-care-brooklyn-ny)

TOP

3-A

The schedule is ideal for those who desire an alternative work schedule and who do not wish to conform to a traditional five-day work week.

- Our total compensation is extremely competitive, with incentive bonuses and a rich benefits package

Required Qualifications:

- Board certification or Board Eligible (as a resident) in a specialty field of medicine with experience treating all ages

- An unrestricted DEA license (or ability to obtain prior to start)

Preferred Qualifications:

- 2+ years of experience working as a Physician in an emergency or urgent care setting
- Willing and able to assist at other center locations in the area

Careers with Optum. Here's the idea. We built an entire organization around one giant objective; make the health system work better for everyone. So when it comes to how we use the world's large accumulation of health-related information, or guide health and lifestyle choices or manage pharmacy benefits for millions, our first goal is to leap beyond the status quo and uncover new ways to serve. Optum, part of the UnitedHealth Group family of businesses, brings together some of the greatest minds and most advanced ideas on where health care has to go in order to reach its fullest potential. For you, that means working on high performance teams against sophisticated challenges that matter. Optum, incredible ideas in one incredible company and a singular opportunity to do your life's best work.SM

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UnitedHealth Group is a drug-free workplace. Candidates are required to pass a drug test before beginning employment.

Job Keywords: Urgent Care, Physician, AGGME, ABMS, ABOS, Healthcare, Medical, Las Vegas, NV, Nevada

Job Details	
Requisition Number	Job Title
859893	Physician Urgent Care - Las Vegas, NV
Job Family	Business Segment
Healthcare Delivery	OptumCare
Job Location Information	
NV	Other Locations
United States	Las Vegas, NV
North America	
Additional Job Detail Information	
Employee Status	Schedule
Regular	Full-time
Job Level	Shift
Director	Day Job

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[IFB Right to Work Poster \(/media/8c0883e985e341f490b5ace9189b788e.ashx\)](#)
[Report a Problem \(/contact-us.aspx\)](#)
[Submit Feedback \(/contact-us.aspx\)](#)

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Job Description

Overview

DaVita Medical Group is looking for a Full-Time Primary Care Physician to join our team in Henderson. We practice the Total Care Model, a patient-centered, comprehensive model designed to help carefully manage our patients' health. Our providers are supported by an entire network of primary care physicians, specialists, nurses, case managers, diagnostics team members, prescriptions, skilled nursing facility, house calls, transportation services and others, all working in sync to help our patients stay healthy.

DaVita Medical Group offers competitive pay with financial incentives for yielding strong metrics on quality care while seeing a lower than average census. We provide our clinicians an excellent benefit package which includes leadership pathways, CME reimbursement, paid license renewals and many other benefits, charitable sponsorships, and volunteer opportunities.

If you're looking to join a community that is making a difference in healthcare, DaVita Medical Group is the place for you. Our initial on-line application process will take you a few minutes to complete! You may also contact Keisha Taylor, Clinician Recruiter, directly at (702) 466-9289 or ketaylor@hcnv.com (<mailto:ketaylor@hcnv.com>).

Position Details

- Work Schedule: Full-time, 4 10-hour days/week
- Avg Daily Patient Census: 30-40/day
- No call

Requirements

- Unrestricted Nevada MD/DO license
- Current Nevada DEA certificate required prior to start date
- ACLS/PALS certifications
- BC/BE in Family Medicine or Internal Medicine
- At least three years of experience in Primary Care

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 https://www.glassdoor.com/Overview/Working-at-DaVita-HealthCare-Partners-EI_IE996114.11,37.htm

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- The schedule is equitable and flexible, with almost 40% of Providers working primarily three 12-hour shifts a week, with some weekend, night and holiday shifts distributed evenly among the staff
- Additional shifts, which are paid at a premium rate, are also available
- The schedule is ideal for those who desire an alternative work schedule and who do not wish to conform to a traditional five-day work week
- Our total compensation is extremely competitive, with incentive bonuses and a robust benefits package

Board certification or Board Eligible (as a resident) in a specialty field of medicine with experience treating all ages

- An unrestricted DEA license (or ability to obtain prior to start)

- 2+ years of experience working as a Physician in an emergency or urgent care setting
- Willing and able to assist at other center locations in the area

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17





UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

invites applications for the position of:

P/D Staff Physician

SALARY: \$101.77 - \$101.77 Hourly

JOB TYPE: Per Diem

DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:



Position Summary:

Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:

Education/Experience:

Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

Licensing/Certification Requirements:

Valid License by State of Nevada to practice medicine, State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

3-1

Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) from the American Heart Association (AHA).

KNOWLEDGE, SKILLS, ABILITIES, AND PHYSICAL REQUIREMENTS:

Knowledge of:

Adult and pediatric care, equipment, supplies and practices; federal, state, local and accreditation laws, regulations and standards; related outside agencies, their services, roles and responsibilities to contact them to appropriate needed information for patient referrals; principles and practices of medical care; quality assurance and performance improvement principles and methods; department and hospital safety practices and procedures; patient rights; infection control policies and procedures; handling, storage, use and disposal of hazardous materials; department and hospital emergency response policies and procedures; age specific patient care practices.

Skill in:

Effective provision of medical care; assessing and improving the effectiveness and efficiency of medical care provided through the use of hospital QI program; ensuring that services are appropriate for meeting patient's medical, social and emotional needs, consistent with sound health care resource allocation practices; developing goals, objectives, policies and procedures; applying leadership techniques; making effective decisions under stress and emergency circumstances; developing care plans; solving problems; communicating with a wide variety people from diverse socio-economic and ethnic backgrounds; establishing and maintaining effective working relationships with all personnel contacted in the course of duties; efficient, effective and safe use of equipment.

Physical Requirements and Working Conditions:

Mobility to work in a typical office setting and use standard equipment, stamina to remain seated and maintain concentration for extended periods of time; vision to read printed materials and a VDT screen; hearing and speech to communicate effectively in-person and over the telephone. Strength and agility to exert up to 10 pounds of force constantly to move objects.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this classification.

APPLICATIONS MAY BE FILED ONLINE AT:
<http://www.umcsn.com>

University Medical Center of Southern Nevada
Las Vegas, NV 89102

Position #17-TBD
P/D STAFF PHYSICIAN
SL

brenna.leising@umcsn.com

P/D Staff Physician Supplemental Questionnaire

* 1. Have you been previously denied participation in any managed care organizations?

☐ Yes ☐ No

* Required Question

CRAIG WEINGROW, M.D.

