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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: Tosin Middle: A Last: Adelakun

Mailing Address: Bleeker Lane

City: West Columbia State: SC Zip Code: 29169

Telephone: _____ E-mail Address: VelphonPharm.com

Date of Birth: _____ Place of Birth: Lagos, Nigeria

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

College of Pharmacy Information

Graduation Date: 05/10/2019
(mm/dd/yy)

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

Name of Pharmacy School: University of Georgia College of Pharmacy

Location of School: Athens, GA

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: 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?
SC	PH-42330	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
A	PD15242	Yes <input checked="" 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: _____

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: _____

	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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
Possession of Marijuana	AL	3/11/2014	MC14-126	Eufala	Eufaula Municipal Court

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.

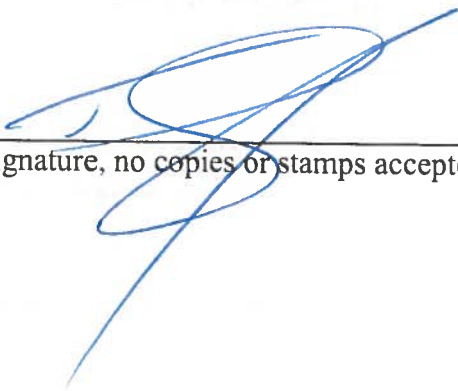
4. Are you the subject of a court order for the support of a child?.....Yes No
4a. If you marked Yes. to the question 4. are you in compliance with the court order?.....Yes No

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

2/14/2020

Date

Candy Nally

From: Tosin Adelakur <nephronpharm.com>
Sent: Monday, February 24, 2020 11:11 AM
To: Candy Nally
Subject: RE: License by Examination
Attachments: Eufaula Court Docs.pdf

In April 2014, I was a passenger in a vehicle that was found to have less than an ounce of marijuana inside of it. Everybody in the vehicle, including myself, was charged with possession of less than one ounce of marijuana. Eufaula Municipal Court in Alabama (545 East Barbour Street Eufaula, Alabama 36027) was the court that presided over my case. My case resulted in a pre-trial diversion in which the charge was dismissed on my criminal record. I have attached all court records and details surrounding the case.

Kindest Regards,

Dr. Tosin Adelakun

From: Candy Nally [mailto:cnally@pharmacy.nv.gov]
Sent: Monday, February 24, 2020 1:30 PM
To: Tosin Adelakun <nephronpharm.com>
Subject: [EXTERNAL] License by Examination

Mr. Adelakun,

We are in receipt of your application for a pharmacist by examination. On the application you answered "I Have" to question 2. "Been charged, arrested or convicted of a felony or misdemeanor in any state?"

Please provide the Nevada State Board of Pharmacy with an explanation and/or documents to above question as the application requires.

If you have any questions, please feel free to contact us.

Thanks,

Candy M. Nally
 Licensing Specialist
 Nevada State Board of Pharmacy
cnally@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.



CITY OF EUFAULA
MUNICIPAL COURT P.O. BOX 219 EUFAULA, ALABAMA 36072-0219
TEL: (334) 687-1235 Fax: (334) 687-1257

MUNICIPAL COURT JUDGE
WALTER B. CALTON

MUNICIPAL COURT CLERK
CHARLES W. HART

December 12, 2019

Dr. Tosin Adelakun
3leeker Lane
West Columbia, SC 29169

Re: Municipal Court of Eufaula, Alabama
Case No. MC14-126, *City of Eufaula v. Oluwatosin Adelakun*

Dear Dr. Adelakun:

As you requested by letter dated December 2, 2109, I have copied the case file as maintained in the records of the Eufaula Municipal Court for the case referenced above. The copies provided are certified to be true and correct copies of the original record. I am also enclosing your receipt for payment of the \$5.00 fee for copies.

Please let me know if this office may be of further assistance.

Sincerely,

A handwritten signature in blue ink that reads "Charles W. Hart". The signature is fluid and cursive, written in a professional style.

Charles W. Hart, Clerk
Eufaula Municipal Court

State of Alabama Unified Judicial System	COMPLAINT (Felonies, Misdemeanors, or Violations - District Court or Municipal Court)	Warrant Number 14-0000000147
Form CR-6 Rev. 8/98		Case Number MC 14-126

IN THE MUNICIPAL COURT OF EUFULA, ALABAMA
 (Circuit, District, or Municipal) (Name of Municipality or County)

STATE OF ALABAMA
 MUNICIPALITY OF v. ADELAKUN OLUWATOSIN
 Defendant


Before me, the undersigned authority, personally appeared this day the undersigned complainant who, upon first being duly sworn, states on oath that he/she has probable cause for believing, and does believe, that ADELAKUN OLUWATOSIN, defendant, whose name is otherwise unknown to the complainant, did, prior to the commencement of this action, on or about 03-11-14 (date of occurrence) commit the offense of POSSESSION OF MARIJUANA 2ND within the

County of BARBOUR
 City/Town of Eufaula or in the police jurisdiction thereof, in that he/she did:
 (State specific facts here. Continue on a separate sheet of paper if needed.)

