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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 - Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

Total Fee: \$250.00 (non-refundable check or credit card)

Made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: MICHAEL Middle: MANABU Last: SHIMOIDE

Mailing Address: E CLARKSON AVE

City: KINGSBURG State: CA Zip Code: 93631

Telephone: _____ E-mail Address: hotmail.com

Date of Birth: _____ Place of Birth: FRESNO, CALIFORNIA

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

College of Pharmacy Information

Graduation Date: 05/13/99
(mm/dd/yy)

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

Name of Pharmacy School: UNIVERSITY OF SOUTHERN CALIFORNIA

Location of School: LOS ANGELES, CALIFORNIA

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

Board Use Only

Processed: _____ Amount: 250.00 Entity #: _____
Email _____ NAPLEX _____ 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?
CA	50927	Yes <input checked="" type="checkbox"/> No <input 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: ARMY

Military Occupation/Specialty: 91Q

Dates of Service: 11/1990 - 6/2002

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

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

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

Board Administrative Action:	State:	Date:	Case #:		
<u>CITATION</u>	<u>CA</u>	<u>12/21/2015</u>	<u>CI 2015 68401</u>		
Criminal Action:	State:	Date:	Case #:	County:	Court:
		<u>/ /</u>			

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, its 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.

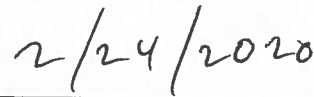
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

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



Date

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number Name, License No
CI 2015 68401 MICHAEL MANABU SHIMOIDE , RPH 50927

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Title 21 CFR § 1305.12 subd. (d)/Title 21 CFR § 1305.05 subd. (a)	Procedure for executing DEA Forms 222/Orders for schedule I and II controlled substance - Power of Attorney	\$1,000.00
CCR Title 22 § 70263 subd.(c)(f)(3)(g)	Supplies of drugs for use in medical emergencies only shall be immediately available at each nursing unit or service area as required; the supply shall be inspected by a pharmacist at periodic intervals specified in written policies; such inspections shall occur no less frequently than every 30 days; records of such inspections shall be kept for at least three years; a pharmacy and therapeutics committee shall be established	\$2,000.00
Bus. & Prof. Code § 4059.5 subd. (a)	Dangerous drugs and devices may only be ordered by... and shall be delivered to licensed premises and signed for and received by a pharmacist...	\$1,000.00
Bus. & Prof. Code § 4115 subd. (a)(b)(c)	A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist	\$1,000.00

CONDUCT:

Code of Federal Regulations section 1305.12 (d) and 1305.05 (a) states in pertinent part each DEA Form 222 must be signed and dated by a person authorized to sign an application for registration or a person granted power of attorney to sign a Form 222 under 1305.05. The name of the purchaser, if different from the individual signed the DEA Form 222, must also be inserted in the signature space. A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule I and II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files, with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records. Michael Shimoide was not compliant. Michael Shimoide (RPH 50927) while working at Plumas District Hospital Pharmacy, located at 1065 Bucks Lake