**HOSPITAL PRIVILEGES WHICH REQUIRE CURRENT AND UNRESTRICTED DEA
REGISTRATION**

Name of Hospital	Required Qualifications to Be Hired Include:	Exhibit
Valley Health System Spring Valley Hospital Centennial Hills Desert Springs Henderson Hospital Summerlin Hospital Valley Hospital	“Minimum basic criteria: Evidence of Current Licensure: Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source; copies of license are not necessary.”	4-A
Sunrise Health System MountainView Hospital Sunrise Hospital	“To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain ‘Threshold Eligibility Criteria’” “Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?”	4-B
University Medical Center of Southern Nevada	“Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate.”	4-C



Spring Valley Hospital Medical Center

Credentials Manual

Approved:

MEC: September 30, 2010, January 26, 2012, April 2015

BOG: November 16, 2010, February 21, 2012, May 20, 2015

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Spring Valley Hospital Credentials Manual

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5.1 Supervising Physicians

- m) Professional Liability Actions: Particulars regarding medical malpractice claims filed against the applicant, any adverse and/or pending malpractice decisions or settlements, and information concerning any cancellation, non-renewal, or limitation of malpractice insurance coverage.
- n) Miscellaneous Information: Such other information relating to evaluation of the applicant's professional qualifications, ethical character and professional conduct, current competence, and prior professional experience, including utilization of hospital resources, as may be deemed relevant by the MEC and the Hospital Board.

- o) Minimum Basic Criteria: The following basic criteria must be appropriately documented and the information reasonably confirmed:

- Evidence of Current Licensure:

Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source, copies of license are not necessary.

- Relevant Training and/or Experience:

At the time of appointment and initial granting of clinical Privileges, Hospital may require verification of relevant training or experience from the primary source(s), when feasible.

- Current Competence:

Recent letters of verification from the applicant's residency and/or fellowship program director or designee if residency or fellowship training was within five (5) years of initial application. Confirmation of board certification or qualification for certification from the appropriate specialty board. Written documentation from individuals personally acquainted first hand with the applicant's recent professional and clinical performance including, if available and applicable, types of surgical procedures performed, outcomes for invasive procedures performed, types of medical conditions managed as the responsible physician, clinical judgment and technical skills, and professional conduct.

- Ability to Perform Privileges Requested (Health Status):

A health status statement provided by the Hospital and signed by the applicant indicating that no physical or mental health problems exist that could affect his practice.

2.3 APPLICATION FEE



THRESHOLD ELIGIBILITY CRITERIA – REQUEST FOR CONSIDERATION

PROVIDER NAME: _____

DATE OF REQUEST: _____

Dear Physician or Advanced Practice Professional: To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain "Threshold Eligibility Criteria". Please answer the following questions in order to determine your ability to receive a "Request for Consideration."

1. ☐ Yes ☐ No Do you have a current, unlimited, unrestricted, active Nevada license to practice in your respective profession?
2. ☐ Yes ☐ No
☐ N/A For Advanced Practice Professionals, do you have the necessary coverage by a sponsoring or supervising physician as required by the State laws and regulations?
3. ☐ Yes ☐ No Have proof of identity and either US citizenship or evidence of status as a lawful permanent resident of the US; or evidence that the individual is in the US legally and has the required permission(s) to work in this country? For individuals who are not US citizens who are requesting reappointment or renewal of privileges, evidence of a current visa and current work permit shall be required.
4. ☐ Yes ☐ No Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and a Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?
5. ☐ Yes ☐ No Can document your (i) background, experience, training and demonstrated competence; (ii) adherence to the ethics of their profession; (iii) good reputation and character, including the applicant's mental and emotional stability and physical health status, and (iv) ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by you in the Hospital will receive quality care and that the Hospital and its Medical Staff will be able to operate in an orderly manner?
6. ☐ Yes ☐ No Be located (office and/or residence) within the geographical service area of the Hospital, as defined by the Board of Trustees, close enough to fulfill your Medical Staff responsibilities and to provide timely and continuous care for your patients in the Hospital?
7. ☐ Yes ☐ No Telemedicine Provider (Specialty: _____)
☐ N/A [Telemedicine providers must be licensed in the State of Nevada]
8. ☐ Yes ☐ No Be available on a continuous basis, either personally or by arranging appropriate coverage, to the respond to the needs of inpatients and Emergency Department patients in a prompt, efficient, and conscientious manner. ? ("Appropriate coverage" means coverage by another member of the Medical Staff with specialty-specific privileges equivalent to the Practitioner for whom he or she is providing coverage.) Compliance with this eligibility requirements means that the Practitioner must document that he or she is willing and able to (i) respond within 15 minutes, via phone, to STAT pages from the Hospital and respond within 30 minutes, via phone, to all other pages and (ii) appear in person to attend a patient within 30 minutes, when requested to do so by the Practitioner caring for the patient at the Hospital.

(4-B)

Threshold Eligibility Criteria

9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current, valid professional liability insurance coverage in a form acceptable to the Hospital, including insurance through a carrier authorized to do business in the State of Nevada as a licensed provider of professional malpractice insurance, insurance for the clinical privileges requested, and with limits of at least \$1 million for each claim and \$3 million in aggregate?
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of, or entered into a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state government or private third-party payer fraud or program abuse, or have be ordered by a court to pay civil monetary penalties for the same?
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been, or are you currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care programs, as verified by screening ineligible persons against the OIG (Office of the Inspector General) or GSA (General Services Administration)?
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever resigned Medical Staff appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting such an investigation?
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had Medical Staff appointment, employment or clinical privileges denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct?
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of, or entered into a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence?
15.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to demonstrate recent clinical activity in your primary area of practice during the last two years?
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you successfully completed and show verification of; Graduation from a school of medicine accredited by the Association of American Medical Colleges or the American Association of Colleges of Osteopathic Medicine, or a school of dentistry accredited by the Commission on Accreditation of the American Dental Association, or a school of podiatry accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or other accredited school appropriate to his or her profession. If the applicant is a physician who is a foreign medical graduate, he/she must have successfully completed the Education Commission for Foreign Medical Graduate (ECFMG) or an accredited Fifth Pathway Program, and have verification of graduation from a foreign medical school?
17.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you successfully completed and show verification of; an "approved" postgraduate training program for physicians is a residency program fully accredited throughout the time of the Practitioner's training by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or an equivalent organization in a country eligible for licensure by endorsement of current license by the licensure board. An approved post-graduate training program for podiatrists and dentists or oromaxillofacial surgeons is one fully accredited throughout the time of the Practitioners training by the Commission on Dental Accreditation, by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or by a successor agency to any of the foregoing or by an equivalent professionally recognized national accrediting body in the United States or in a country eligible for licensure by endorsement of current license by the licensure board.
18.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For Advanced Practice Professionals; have you successfully completed an approved postgraduate training program in your respective profession?