DID POSSESS A JELLY JAR THAT CONTAINED GREEN VEGETABLE MATTER BELIEVED TO BE MARIJUANA. THIS JAR WAS FOUND UNDER THE PASSENGER SEAT IN THE VEHICLE THAT WAS SEARCHED HE WAS AN OCCUPANT OF.

in violation of
 Section _____, Code of Alabama 1975.
 Municipal Ordinance Number 66-1, which embraces Section 13A-12-214 Code of Alabama 1975, previously adopted, effective and in force at the time the offense was committed.
 Other _____

Sworn to and Subscribed before me this 11th day of March, 2014
Kim R. Smell
 Judge / Magistrate / Warrant Clerk


 A. CAMPBELL
 Complainant
545 E. BARBOUR ST
 Address
334-687-1200
 Telephone Number

WITNESSES

Name	Address	Telephone Number

Additional Witnesses on Reverse Side.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.
Charlene Hart 12/11/2019
 Clerk of the Municipal Court of Eufaula, Alabama

State of Alabama Unified Judicial System Form CR-11 Rev. 1/96	<h1>APPEARANCE BOND</h1>	Case Number MC14-0000126
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IN THE _____ MUNICIPAL COURT OF _____ EUFAULA, ALABAMA
 (Circuit, District, or Municipal) (Name of Municipality or County)

STATE OF ALABAMA MUNICIPALITY OF _____ EUFAULA

v. _____ ADELAKUN OLUWATOSIN _____, Defendant

I, _____ ADELAKUN OLUWATOSIN _____ (Defendant), as principal,
 and I (we), _____ THOMAS BAIL BONDING AGENCY _____
 (please print)

_____ as surety(ies),
 agree to pay the State of Alabama the above-named Municipality the sum of \$ \$800.00 (for municipal courts, this sum should not exceed \$1,000) and such costs as authorized by law unless the defendant appear(s) before the above-named court on April 17 2014 (date) at 9:00 AM (time) (if date and time are unknown, the words 'the scheduled' may be placed in the date blank and a line may be placed in the space for time) and from day to day of each session thereafter until defendant is discharged by law to answer the charge of POSSESSION OF MARIJUANA 2ND or any other charge as authorized by law.

If the trial is moved to another county/municipality, this undertaking is for the appearance of the defendant from day to day of each session of the court to which the defendant is removed until discharged by law.

As sureties, we hereby jointly and severally certify that we have property valued over and above all debts and liabilities that has a fair market value equal to or greater than the amount of the above bond, and we, and each of us, waive the benefit of all laws exempting property from levy and sale under execution or other process for the collection of debt by the Constitution and Laws of the State of Alabama, and we especially waive our rights to claim as exempt our wages or salary that we have under the laws of Alabama, and our rights to homestead exemptions that we have under the Constitution of Alabama and the laws of the State of Alabama, as set out in a separate writing.

Signed and sealed this date with notice that false statements are punishable as perjury.

Signature of Defendant _____ (L.S.)			
Address (Print) <u>Akovy Bluff Way</u>		State <u>GA</u>	Zip <u>30045</u>
Signature of Surety/Agent of Professional Surety or Bail Company <u>Thomas Bail Bonding</u> (L.S.)		Signature of Surety/Agent of Professional Surety or Bail Company _____ (L.S.)	
Social Security Number (Except for Agents) _____ Phone _____		Social Security Number (Except for Agents) _____ Phone _____	
Address (Print) <u>601 East Broad St. Euftaul, AL 36027</u>	City _____ State _____ Zip _____	Address (Print) _____ City _____ State _____ Zip _____	
Signature of Surety/Agent of Professional Surety or Bail Company _____ (L.S.)		Signature of Surety/Agent of Professional Surety or Bail Company _____ (L.S.)	
Social Security Number (Except for Agents) _____ Phone _____		Social Security Number (Except for Agents) _____ Phone _____	
Address (Print) _____ City _____ State _____ Zip _____		Address (Print) _____ City _____ State _____ Zip _____	

