

8

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane • Reno, NV 89509

## APPLICATION BY SCORE TRANSFER AS A PHARMACIST

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application.

**Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)**

Money Order or Cashier's Check only made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Kurt Middle: Allen Last: Howe

Mailing Address: Billsdale Rd

City: Irmo State: SC Zip Code: 29063

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Akron-OH

Social Security Number: \_\_\_\_\_ Sex:  M or  F  
(Full Number Required)

### College of Pharmacy Information

Graduation Date: 12/18/03

Degree Received:  PharmD  BS in Pharmacy  Other (check one)

Name of Pharmacy School: University of South Carolina

Location of School: South Carolina

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

### **Board Use Only**

Processed: \_\_\_\_\_ Amount: 330.00 Entity #: \_\_\_\_\_

Email \_\_\_\_\_ NAPLEX Taken: \_\_\_\_\_ MPJE \_\_\_\_\_

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
SC	10857	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes  No

Branch: N/A  
 Military Occupation/Specialty: \_\_\_\_\_  
 Dates of Service: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: \_\_\_\_\_ Page 1 of 2

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:		
	SC	12/14/2016	2014-57		
Criminal Action:	State	Date:	Case #:	County	Court
	SC	6/26/2014	2015GS3200393	Lexington	State of South Carolina

**FEDERALLY MANDATED REQUIREMENTS**

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes  No   
**4a. If you marked Yes, to the question 4,** are you in compliance with the court order?.....Yes  No

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

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

12/29/18

Date

December 29, 2018

Nevada Board Of Pharmacy  
431 W Plumb Lane  
Reno, NV-89509

To Whom It May Concern,

In 2009 I was under a consent agreement because I diverted hydrocodone without a physician's prescription. It initially started out to control physical pain and then turned into a physical dependence.

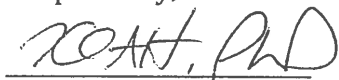
June 26th of 2014, I filled my prescription of Vyvanse 5 days before it was due for a refill; without the consent of my physician. I was upfront and transparent about what I did. It was a decision that I tremendously regret. South Carolina Board Of Pharmacy revoked my license but they chose not to do a permanent revocation.

This resulted in a misdemeanor for possession of a controlled substance. (This conviction is currently in the process of being expunged.)

Following my revocation I voluntarily enrolled into a Recovering Professionals Program (RPP). They did random drug testing and monitored my meeting attendance. Dr. James Graham (Medical Director of RPP) stated that I was safe to return to pharmacy.

I am humbly asking for the opportunity to practice a profession that I love. Thank you for your consideration.

Respectfully,



Kurt A. Howe

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF PHARMACY**

**IN THE MATTER OF:**

**Kurt Allen Howe,**  
License No. PH.10857

OIE # 2014-57

Petitioner.

**ORDER  
(PRIVATE)**

This matter came before the above captioned licensing board ("Board") at its September 15, 2016 meeting, with a quorum present, on Petitioner's Petition for Reinstatement. The hearing was closed at the request of Petitioner. The State was represented by Patrick Hanks, Esquire, Chief Disciplinary Counsel. Petitioner appeared and was represented by Suzanne Hawkins, Esquire. After considering the evidence and the arguments of counsel, the Board voted to deny the Petition.

By way of background, Petitioner's license was revoked by way of an Order of the Board of Pharmacy issued on August 27, 2015. In that Order, the Board found that Petitioner obtained controlled substances through improper means by using altered prescriptions or making incomplete disclosures to a prescribing physician. Previously, in 2009, the Petitioner entered into a Consent Agreement with the Board after diverting controlled substances from a pharmacy for his personal use.

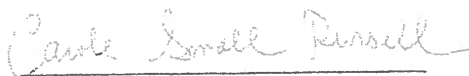
In his Petition, Petitioner argues that since the 2015 Order revoking his license, he has remained enrolled with the Recovering Professionals Program ("RPP"). He indicated that he has been enrolled in RPP for 16 months, during which time he has had negative results on 44 random drug screens. The Board also heard testimony from Chris McCoy with RPP, who confirmed that Petitioner has been in compliance with the RPP program since his license was revoked in 2015.

In considering the Petitioner's Petition, the Board notes that modifying a final decision of the Board is within the discretion of the Board, and the burden is on the Petitioner to present sufficient grounds as to why the Board's prior decision should be modified. In this case, the Board concludes that the Petitioner failed to present such grounds. The Board's ultimate duty is to protect the citizens of South Carolina. In the present case, Petitioner has improperly obtained controlled substances on two occasions, with a significant gap in time between the two. The Board believes that while Petitioner's voluntary enrollment in RPP is to be commended, his prior conduct has indicated that he cannot maintain continued sobriety while engaged in the practice of pharmacy. For these reasons, the Petitioner's Petition for Reconsideration should be denied.