Threshold Eligibility Criteria

19.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For Advanced Practice Professionals; are you currently certified by your recognized Board? Advanced Practice Professionals must be certified by their recognized Board prior to being considered for granting of clinical privileges. Recognized APP certification Boards include: For Physician Assistants the National Commission on Certification of Physician Assistants; for Certified Nurse Midwives the American Midwifery Certification Board; for Advanced Practice Nurses the American Nurses Credentialing Center, the American Academy of Nurse Practitioners or the Association of Women's Health, Obstetrical and Neonatal Nurses or other nationally recognized accrediting board.
20.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have proof of Participation in continuing education as related to the clinical privileges requested?
21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently board certified in the specialty for which you will be requesting clinical privileges? <i>(Board Certification within 5 Years of completion of Residency/Fellowship required)</i> [In your primary area of practice at the Hospital by the appropriate specialty/subspecialty board of the American Board of Medical Specialties ("ABMS"), or the Bureau of Osteopathic Specialists certifying boards of the American Osteopathic Association (AOA). For podiatrists, the board certification program accepted by the Hospital is the American Board of Foot and Ankle Surgery (ABFAS), and for dentists and oromaxillofacial surgeons the board certification program accepted by the Hospital is the American Board of Oral/Maxillofacial Surgeons (ABOMS) or the American Dental Association (ADA)]
22.	(Required) Please provide the name of the Board; even if you are not yet board certified	Name of Specialty Board: _____ Specialty (1): _____ Specialty (2): _____
23.	<input type="checkbox"/> N/A	If you are not board certified; when did you last complete your highest level of training? (i.e.: Residency or Fellowship completion date) _____ When are you scheduled to take the Board Exam? _____
24.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever failed a written or oral Board Examination? If Yes; how many attempts have you made to pass the board examination? _____ Number of times you have failed the board examination? _____

Only those individuals meeting all of the Threshold Eligibility Criteria shall be eligible to apply for appointment to the Medical Staff or clinical privileges, and these professional criteria shall apply uniformly to all applicants.

I attest that I have read the above statement, and that I have answered the above questions regarding my Threshold Eligibility Criteria. I am submitting a request to begin the "Request for Consideration" process at MountainView Hospital.

Provider Signature

Date

Name (printed)



Provider Information

- 1) Providers Complete Name (As it appears on the Nevada State Medical Board):

- 2) AKA: (other names used)

- 3) Gender: Male Female (Please circle)
- 4) Provider Degree: MD, DO, PA-C or APN?

- 5) Date of Birth:

- 6) Social Security Number:

- 7) NPI:

- 8) Email Address for Provider:

- 9) Applying for Primary Specialty in:

- 10) Is he/she Board Certified in Primary Specialty: Yes or No (Please circle)
- 11) If not, when did he complete his Residency/Fellowship in that Specialty:

- 12) Have you ever taken a specialty board exam and failed? Yes or No (Please circle)
If "Yes" please provide details (including dates)

- 13) Applying for Secondary Specialty in:

- 14) Is he/she Board Certified in Secondary Specialty: Yes or No (Please circle)
- 15) If not, when did he complete his Residency/Fellowship in that Specialty:

- 16) Provider Home Address:

- 17) *Provider Cell/Mobile Number:
Carrier: AT&T / Sprint / T-Mobile / Verizon / Other / Specify:

- 18) Primary Office Address:

- 19) Primary Office Phone:

- 20) Primary Office Fax:

Credentialing / Delegate Information (Please also complete the HCA-HCO Provider Delegate Form)

- 21) Credentialing Mailing Address:

- 22) Credentialing Contact Information:
 - 1-Name of Credentialing Contact: _____
 - 2-Email for Credentialing Contact: _____
 - 3-Phone Number for Credentialing Contact: _____
 - 4-Fax Number for Credentialing Contact: _____

Revised: 02/24/2015

* Disclosure of Cell/Mobile Phone Number and Carrier are Mandatory Requirements



HCA Credentialing Online (HCO) – Provider's Authorization for Delegate

Step 1

Please enter your information below to ensure the information we have is accurate in our credentialing system.

Provider Name: _____

Provider Phone: _____

Provider Email (required): _____

NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.

Step 2

☐ I do not want to select any delegates at this time. I will personally provide my credentialing information.
_____ initial and skip to Step 3

☐ I understand that one delegate for all entities is preferred; however, I have different people to handle my credentialing at different entities. The delegate listed below is my primary delegate for HCO access.

☐ The delegate listed below is my delegate for all entities.

☐ I hereby authorize:

Delegate

Name: _____

Email: _____

Phone: () - ext.

(hereinafter, individually referred to as "Delegate") to access the HCA Credentialing Online (HCO) web portal to enter data and submit documents for the HCA Requests for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them for consideration via the HCO web portal.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

PROVIDER SIGNATURE

NAME

SOCIAL SECURITY NUMBER or NPI

DATE (MM/DD/YYYY)

Step 3

Please complete, sign and date. The form may be returned using fax, email, or U.S. mail using the contact information provided in the footer of this letter.

Credentialing Processing Center – Houston Shared Services Center
8404 West Sam Houston Parkway South, Houston, TX 77072
866-579-0803 toll free • 866-862-5432 fax
HRSCHoustonCPC@Parallon.com

Fax to MountainView Hospital: 702-962-5554



UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
invites applications for the position of:

P/D Staff Physician

SALARY: \$101.77 - \$101.77 Hourly

JOB TYPE: Per Diem

DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:



Position Summary:

Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:

Education/Experience:

Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

Licensing/Certification Requirements:

Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

4-C

CRAIG WEINGROW, M.D.

**REQUIREMENTS TO BE CREDENTIALLED WITH INSURANCE COMPANIES TO BE
A PROVIDER**

Name of Hospital	Required Qualifications to Be Hired Include:	Exhibit
CAQH Solutions - Credentialing Authority to Qualify to be a Provider	What You'll Need to Get Started ...DEA Certificate CDS Certificate	5-A
Anthem	"Initial Credentialing A. Practitioners DEA/CDS and state controlled substance registrations a. The DEA/CDS registration must be valid the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state."	5-B
United Healthcare	"Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptance substitute (if required)"	5-C
Aetna	"Drug Enforcement Agency (DEA) and state controlled substances registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)"	5-D
Medicare	"Drug Enforcement Agency (DEA) number"	5-E
Cigna	Requirement Drug Enforcement Agency DEA Certificate Valid, unrestricted	5-F