Date March 11 2014

Approved by: Kumler K. Smell _____
 By: Deputy Sheriff/Law Enforcement Officer

Defendant's Information					
Date of Birth	Sex <u>M</u>	Eyes <u>BRO</u>	Hair <u>BLK</u>	Employer <u>Unemployed</u>	
Social Security Number <u>776</u>	Race <u>BLACK</u>		Height <u>6' 01"</u>	Weight <u>165</u>	Employer's Address _____
Driver's License Number _____	Telephone Number _____			Employer's Telephone Number _____	

Property Bond Professional Surety Bond Cash Bond Posted by _____

I certify that I am Clerk of the Municipal Court of the City of Euftaul, Alabama and that the within and attached is a true and correct copy of the original record.
Charles W. Hest
 Clerk of the Municipal Court of Euftaul, Alabama

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA

Plaintiff,

vs.

ADELAKUN OLUWATOSIN

Defendant.

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*
*

CASE NO: MC14-126



MOTION TO CONTINUE

COMES NOW the City of Eufaula by and through the prosecutor, Michael A. Rutland, and hereby requests this Honorable Court grant a Motion to Continue in the above styled cases and as grounds therefore states as follows:

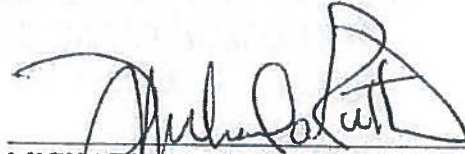
1. The above styled case is scheduled for First Appearance on April 17, 2014 at 9:00 a.m.
2. The undersigned was recently contacted by the Defendant and the Defendant wishes to apply to Pre-Trial Diversion.
3. The Prosecutor and the Defendant request this case be continued to allow additional time to resolve this matter.

WHEREFORE, the Municipality of Eufaula, Alabama, by and through the undersigned counsel, request this Court continue the above styled cases and have them set for trial on the next available court date.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W. Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

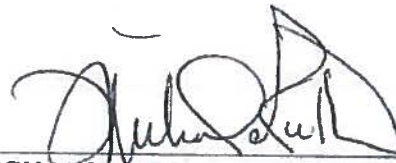
Respectfully submitted this 16th day of April, 2014.



MICHAEL A. RUTLAND (RUT 011)
 Prosecutor for the City of Eufaula, Alabama
 128 North Orange Street
 Eufaula, Alabama 36027
 (334)687-9899

CERTIFICATE OF SERVICE

I hereby certify that I, Michael A. Rutland, have served a copy of the foregoing Motion to Continue, postage prepaid, by United States mail, upon Adelakun Oluwatosin on this the 16th day of April, 2014.



MICHAEL A. RUTLAND (RUT 011)
 Prosecutor for the City of Eufaula, Alabama
 128 North Orange Street
 Eufaula, Alabama 36027
 (334)687-9899

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene J. Hart 12/11/2019

Clerk of the Municipal Court of Eufaula,
 Alabama

PRE-TRIAL NOTICE

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA
MUNICIPALITY OF EUFAULA

V.

ADELAKUN OLUWATOSIN, DEFENDANT

Mon Apr 21, 2014

To the Defendant of the Case listed below:

Case #	Officer	Attorney	Court Date
MC14-0000126 14030000098	OFFICER CHRIS CAMPBELL POSSESSION OF MARIJUANA 2ND		Thu May 22, 2014 9:00 AM

The above case has been set for a Pre-Trial court date. On this scheduled court date you will have the opportunity to appear before the City Prosecutor to discuss your case. This is not a trial setting. No continuances will be granted on the day of court.

If you have any questions please call (334) 687-1235 before your court date.

(Please bring this order with you.)

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Dant 12/11/2014

Clerk of the Municipal Court of Eufaula,
Alabama

Lawrence Williams

Magistrate/Court Clerk

ADELAKUN OLUWATOSIN
1851 ALCOVY BLUFF WAY
LAWRENCEVILLE, GA 30045

PRE-TRIAL PROGRAM

Michael Rutland, Prosecutor

Eufaula Municipal Court

APPLICATION

DATE: 05-14-2014

NAME: ADELAKUN OLUWATOSIN

MAILING ADDRESS: Alcovy Bluff Way

CITY: LAWRENCEVILLE STATE: GA ZIP CODE: 30045

PHYSICAL ADDRESS (IF DIFFERENT) Same

TELEPHONE NUMBERS: HOME () WORK ()

CELL OTHER ()