**IT IS THEREFORE ORDERED** that Petitioner's Petition for Reconsideration is hereby denied.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**



**Carole Small Russell, R.Ph.  
Board Chair**

December 14, 2016

0-6 mo. and/or 0-\$1,000

STATE OF SOUTH CAROLINA )  
 COUNTY OF Lexington )  
 STATE VS. )  
Kurt Allen Howe )  
 AKA: \_\_\_\_\_ )  
 Race: White Sex: M Age: 35 )  
 DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ )  
 Address: Leamington Way )  
 City, State, Zip: Irmg, SC 29063-8242 )  
 DL#: \_\_\_\_\_ SID#: \_\_\_\_\_ )

IN THE COURT OF GENERAL SESSIONS

INDICTMENT/CASE#: 2015GS3200393  
 A/W#: 2014A3210600068  
 Date of Offense: 6/26/2014  
 S.C. Code § : 44-53-0390  
 CDR Code #: 0561

SENTENCE SHEET

\*CDL Yes  No  CMV Yes  No  Hazmat Yes  No   
 In disposition of the said indictment comes now the Defendant who was  CONVICTED OF or  PLEADS  
 TO: Drugs / Poss. of other controlled sub. in Sched. I to V - 1st offense

in violation of § 44-53-0370(d)(2) of the S.C. Code of Laws, bearing CDR Code # 0179  
 NON-VIOLENT  VIOLENT  SERIOUS  MOST SERIOUS  Mandatory GPS(CSC  §17-25-45  
 w/minor 1st or Lewd Act)

The charge is:  As Indicted,  Lesser Included Offense,  Defendant Waives Presentment to Grand Jury, (defendant's initials)  
 The plea is:  Without Negotiations or Recommendation,  Negotiated Sentence,  Recommendation by the State.  
 ATTEST:

[Signature] 100350 [Signature] [Signature]  
 \_\_\_\_\_ SC Bar# \_\_\_\_\_ Defendant \_\_\_\_\_ Attorney for Defendant \_\_\_\_\_ SC Bar#

WHEREFORE, the Defendant is committed to the  State Department of Corrections,  County Detention Center,  
 for a determinate term of 3 days/months/years or  under the Youthful Offender Act not to exceed \_\_\_\_\_ years  
 and/or to pay a fine of \$ 800; provided that upon the service of \_\_\_\_\_ days/months/years and/or payment  
 of \$ \_\_\_\_\_; plus costs and assessments as applicable\*; the balance is suspended with probation for \_\_\_\_\_

months/years and subject to South Carolina Department of Probation, Parole and Pardon Services standard conditions of probation, which are incorporated by reference.

CONCURRENT or  CONSECUTIVE to sentence on:  
 The Defendant is to be given credit for time served pursuant to S.C. Code § 24-13-40 to be calculated and applied by the State Department of Corrections.  
 The Defendant is to be placed on the Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal Domestic Violence ) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

RESTITUTION:  Deferred  Def. Waives Hearing  Ordered  
 Total: \$ \_\_\_\_\_ plus 20% fee: \$ \_\_\_\_\_  
 Payment Terms: \_\_\_\_\_  
 Set by SCDPPPS \_\_\_\_\_

PTUP \_\_\_\_\_  
 \_\_\_\_\_ days/hours Public Service Employment  
 Obtain GED   
 Attend Voc. Rehab. or Job Corp. \_\_\_\_\_  
 May serve W/E beginning \_\_\_\_\_  
 Substance Abuse Counseling   
 Random Drug/Alcohol testing   
 Fine may be pd. in equal, consecutive weekly/monthly  
 pmts. of \$ \_\_\_\_\_ beginning \_\_\_\_\_  
 \$ \_\_\_\_\_ paid to Public Defender Fund  
 Other: \_\_\_\_\_

Recipient: \_\_\_\_\_

*Fine:		\$ <u>800</u>
§ 14-1-206 (Assessments 107.5 %)		\$ <u>800</u>
§ 14-1-211(A)(1) (Conv. Surcharge)	\$100	\$ <u>100</u>
§ 14-1-211(A)(2) (DUI Surcharge)	\$100	\$
§ 56-5-2995 (DUI Assessment)	\$12	\$
§ 56-1-286 (DUI Breath Test)	\$25	\$
Proviso 47.9 (Public Def/Prob)	\$500	\$
§ 14-1-212 (Law Enforce. Funding)	\$25	\$
§ 14-1-213 (Drug Court Surcharge)	\$150	\$ <u>25</u>
§ 50-21-114(BUI Breath Test Fee)	\$50	\$ <u>150</u>
§ 56-5-2942(J) (Vehicle Assessment)	\$40/ea	\$
Proviso 90.5 (SCCA Surcharge)	\$5	\$ <u>5</u>
3% to County (if paid in installments)		\$
TOTAL:		\$ <u>1940</u>

Appointed PD or appointed other counsel, § 47.12 requires \$500 be paid to Clerk during probation.

Presiding Judge \_\_\_\_\_  
 Judge Code: 5059  
 Sentence Date: 2/11-15

Clerk of Court/ Deputy Clerk Beth A. Causey  
 Court Reporter: \_\_\_\_\_  
 SCCA/217 (03/2011)

**A TRUE COPY**  
[Signature]  
 Lex. Co. C.C.C.P., G.S. & F.C.