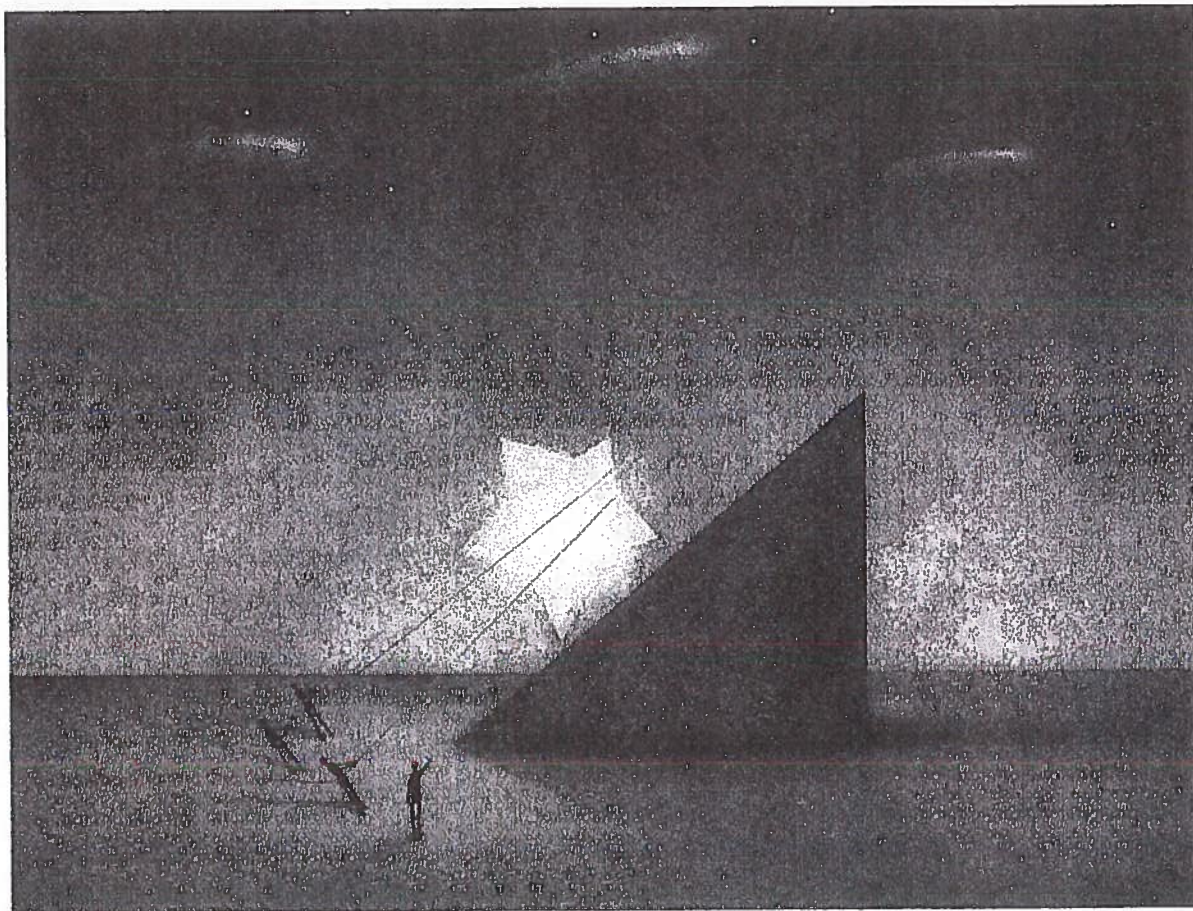


Provider Quick Reference Guide



PROVIEW.

all major
providers



CAQH ProView — Is the premier industry solution for healthcare providers to easily self-report data required by health plans, hospitals and other organizations. This information is used for credentialing, claims processing, quality assurance, member services, emergency response and more.

Easy to use, CAQH ProView eliminates the need to complete multiple, lengthy paper forms. Information is submitted securely electronically and only once. Providers can spend less time filling out forms and more time caring for patients. Available in all 50 states and the District of Columbia, CAQH ProView is free to providers.

5-A

CAQH ProView — The new industry standard for provider data collection

- Fully electronic solution saves time and eliminates the need for redundant, time-consuming paper forms and faxes.
- Simplifies provider data collection by only prompting to enter the data required for the state(s) where a provider practices.
- The CAQH ProView data set meets the data collection requirements of URAC, the National Committee for Quality Assurance (NCQA) and Joint Commission standards.
- CAQH ProView is supported by America's Health Insurance Plans, American Academy of Family Physicians, American College of Physicians, American Health Information Management Association, American Medical Association, and Medical Group Management Association.

Benefits to Providers

- Free service to providers.
- Easy to use.
- Enter, submit and store all data electronically.
- Eliminates the need for time-consuming paper forms.
- Enhanced security features help you maintain total control of your information.
- Re-attest in minutes.
- Updated information is immediately available to organizations authorized by the provider.

What You'll Need to Get Started

If you are a new user, you will need several pieces of information before getting started.

- CAQH-supplied Provider ID Number
- Previously completed credentialing application if available (for reference)
- List of all previous and current practice locations
- Identification numbers, such as Social Security Number, National Provider Identifier (NPI), DEA, UPIN, and License Number
- Electronic (scanned) copies of your:
 - Curriculum Vitae
 - Medical License
 - DEA Certificate
 - CDS Certificate
 - IRS Form W-9
 - Malpractice Insurance Face Sheet
 - Summary of any pending or settled malpractice cases
 - Any other required supporting documents

Using CAQH ProView

Follow the steps below to complete the CAQH ProView process.

The menu prompts in CAQH ProView take you through each step; click the "Save & Continue" button at the bottom of each page to go to the next page. Each step specifies instructions for "New Users" who are using CAQH ProView for the first time.

New Users

Providers using the solution for the first time should allow approximately two hours to complete the process. You can also complete the process over several sessions. Click the "Save & Continue" button to save your information if you leave the application or will not be using it for an hour or more. When returning, you must log in and select the section you wish to work on.