SSN _____ DC _____ SEX M

DRIVER'S LICENSE NUMBER/ID NUMBER: STATE: GA

EMPLOYER (NAME AND ADDRESS) Bellhops / Athens, GA

EMPLOYER PHONE NUMBER (888) 836-3939

CHARGE(S) Possession of Marijuana 2nd

CASE NUMBER(S) MC14-126

ATTORNEY Michael Rutland

LIST ANY PRIOR (FELONY OR MISDEMEANOR) None

NOTE: IF YOU ARE APPLYING FOR A TRAFFIC CITATION, PLEASE ATTACH A COPY OF CITATION.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/6/2014
Clerk of the Municipal Court of Eufaula, Alabama

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA, ALABAMA

*

CASE # MC14-126

A MUNICIPAL CORPORATION

*

VS

*

ADELAKUN OLUWATOSIN

PRE-TRIAL AGREEMENT

The above named defendant and the City of Eufaula, Alabama, hereby agree to Pre-Trial of the above styled case under the following conditions:

REQUIRED CONDITIONS

OA X 1. That the Defendant voluntarily admits that he/she is guilty of the crime as charged.

OA X 2. That the Defendant voluntarily waives his/her right to a trial.

OA X 3. That the Defendant voluntarily waives his/her right to a speedy trial.

____ 4. That the Defendant consents to supervision by the Probation Services for a period of _____ months and shall pay an assessment of \$ _____ to be paid by _____ to the Probation Services. All remaining monies owed must be paid by _____.

ADDITIONAL CONDITIONS

OA X 5. That the Defendant shall submit to evaluation by Court Referral Office and complete a treatment program as recommended by said evaluation. The Defendant will execute a waiver of confidentiality with any agency or professional providing said treatment in order that the said records will be available to the Probation Services Office.

Defendant may request to complete treatment through private and/or other drug treatment program as approved by the Prosecutor.

____ 6. That the Defendant be subject to random drug/alcohol screens.

OA X 7. That the Defendant will bear the cost of the Court Referral Program and all costs of any drug/alcohol screens.

____ 8. That restitution will be made to the victim in the amount of \$ _____. Victim: _____.

(Payments made through the Probation Services)

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W. Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

OA X 9. That the Defendant agrees to pay:

_____ A. Court Cost to be determined by Court Clerk/Magistrate.

_____ B. Restitution to the Department of Forensic Sciences.

_____ C. Court Appointed attorney fees (to be determined).

_____ D. Probation Service Fees.

OA X E. Pre-Trial Fees in the amount of \$500.00, to be paid by June 12, 2014.

OA X F. Database Fee. (\$7.00)

_____ 10. That the Defendant agrees, during the supervision period, to refrain from the use of alcohol or drugs or frequenting places where alcohol or drugs are sold or used

_____ 11. That the Defendant will not violate any laws of the State of Alabama, any other state or any other Federal laws during the supervision period.

_____ 12. That the Defendant will remain gainfully employed during the Supervision period.

_____ 13. That the Defendant will attend school, included but not limited to, K-12, College, Training, or GED classes.

_____ 14. That the Defendant shall refrain from contact with the victim of the crime.

_____ 15. That the Defendant shall remain at the following address:

_____ 16. That the Defendant shall not move from the above address without immediate notification to this office, and will notify the Probation Services of any change to the Defendant's phone number.

_____ 17. That the Defendant performs _____ hours of community service with _____

_____ 18. That the Defendant and the City of Eufaula, Alabama, agree that all admission, records, or other communication involving the Pre-Trial Program shall not be admissible in any subsequent proceeding.

OA X 19. That any violation of the conditions of the Pre-Trial agreement will result in termination of the Program and the Defendant shall be prosecuted as charged. A termination letter will be mailed to the above address and the Defendant may show cause as to why he/she should not be terminated from the Program.

I, _____, Clerk of the Municipal Court of the City of Eufaula, Alabama, certify that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/11/2017
Clerk of the Municipal Court of Eufaula, Alabama

Defendant agrees that there shall be no hearing concerning the termination and that it is at the sole discretion of the Prosecutor as to whether good cause has been shown.

20. In case of termination, payments for the Pre-Trial Program assessment will not be applied to the court cost, restitution, or other fees should the Defendant fail to complete the Program. Payment or payment of restitution, treatment, or other costs and fees may be applied to the Defendant's obligation upon conviction subject to the discretion of the court.

21. Other: Completion of Defensive Driving Class

O.A. X 22. That upon completion of the terms and conditions stated above, as evident by the initials by parties, the City of Eufaula will:

O.A. X (A) Dismiss the charges against the Defendant with prejudice.

(B) Will reduce the charge to _____ and will recommend _____

(A) Dismiss the charges against the Defendant with prejudice.

(B) Will reduce the charge to _____ and will recommend _____

O.A. X 23. That the Defendant acknowledges that the record of his/her arrest will not be erased if he/she completes the Pre-Trial Program and the charge against him/her is dismissed.

O.A. X 24. That the Defendant acknowledges that he/she is responsible for providing receipts, including payments to the clerk's office or Court Referral Program, and certificates of completion, etc. necessary to confirm his/her compliance with the above terms.

Done this 15th day of May, 2014

Attorney for Defendant

Defendant

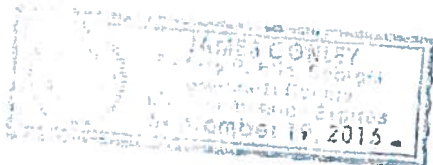
Sworn and Subscribed to me, this 15th day of May, 2014

Notary Public

Commission Expires Sept 19, 2016

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charley [Signature] 12/16/2019
Clerk of the Municipal Court of Eufaula, Alabama





ALABAMA
DEPARTMENT OF FORENSIC SCIENCES

1051 Wire Road
Auburn, AL 36832

Telephone (334) 887-7001
Facsimile (334) 466-5557

EUFaula MUNICIPAL COURT
JUL 09 2014
RECEIVED

CERTIFICATE OF ANALYSIS

Jason Benefield
Eufaula Police Department
545 East Barbour Street
Eufaula, AL 36027

Report Date: 06/19/2014 11:09
Report ID: 50108743
County: Barbour

SUBMITTING AGENCY CASE NUMBER: 1403000098

CASE NUMBER: 14AB00566

SUSPECT(S):

Xavier Emmanuel Okoro Jr.
Adelakun Oluwatosin

Sex
M B
M B

Race
B B
Date of Birth
Status
Adult
Adult

SERVICE REQUESTED: Drug Analysis

CHAIN OF CUSTODY:

Jason Benefield from Eufaula Police Department
Sherwin K. Boswell
Melissa K. Armstrong
Casey R. DuBose

DATE TIME
03/20/2014 11:48
03/20/2014 13:41
06/10/2014 08:11
06/10/2014 08:21

DESCRIPTION OF EVIDENCE:

- 1. One manila envelope containing plant material.

EXAMINATIONS PERFORMED:

DATE(S) OF ANALYSES: 06/10/14 - 06/17/14

- 1. Electronic Balance
Macroscopic/Microscopic Examination
Gas Chromatography/Mass Spectrometry

RESULTS OF ANALYSES:

- 1. marihuana [a C-I controlled substance] Weight in grams: 8.171 ± 0.018g

Evidence in this case will be returned to the investigative agency. Supporting documentation for reported weights are available for review in the case record.

I hereby swear or affirm, under penalty of law, that the above information is true and correct.

Casey R. DuBose

Casey R. DuBose
Certifying Forensic Scientist

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W. Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama



Accredited
October 2003

ONE DEPARTMENT • ONE GOAL • EXCELLENCE

Customer Satisfaction
Surveys are available at
www.adfs.alabama.gov

Oluwatosin Adelakun
Alcovy Bluff Way
Lawrenceville, GA 30045

June - 9 - 2014

Court Clerk
Eufala Municipal court
545 East Barbour St
Eufaula, AL 36027

Dear Sir/Madam
Oluwatosin Adelakun Case Number MC14-0000126

Please find the attached \$507 in the form of a money order/~~cashier's check~~ as being payment for the above case number. (\$500 for Pre-trial fees and \$7.00 as Database fee).

Thank you
Oluwatosin Adelakun

I certify that I am Clerk of the Municipal
Court of the City of Eufaula, Alabama
and that the within and attached is a
true and correct copy of the original
record.

Charles W. Hart 12/11/2019
Clerk of the Municipal Court of Eufaula,
Alabama



A DIFFERENT DIRECTION

Marl Green, BS, CACII

August 3, 2014

Eufaula Municipal Court
545 East Barbour Street
Eufaula, AL 36027

SUBJECT: Substance Abuse Evaluation

RE: Oluwatosin ADELAKUN
Date of B

To Whom It May Concern,

On August 2, 2014, Oluwatosin received a substance abuse evaluation at our Lawrenceville A-1 office. The data, conclusions and recommendations were based on an in depth questionnaire, some clinical assessment tools, and a face-to-face interview with clients lasting approximately one hour.

Although Oluwatosin current legal situation of having a Possession of Marihuana (2014) conviction, *there was no indication of substance abuse and *no recommendations for treatment are given.* Oluwatosin was informed of these recommendations on August 2, 2014.