Register with CAQH ProView	Complete the Application and Review Data	Authorize Access to Your Information
<p>If you have been invited to join CAQH ProView by a health plan, hospital or other participating organization, you may have received a welcome letter with your CAQH Provider ID Number. As a new user, you also have the option to self-register through the CAQH ProView Provider portal: https://proview.caqh.org/pr. Upon completion of the self-registration process, you will receive a welcome email with your unique CAQH Provider ID Number. Once you have received your CAQH Provider ID Number, follow the next steps to complete your registration:</p> <ol style="list-style-type: none"> 1. Go online to https://proview.caqh.org/pr 2. Click "Register Now." 3. At the bottom of the page, click "here" on the "If you already have a CAQH Provider ID, please click here." 4. Enter your CAQH Provider ID Number. 5. Enter your authentication data (e.g., SSN, National Provider Identifier (NPI), DEA, UPIN, and License Number) 6. Create username and password. 7. Choose and answer three security questions. 8. Acknowledge the Terms of Service. 9. Click "Create Account". 	<ol style="list-style-type: none"> 1. Select "Profile Data" from the top navigation bar. 2. Enter the requested information within each section. <ul style="list-style-type: none"> — Use "Go to previous section" or "Save & Continue" to page forward or backward within your application. — It's important to click on the "Save & Continue" button to save your information. If you close the browser without clicking "Save & Continue," you will lose your information. 3. Select "Review & Attest" to review your profile and to make any required fixes to your information. During "Review," you can do any of the following: <ul style="list-style-type: none"> — Select "View Errors" to view both required and suggested fixes. <ul style="list-style-type: none"> — Required fixes are items that must be fixed to complete your profile. — Suggested fixes are items that appear irregular or inconsistent within your profile information. — Select "View Documents" to view the status of all uploaded supporting documents, as well as any missing or expired documents. — Double-click on the image in "View Your Data Summary" to review a summary of your profile information. — Generate a replica of a state-specific application by clicking "Download Your State Application", selecting the state and clicking Download. 4. Authorize POs to grant them access to your information. 	<p>Only you can authorize who has access to your information. For new CAQH ProView users, access the "Authorize" page from the left navigation.</p> <ol style="list-style-type: none"> 1. On the "Authorize" page, you have two options to select which listed organization(s)** you would like to receive your information: <ul style="list-style-type: none"> — "All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider." -OR- — "Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below:" 2. Select one and click "Save" to proceed to the next step in the process. 3. Click "Review & Attest". 4. Proceed to "Next Steps — All Users" on the next page. <p>**If a Participating Organization you wish to authorize does not appear, please contact that organization and ask to be added to their provider roster.</p>

Next Steps — All Users

Verify Your Data Entry — Review & Attest	Submit Supporting Documents	Maintain the Accuracy of Your Information
<p>Complete the following steps to verify the accuracy of your information and complete your attestation.</p> <ol style="list-style-type: none"> 1. Select "Review & Attest" from the top navigation bar. 2. Click "View Your Data Summary" to display a summary of the data you entered. 3. Review your data summary to make sure it is complete. You may save or print your data summary. <ul style="list-style-type: none"> — If you need to make changes, click "Profile Data" from the top navigation bar to select the section that needs to be revised. 4. Select "Attest" to certify that you have carefully reviewed all information contained within your profile and all information provided by you is true, correct, and complete to the best of your knowledge. 	<p>After you complete your attestation, CAQH ProView enables you to upload any required supporting documents directly into the system. You can also upload your documents as you are completing your application. To do so, follow these steps:</p> <ol style="list-style-type: none"> 1. The "Documents" or "Review" pages will inform you what documents are needed to complete your application. 2. Upload the supporting documents (e.g., DEA certificates, W-9 forms, etc.) directly to CAQH ProView. <p>Once your application is complete and your supporting documents are reviewed for accuracy, your information will be available to the organizations you authorized. You will need to check with each individual organization to determine your credentialing status.</p>	<p>Every 120 days (180 days for providers practicing in Illinois), you will receive a notification from CAQH ProView to re-attest that all the information in your profile is still correct. To complete this requirement, follow these steps:</p> <ol style="list-style-type: none"> 1. Go online to https://proview.caqh.org/ or at least every 120 days (180 days for IL Providers). 2. Log in. 3. At the home page, select "Review & Attest." 4. Review and update your data as needed. 5. Click on "Attest." 6. Upload any applicable supporting documents.



CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.

Questions? CAQH ProView Support Desk Phone: 1-888-599-1771 | Chat: <https://proview.caqh.org/PR>

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Credentialing

Anthem's Discretion

The credentialing summary, criteria, standards, and requirements set forth herein are not intended to limit Anthem's discretion in any way to amend, change or suspend any aspect of its credentialing program nor is it intended to create rights on the part of practitioners who seek to provide healthcare services to our Members. Anthem further retains the right to approve, suspend, or terminate individual physicians and health care professional, and sites in those instances where it has delegated credentialing decision making.

Credentialing Scope

Anthem credentials the following licensed/state certified independent health care practitioners:

- Medical Doctors (MD)
- Doctors of Osteopathic Medicine (DO)
- Doctors of Podiatry
- Chiropractor
- Optometrists providing Health Services covered under the Health Benefit Plan
- Oral and Maxillofacial surgeons
- Psychologists who have doctoral or master's level training
- Clinical social workers who have master's level training
- Psychiatric or behavioral health nurse practitioners who have master's level training
- Other behavioral health care specialists Telemedicine practitioners who provide treatment services under the Health Benefit Plan
- Medical therapists (e.g., physical therapists, speech therapists, and occupational therapists)
- Genetic Counselors
- Audiologists Acupuncturists (non-MD/DO)
- Nurse practitioners
- Certified nurse midwives
- Physician assistants (as required locally)
- Registered Dieticians

The following behavioral health practitioners are not subject to professional conduct and competence review under Anthem's credentialing program, but are subject to a certification requirement process including verification of licensure by the applicable state licensing board to independently provide behavioral health services and/or compliance with regulatory or state/federal contract requirements for the provision of services:

- Certified Behavioral Analysts
- Certified Addiction Counselors
- Substance Abuse Practitioners

Anthem credentials the following Health Delivery Organizations ("HDOs"):

- Hospitals
- Home Health Agencies
- Skilled Nursing Facilities (Nursing Homes)
- Ambulatory Surgical Centers
- Behavioral Health Facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings, including:
 - Adult Family Care/Foster Care Homes
 - Ambulatory Detox
 - Community Mental Health Centers ("CMHC")
 - Crisis Stabilization Units
 - Intensive Family Intervention Services
 - Intensive Outpatient – Mental Health and/or Substance Abuse
 - Methadone Maintenance Clinics
 - Outpatient Mental Health Clinics

Practitioners and HDOs are notified that they have the right to review information submitted to support their credentialing applications. In the event that credentialing information cannot be verified, or if there is a discrepancy in the credentialing information obtained, the Credentialing staff will contact the practitioner or HDO within thirty (30) calendar days of the identification of the issue. This communication will notify the practitioner or HDO of the right to correct erroneous information or provide additional details regarding the issue in question. This notification will also include the process for submission of this additional information, including where it should be sent. Depending on the nature of the issue in question, this communication may occur verbally or in writing. If the communication is verbal, written confirmation will be sent at a later date. All communication on the issue(s) in question, including copies of the correspondence or a detailed record of phone calls, will be documented in the practitioner's credentials file. The practitioner or HDO will be given no less than fourteen (14) calendar days in which to provide additional information. On request, the practitioner will be provided with the status of their credentialing or recredentialing application.

Anthem may request and will accept additional information from the applicant to correct or explain incomplete, inaccurate, or conflicting credentialing information. The CC will review the information and rationale presented by the applicant to determine if a material omission has occurred or if other credentialing criteria are met.