If there is further information that could influence this decision, please e-mail: adirectionforme@charter.net or contact me at (404) 803-5851. Thank you for the opportunity to serve you.

Respectfully,

Marl C. Green
State Clinical Evaluator, #2220
Certified Addiction Counselor II, #1987

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene W. Hunt 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

As this recommendation is based on self-report, should this information be incorrect, this recommendation will be considered invalid.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from disclosing any further disclosure of this information unless another disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to primarily investigate or prosecute any alcohol or drug abuse charge.

Mailing Address: P.O. Box 1455, Covington, GA 30015

Contact Number: (404) 803-5851 Fax: (678) 342-4549 Email: adirectionforme@charter.net



A DIFFERENT DIRECTION

Alcohol/Drug Clinical Evaluation, ASAM Level I Program, DBHDD Evaluator
DBHDD Treatment Provider, Anger Management Program, Parenting

1091
I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles West 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

August 3, 2014

SUBSTANCE ABUSE EVALUATION

Evaluator: **Marl C. Green**
State Clinical Evaluator Number: 2220
Certified Addiction Counselor II Number: 1987

Office: Lawrenceville A-1
Evaluation start date: August 2, 2014
Evaluation completion date: August 2, 2014

CLIENT INFORMATION

Name: **Oluwatosin ADEI AKUN**

Social Security Number: XXX-

Date of Birth

Current Mailing Address

Alcovy Bluff Way, Lawrenceville, Georgia 30045

RRP Completion Number: n/a

RRP Completion Date: n/a

PRESENTING PROBLEM

Oluwatosin, a self-described 20 year old black male, was recommended by his attorney (Attorney Michael Rutland, Law Office of Rutland and Jankiewicz, Eufaula, Alabama) to complete an evaluation for alcohol and drugs as a result of his last Possession of Marihuana conviction. As a condition of his probation, Oluwatosin must undergo a substance abuse evaluation and attend any treatment recommended. Currently, Oluwatosin has resided at the above address with his parents for 4 years.

PSYCHOLOGICAL FUNCTIONING

Oluwatosin arrived casually dressed and seemed cooperative during the interview. His associations were intact, affect intact, ambivalence was not apparent, and autistic-like thinking was not apparent. Oluwatosin's mood appeared neutral. He appeared oriented x 4 (person, place, time, situation). Oluwatosin showed no signs of delusional, suicidal or homicidal thoughts.

PSYCHOSOCIAL

Family/Religion/Education/Employment/Military/Medical/Physical/Emotional/Sexual Abuse

Oluwatosin was born in Lagos, Nigeria, raised by his parents as a Christian, and is one of 3 siblings (older and younger brother) born to his parents. Oluwatosin's mother is a nurse and his father works in Nigeria. Oluwatosin denied any family history significant for alcohol issues and no history of illicit drug use. He denied any family mental health history.

Oluwatosin graduated from Dacula High School, Lawrenceville, Georgia, in 2011. From 2011 to 2013, he attended Georgia Gwinnett College, Lawrenceville, Georgia before transferring to the University of Georgia, Athens Georgia where he currently attends. He denied any other post-secondary education. Oluwatosin is single (never married) and denied having any children. Since June 2014, he has worked for Kroger as a sales associate. Oluwatosin did not report an employment history and denied a military history.

Oluwatosin denied any chronic medical problems that interfered with his life. He denied taking any prescribed medication on a regular basis for any physical problems. Oluwatosin denied

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

Mailing Address: P.O. Box 1455, Covington, GA 30015

Contact Number: (404) 803-5851 Fax: (678) 342-4549 Email: adirectionforme@charter.net

Subject: Substance Abuse Evaluation
RE: Oluwatosin ADELAKUN

experiencing any medical problems in the last 30 days. He denied any hospitalization for a medical problem. Oluwatosin denied experiencing any serious thoughts of suicide during his life time and has not attempted suicide in the past. He denied any mental health issues. Given a comprehensive checklist of physical and emotional concerns from which to choose, Oluwatosin reported he experienced stomach problems in the last 2 months. Oluwatosin denied any physical, emotional or sexual abuse during his life time.

LEGAL HISTORY/DOMESTIC VIOLENCE

Oluwatosin related the following as circumstances surrounding his current legal situation. While Oluwatosin and his friends were on their way to Florida during Spring break in April 2014, they were stopped for Failure to Maintain Lane. During the search of the car, some marihuana was found (passenger front seat). Oluwatosin and his friends were arrested and charged with Possession of Marihuana. Oluwatosin denied a legal history and a history of domestic violence incidents.

SUBSTANCE ABUSE/TREATMENT HISTORY

At age 20, Oluwatosin experimented with alcohol less than 10 times before his last use in June 2014. He denied using alcohol during the past 30 days and denied any further use of alcohol.

At age 20, Oluwatosin experimented with marihuana less than 5 times before his last use in April 2014. Oluwatosin denied using during the past 30 days and denied any further use of marihuana. Oluwatosin also denied any use or abuse of other illicit or illegal drugs.

PSYCHOMETRIC TEST RESULTS

Oluwatosin completed a lengthy questionnaire, a face to face interview, and some assessments tools.

Drug Abuse Screening Test (DAST): identify aspects of drug use which could be problematic, Oluwatosin scored a 5 indicating low level of use.

Oluwatosin did not meet the Diagnostic and Statistical Manual of Mental Disorders, Volume V criteria.

Dimension Assessments:

Dimension 1: Acute Intoxication and/or Withdrawal Potential	Low	No withdrawal risk or detox concerns
Dimension 2: Biomedical Conditions	Low	No biomedical concerns
Dimension 3: Emotional, Behavioral or Cognitive Conditions	Low	No emotional, behavioral or cognitive concerns
Dimension 4: Treatment Acceptance and Resistance	Low	Appears ready to make changes (Contemplation stage)
Dimension 5: Relapse Potential	Low	Able to maintain abstinence

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.
 Charles W. Gant 12/11/2019
 Clerk of the Municipal Court of Eufaula, Alabama

The information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse, etc.

Subject: Substance Abuse Evaluation

RE: Oluwatosin ADELAKUN

Dimension 6:
Living Environment

Low

Single (never married) lives with parents, appears to have a supportive family environment, employed, close friendships

TREATMENT RECOMMENDATION(S)

I found no current indications of drug problems. Therefore, I have no recommendation. Oluwatosin was informed of these recommendations on August 2, 2014

As this recommendation is based on self-report, should this information be incorrect, this recommendation will be considered invalid.

cc: Oluwatosin ADELAKUN

Attorney Michael Rutland, Law Office of Rutland & Jankiewicz, Eufaula, Alabama

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charlene Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

The information has been disclosed to you in accordance with Federal confidentiality rules (42 CFR Part 2). The Federal rules, which apply to drug and alcohol abuse information, prohibit disclosure of this information unless specifically permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict our use of the information to confidentially investigate, prosecute and adjudicate drug abuse cases.

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W. Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA

*

Plaintiff,

*

vs.

*

CASE NO: MC14-126

Adekun, Oluwatosin

*

Defendant.

*

MOTION TO PLACE ON THE PRE-TRIAL ADMINISTRATION DOCKET

Comes now the Municipality of Eufaula, Alabama, and moves the Court for entry of an order placing the above styled case on the Pre-Trial Administration Docket with the listed sums to be paid to the Eufaula Municipal Court. The Municipal Court is ordered to accept and apply the Pre-Trial fee before any other fees or costs and disburse this money monthly, with the remainder to be paid by the date listed below, and as grounds states the following:

1. The defendant has entered into a Pre-Trial agreement with the Prosecutors office specifically waiving his/her right to a jury trial and a speedy trial.

2. That justice will be best served if this case is placed on the Pre-Trial Administration Docket and continued generally until further orders of this Court.

3. That as a condition of his/her placement in the Pre-Trial Program, the defendant has agreed to pay the following:

_____ Pre-Trial Fee of \$ _____, to be paid by _____.

_____ Court Cost of \$ _____.

____ Attorney Fees of \$ _____ (to be determined).

____ Database fee of \$7.00

WHEREFORE, the Municipality of Eufaula, Alabama, requests the Court for entry of an order placing the above styled case on the Pre-Trial Administrative docket and the above sums to be paid to the Probation Services.

RESPECTFULLY SUBMITTED on this ____ day of _____, _____.

MICHAEL A. RUTLAND (RUT 011)

Prosecutor for the City of Eufaula, Alabama

128 North Orange Street

Eufaula, Alabama 36027

(334)687-9899

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W. Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

IN THE MUNICIPAL COURT OF EUFAULA, ALABAMA

CITY OF EUFAULA

Plaintiff,

vs.

Adelakun Oluwatusin

Defendant.