Nondiscrimination Policy

Anthem will not discriminate against any applicant for participation in its programs or provider network(s) on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran, or marital status or any unlawful basis not specifically mentioned herein. Additionally, Anthem will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions. Other than gender and language capabilities which are provided to the members to meet their needs and preferences, this information is not required in the credentialing and re-credentialing process. Determinations as to which practitioners and providers require additional individual review by the Credentials Committee are made according to predetermined criteria related to professional conduct and competence. Credentials Committee decisions are based on issues of professional conduct and competence as reported and verified through the credentialing process. Anthem will audit credentialing files annually to identify discriminatory practices, if any, in the selection of practitioners. Should discriminatory practices be identified through audit or through other means, Anthem will take appropriate action(s) to track and eliminate those practices.

Initial Credentialing

Each practitioner or HDO must complete a standard application form deemed acceptable by Anthem when applying for initial participation in one or more of Anthem's Networks or Plan Programs. For practitioners, the Council for Affordable Quality Healthcare ("CAQH") ProView system is utilized. To learn more about CAQH, visit their web site at www.CAQH.org.

Anthem will verify those elements related to an applicants' legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within the one hundred eighty (180) calendar day period prior to the CC making its credentialing recommendation or as otherwise required by applicable accreditation standards.

During the credentialing process, Anthem will review, among other things, verification of the credentialing data as described in the following tables unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

A. Practitioners

Verification Element
License to practice in the state(s) in which the practitioner will be treating Members.
Hospital admitting privileges at a TJC, NIAHO or AOA accredited hospital, or a Network hospital previously approved by the committee.
DEA/CDS and state controlled substance registrations
a. The DEA/CDS registration must be valid in

Verification Element
the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state.
Malpractice insurance
Malpractice claims history
Board certification or highest level of medical training or education
Work history
State or Federal license sanctions or limitations
Medicare, Medicaid or FEHBP sanctions
National Practitioner Data Bank report
State Medicaid Exclusion Listing, if applicable

B. HDOs

Verification Element
Accreditation, if applicable
License to practice, if applicable
Malpractice insurance
Medicare certification, if applicable
Department of Health Survey Results or recognized accrediting organization certification
License sanctions or limitations, if applicable
Medicare, Medicaid or FEHBP sanctions

Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the practitioner's or HDO's licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital privilege or other actions) that may reflect on the practitioner's or HDO's professional conduct and competence. This information is reviewed in order to assess whether practitioners and HDOs continue to meet Anthem credentialing standards.

All applicable practitioners and HDOs in the Network within the scope of Anthem Credentialing Program are required to be recredentialed every three (3) years unless otherwise required by contract or state regulations.

Health Delivery Organizations

New HDO applicants will submit a standardized application to Anthem for review. If the candidate meets Anthem screening criteria, the credentialing process will commence. To assess whether Network HDOs, within the scope of the Credentialing Program, meet appropriate standards of professional conduct and competence, they are subject to credentialing and recredentialing programs. In addition to the licensure and other eligibility criteria for HDOs, as described in detail in Anthem Credentialing Program Standards, all Network HDOs are required to maintain accreditation by an appropriate, recognized accrediting body or, in the absence of such accreditation, Anthem may evaluate the most recent site survey by Medicare, the appropriate state oversight agency, or a site survey performed by a designated independent external entity within the past 36 months for that HDO.

Recredentialing of HDOs occurs every three (3) years unless otherwise required by regulatory or accrediting bodies. Each HDO applying for continuing participation in Networks or Plan Programs must submit all required supporting documentation.

On request, HDOs will be provided with the status of their credentialing application. Anthem may request, and will accept, additional information from the HDO to correct incomplete, inaccurate, or conflicting credentialing information. The CC will review this information and the rationale behind it, as presented by the HDO, and determine if a material omission has occurred or if other credentialing criteria are met.



Anthem Blue Cross and Blue Shield Provider and Facility Manual

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Anthem Credentialing Program Standards

I. Eligibility Criteria

Health care practitioners:

Initial applicants must meet the following criteria in order to be considered for participation:

- A. Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP; and.
- B. Possess a current, valid, unencumbered, unrestricted, and non-probationary license in the state(s) where he/she provides services to Covered Individuals; and
- C. Possess a current, valid, and unrestricted Drug Enforcement Agency ("DEA") and/or Controlled Dangerous Substances ("CDS") registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals, the DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who see Covered Individuals in more than one state must have a DEA/CDS registration for each state.

Initial applications should meet the following criteria in order to be considered for participation, with exceptions reviewed and approved by the CC:

- A. For MDs, DOs, DPMs, and oral and maxillofacial surgeons, the applicant must have current, in force board certification (as defined by the American Board of Medical Specialties ("ABMS"), American Osteopathic Association ("AOA"), Royal College of Physicians and Surgeons of Canada ("RCPSC"), College of Family Physicians of Canada ("CFPC"), American Board of Podiatric Surgery ("ABPS"), American Board of Podiatric Medicine ("ABPM"), or American Board of Oral and Maxillofacial Surgery ("ABOMS")) in the clinical discipline for which they are applying.
- B. Individuals will be granted five years or a period of time consistent with ABMS board eligibility time limits, whatever is greater, after completion of their residency or fellowship training program to meet the board certification requirement.
- C. Individuals with board certification from the American Board of Podiatric Medicine will be granted five years after the completion of their residency to meet this requirement. Individuals with board certification from the American Board of Foot and Ankle Surgery will be granted seven years after completion of their residency to meet this requirement.

II. Criteria for Selecting Practitioners

A. New Applicants (Credentialing)

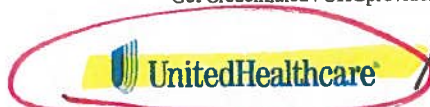
1. Submission of a complete application and required attachments that must not contain intentional misrepresentations;
2. Application attestation signed date within one hundred eighty (180) calendar days of the date of submission to the CC for a vote;
3. Primary source verifications within acceptable timeframes of the date of submission to the CC for a vote, as deemed by appropriate accrediting agencies;
4. No evidence of potential material omission(s) on application;
5. Current, valid, unrestricted license to practice in each state in which the practitioner would provide care to Covered Individuals;
6. No current license action;
7. No history of licensing board action in any state;
8. No current federal sanction and no history of federal sanctions (per System for Award Management (SAM), OIG and OPM report nor on NPDB report);
9. Possess a current, valid, and unrestricted DEA/CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals. The DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who treat Covered Individuals in more than one state must have a valid DEA/CDS registration for each applicable state.

Initial applicants who have NO DEA/CDS registration will be viewed as not meeting criteria and the credentialing process will not proceed. However, if the applicant can provide evidence that he/she has applied for a DEA/CDS registration the credentialing process may proceed if all of the following are met:

- a. It can be verified that this application is pending.
- b. The applicant has made an arrangement for an alternative practitioner to prescribe controlled substances until the additional DEA/CDS registration is obtained.
- c. The applicant agrees to notify Anthem upon receipt of the required DEA/CDS registration.
- d. Anthem will verify the appropriate DEA/CDS registration via standard sources.

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Resources for physicians, administrators and healthcare professionals

Get Credentialed

During the credentialing process, we'll work with you to verify your qualifications, practice history, certifications and registration to practice in a health care field.

Helpful Resources

- [Credentialing Frequently Asked Questions \(FAQs\)](#)
- [Credentialing Plan State and Federal Regulatory Addendum: Additional State and Federal Credentialing Requirements](#)
- [UnitedHealthcare Credentialing Plan 2019– 2021](#)

Feedback

Step One: Know What's Needed for Credentialing

UnitedHealthcare's credentialing standards fully comply with the National Committee on Quality Assurance (NCQA) as well as specific state and federal requirements.

Licensed Independent Practitioners — Credentialing Requirements

Training and Education

- Practitioner degree (MD, DO, DPM), post-graduate education or training
- Details of medical or professional education and training
- Completion of residency program in the designated specialty

Licensing and Certification

- Current license or certification in the state(s) in which the care provider will be practicing (no temporary licenses)
- National Provider Identification (NPI) number

5-C

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- Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptable substitute (if required)
- Medicare/Medicaid participation eligibility or certification (if applicable)

Work History Details

- Five-year work history
 - If there are any gaps longer than six months, please explain.
- Statement of work limitations, license history and sanctions (only required if you are applying to join UnitedHealthcare's Medicare and Medicaid plans).
The statement must include:
 - Any limitations in ability to perform the functions of the position, with or without accommodation;
 - History of loss of license and/or felony convictions; and
 - History of loss or limitation of privileges or disciplinary activity.
- W-9 form
- Hospital staff privileges

Insurance

- Active errors and omissions (malpractice) insurance or a state-approved alternative
- Malpractice history

Other

- Other Credentialing requirements such as AMA profile or criminal history review as required by Credentialing Authorities
- Notification if this provider has ever been a delegated provider prior to this credentialing application
- Passing score on state site visit (if required)

Credentialing For Medicaid and State Programs (Community Plan)

- State-specific Credentialing and Recredentialing information on how to join the UnitedHealthcare Community Plan network can be found in the Care Provider Manual.

Facilities — Credentialing Requirements

Each facility must meet the following criteria to be considered for credentialing:

- Current required license(s)
- General/comprehensive liability insurance
- Errors and omissions (malpractice) insurance
- Proof of Medicare/Medicaid program participation eligibility
- Appropriate accreditation by a recognized agency, or satisfactory alternative
- Centers for Medicare & Medicaid Services (CMS) certification

Questions?

If you have questions about any of the required items, please review the [UnitedHealthcare Credentialing and Recredentialing Plan for 2019-2021](#), specifically:

- Section 4.2 – Credentialing Criteria/Source Verification Requirements.
- Section 7.0 - Credentialing and Recredentialing of Facilities

Step Two: Complete a Credentialing Application



Step Three: Get Your Credentialing Approved



Check Your Status



The Credentialing Program has been developed in accordance with state and federal requirements and accreditation guidelines. In accordance with those standards, UnitedHealthcare members will not be referred and/or assigned to you until the credentialing process and contracting process have been completed.

Feedback

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Feedback

Credentialing Overview

aetna

Aetna shall maintain a network that will be credentialed and recredentialed consistent with the accrediting bodies of National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS) and URAC, as well as state and federal requirements.

Aetna will consider the following factors in its credentialing process and secure primary source verification, as required:

- Licensure and/or certification verified through state licensing boards in geographical areas where network practitioners will care for our members
- Board certifications (when applicable)
- Loss of/limitation of hospital admitting privileges (when applicable)
- Current professional liability coverage
- Drug Enforcement Agency (DEA) and state controlled-drug substance registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)
- Disciplinary history or adverse actions related to licensure and DEA registration, which we query through state licensing boards and the National Practitioner Databank (NPDB)
- Malpractice insurance claim history to examine any possible trends and to look for evidence that might suggest any probable substandard professional performance in the future
- Mental and physical health to determine if the practitioner's history might suggest any probable substandard professional performance in the future
- Participation in government programs such as Medicare or Medicaid
- Professional education and training through verification by the American Medical Association (AMA) Masterfile, American Osteopathic Association (AOA) and specialty board or specific residency/training program (highest level of education, depending on practitioner type)
- Work history

The Aetna Credentialing and Performance Committee (CPC) has authority for making final determinations for those individual practitioners being considered for exceptions to Aetna's established requirements for professional competence and conduct.

Individual practitioners will be recredentialed using the Aetna standard credentialing process every three (3) years.

In addition, in between formal credentialing cycles, Aetna will monitor the following as part of the ongoing quality review:

- state board sanctions,
- loss of license
- Office of Personnel Management/Office of Inspector General reports
- Medicare Opt Out
- Member complaints
- Internally identified potential quality of care concerns

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Help - Checklist for Individual Physician and Non-Physician Practitioners using PECOS

[Skip to Main Content](#)**Medicare Enrollment**

for Providers and Suppliers

[Help Home](#) [Close](#)**Help****Checklist for Individual Physician and Non-Physician Practitioners using PECOS**

Below is a checklist of information that will be needed to complete enrollments via Internet-based PECOS:

- ✓ An active National Provider Identifier (NPI).
- ✓ National Plan and Provider Enumeration System (NPPES) User ID and password. Internet-based PECOS can be accessed with the same User ID and password that a physician or non-physician practitioner uses for NPPES.
 - For help in establishing an NPPES User ID and password or assistance in changing an NPPES password, contact the NPI Enumerator at 1-800-465-3203 or send an e-mail to customerservice@npienumerator.com.
- ✓ Personal identifying information. This includes:
 - Legal name on file with the Social Security Administration
 - Date of birth
 - Social Security Number
- ✓ Schooling information. This includes:
 - Name of School
 - Graduation year
- ✓ Professional license information. This includes:
 - Medical license number
 - Original effective date
 - Renewal date
 - State where issued
- ✓ Certification information. This includes:
 - Certification number
 - Original effective date
 - Renewal Date
 - State where issued
- ✓ Specialty/secondary specialty information
- ✓ Drug Enforcement Agency (DEA) number
- ✓ If applicable, information regarding any final adverse actions. A final adverse action includes:
 - a Medicare-imposed revocation of any Medicare billing privileges;
 - suspension or revocation of a license to provide health care by any State licensing authority;
 - revocation or suspension by an accreditation organization;
 - a conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(A)(i)) within the last ten years preceding enrollment or revalidation;
 - or an exclusion or debarment from participation in a Federal or State health care program.
- ✓ Practice location information. This information includes:
 - Practitioner's medical practice location
 - Special Payment Information
 - Medical Record Storage Information
 - Billing Agency Information (if applicable)
 - Any Federal, State, and/or local (city/county) professional licenses, certifications and/or registrations specifically required to operate as a health care physician or non-physician practitioner.

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Help - Checklist for Individual Physician and Non-Physician Practitioners using PECOS

- ✓ Electronic Funds Transfer documentation - mechanism by which providers and suppliers receive Medicare Part A and Part B payments directly into a designated bank account.

Note: Clicking the download button below generates a PDF file of size 210 KB. Documents in PDF format require the [Adobe Acrobat Reader®](#). If you experience problems with PDF documents, please [download the latest version of the Adobe Acrobat Reader®](#).

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Cigna Medical Network Credentialing

Join a Cigna health plan network. We look forward to collaborating with you.

[First-Time Credentialing](#)
[Recredentialing](#)
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How to Join a Cigna Medical Network

1 (800) 88CIGNA (882-4462)

OnboardingStatus@Cigna.com

If you are checking the status on where you are in the credentialing process, we will need the name and tax ID number from your application.

1 Pre-Application

Before starting the application process, we'll need some information from you to confirm that you meet the basic guidelines to apply for credentialing.

Please call Cigna Provider Services at **1-800-88Cigna (882-4462)**. Choose the **credentialing option** and a representative will assist you. In most cases, you'll be informed on this call if you meet the basic guidelines to apply for credentialing.

If you are a facility or ancillary provider, we'll need more information from you than is on the Provider Information Form. Please call 1-800-88Cigna (882-4462), choose the credentialing option, and the representative will tell you the next steps in the application process.

2 Submit your application

If you meet the basic guidelines to apply for credentialing, you will receive an email with an application packet and all the information you'll need to get started.

If the application information already exists on the Council on Affordable Quality Healthcare® (CAQH) website or the One Healthport/Medversant website, with your permission we will access it electronically to gather most of the information we need. As a third option, if it's required by the state in which you practice, we'll accept a state application that you complete, sign, and mail to us with the required documentation.

Depending on which method you choose to apply, please complete the steps below.

Online application

Printed
application

CAQH

One
Healthport/Medversant

State
application

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- Authorize Cigna to access your data.
- Review the data profile for any changes.
- Ensure the profile has one of these statuses: Initial Profile Complete or Re-attestation.
- Review the data profile for any changes.
- Ensure that it has been attested within 100 days.
- Ensure all applicable fields have been completed and signed within 100 days.
- Print the application from your computer.
- Mail it to Cigna with the appropriate attachments:
Cigna
Medical
Onboarding
Unit 1000
Corporate
Center Drive,
Ste. 500
Franklin, TN
37067

Required application information

Regardless of which method you use to apply, we require that you send us a completed application packet with the information below.

Requirement	Details	Other information
State medical license or appropriate professional license	<ul style="list-style-type: none"> • Valid, unrestricted • With appropriate licensing agency 	
Drug Enforcement Agency (DEA) certificate	<ul style="list-style-type: none"> • Valid, unrestricted • One needed for each practicing state 	<p>IMPORTANT: If you do not have a DEA certificate or CDS certificate, fill out the DEA certificate form [PDF] and fax it to 1.877.391.8228.</p>
Controlled Dangerous Substances (CDS) certificate	<ul style="list-style-type: none"> • Valid, unrestricted • If required by the state 	


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Cigna-participating hospital clinical privileges	Must be in good standing on the medical staff	<p>IMPORTANT: If you do not have clinical privileges at a Cigna network-participating hospital, you may have someone admit patients on your behalf.</p> <p>Fill out the Hospital Coverage Agreement form (PDF) and fax it to 1.877.391.8228</p>
--	---	---

Board certification status	By the American Board of Medical Specialties or the American Osteopathic Association
----------------------------	--

Professional education and training	Include applicable training in the specialty for which you are applying
-------------------------------------	---

Work history	Must include previous five years	Include an explanation for work history gaps greater than six months.
--------------	----------------------------------	---

Prior sanctioning activities	By applicable regulatory bodies, and the Centers for Medicare & Medicaid Services (CMS)	Must disclose sanctions information on the application.
------------------------------	---	---

Malpractice claims history	Professional liability coverage amounts will vary based on market standards and medical specialty	Recommended minimums are \$1,000,000 per occurrence and \$3,000,000 in the aggregate.
----------------------------	---	---

Adequate malpractice insurance	Must meet the applicable state and medical specialty requirements
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3 Keeping you informed during the registration process

Once we receive the application packet, we'll start the credentialing process. This typically takes 45 to 60 days to complete. During this time, you'll receive emails from us to:


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send you an email notification that we closed your application.

- Keep you updated on where your application is in our credentialing verification process, including any delays that may cause the credentialing process to extend past the standard 45- to 60-day turnaround time.
- Confirm you have been approved and credentialed as a network-participating provider with your effective date, or notify you that you have not been approved.

If you have been approved, we will upload your provider information into our directories and claim systems which typically happens within 10 business days.

4 How to check the status of your application

If you want to find out where your application is within the process:

1) Email OnboardingStatus@Cigna.com. Include your full name and Taxpayer Identification Number (TIN).

OR

Call **1.800.88Cigna (882.4462)**, and choose the credentialing option.

5 Welcome to the Cigna network!

If you are approved and credentialed, you will receive an email letting you know that you have been approved and your effective date.

The Benefits of Collaboration

Cigna shares the same mission as doctors, dentists and other health care providers, hospitals and facilities. We all strive for the better health and well-being of your patients – our customers.

[3 simple reasons to work with us](#)

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CRAIG WEINGROW, M.D.

BOARD OF PHARMACY NOTICE OF INTENDED ACTION AND ACCUSATION

Cause of Action	Description	Why This Will Not Happen Again
First	Dispensing Without A Practitioner's Signature	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Second	Falsifying Signatures	Dr. Weingrow has obtained an Electronic Medical Records (EMR) system that permits e-prescribing of controlled substances directly to the pharmacy and only Dr. Weingrow has access to the system.
Third	Unlicensed Practice of Medicine	
Fourth	Failure to Adequately Secure Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Fifth	Unlawful Access to Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Sixth	Dispensing When Practitioner Off-Site	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Seventh	Not applicable to Weingrow	
Eighth	Dispensing to Off-Site Patients	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Ninth	Dispensing Without Dispensing Practitioner Verification	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Tenth	Falsifying Patient Records	This causes of action related to patient informed consent forms, which must be completed prior to dispensing medication. Since Dr. Weingrow is no longer dispensing, this will not happen again.