*
*
*
*
*

CASE NO: MC14-126

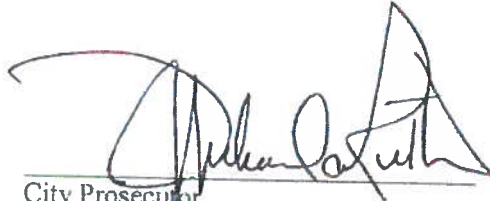
MOTION TO DISMISS

Comes now the Municipality of Eufaula, Alabama, and moves the Court for entry of an order dismissing the above-styled case, and as grounds states the following:

1. That the Defendant entered into a Pre-Trial Diversion Agreement with the City of Eufaula, Alabama, Prosecutor.
2. That the Defendant has complied with the terms of the Pre-Trial Diversion Agreement.
3. That justice will be best served if the above-styled case is dismissed.

Wherefore, the City of Eufaula moves the Court for entry of and order dismissing the above-styled case.

Done this the 14th day of August, 2014.


City Prosecutor

ORDER

 Denied

 X Granted

August 14, 2014
Date

Walter B. Calken
Municipal Judge

I certify that I am Clerk of the Municipal Court of the City of Eufaula, Alabama and that the within and attached is a true and correct copy of the original record.

Charles W. Hart 12/11/2019
Clerk of the Municipal Court of Eufaula, Alabama

9B

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: Mark Middle: Kekupaa Last: Harward

Mailing Address: Ute Rd

City: St. George State: UT Zip Code: 84790

Telephone: _____ E-mail Address: @gmail.com

Date of Birth: _____ Place of Birth: Needles, CA

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

College of Pharmacy Information

Graduation Date: 06/05/2010
(mm/dd/yy)

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

Name of Pharmacy School: Roseman University (Formerly University of Southern Nevada)

Location of School: South Jordan, Utah

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: _____

cc on file

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?
Florida	PS46705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Utah	6343157-1701	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A		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: N/A

Dates of Service: N/A

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

	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 #:		
Probation	Utah	9 / 9 / 2014	2014-510		
Criminal Action:	State	Date:	Case #:	County	Court
N/A	N/A	/ /	N/A	N/A	N/A

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

February 3, 2020

I am requesting to obtain a Nevada pharmacist license by exam. I currently work as a pharmacist for Walgreens in Southern Utah, and I would like to obtain my Nevada license to work as a PRN pharmacist for Walgreens in Mesquite & Las Vegas.

The purpose of this letter is to provide an explanation surrounding the details of events over that have affected my pharmacy license and career in response to question #3, to which I answered yes on my Nevada pharmacy application.

I officially started my career as a pharmacist in Tampa Florida around June of 2010. I worked full time as a floating retail pharmacist for Kmart pharmacy. I also picked up additional shifts often at a number of independently-owned pharmacies in the area.

Towards the beginning of 2012 I started experiencing mental health issues. I suffered from severe depression and anxiety, although I didn't know it at the time. Part of it can likely be contributed to the fact that we were overextended financially, and I was working 60+ hours per week just to try to keep on top of that. In June of 2012 I experienced a lapse in judgment, and on 4 separate occasions, over about a month's time, I took money from the cash register at Kmart pharmacy where I was employed as a pharmacist.

Around November of 2012 I plead no contest to three counts of grand theft and one count of petit theft in a state court in Florida for my actions. Adjudication of guilt was withheld, and I promptly and completely fulfilled all terms of my sentence, including full payment of the restitution amount of \$3186 to Kmart, and probation for one year with the state of Florida. Because I complied with all terms of the court and this group of offenses was my first and only offense of a criminal nature I was eligible to have my record sealed. My record was sealed in January of 2014, and because of that I can legally say that I have never been convicted of or plead guilty to a criminal offense of any kind.

In early 2013 the Federal Office of Inspector General notified me that because of my felony conviction I would be excluded from working and being paid with federally-funded insurance programs such as Medicare, Medicaid, & Tricare for a minimum period of 5 years. With the help of an attorney I made appeals toward the beginning of my exclusion, but it was ultimately determined that the original decision would stand. My 5 year exclusion term began June 20th, 2013 and ended on June 20th of 2018. I received a letter from the OIG in July 2018 to telling me I am fully reinstated to work with Medicare, Medicaid, and Tricare again without restriction.

Given that Florida law doesn't allow persons on the OIG excluded list to renew a professional license, I was forced to put my Florida pharmacist's license into retired status in September

2013. The Florida board of pharmacy chose to take no action against my license given that I wouldn't be allowed to practice as a pharmacist in Florida for at least five years. In 2019 I asked the Florida pharmacy board what steps I would need to take to take my license out of retired status. The requirements are that I pay \$700 for the time period I was on retired status, retake the Naplex, and retake the Florida MPJE (\$150). Since my only interest in reinstating my Florida license is to be able to reciprocate that license to Nevada, it seems an unnecessary cost and burden to reactivate my Florida pharmacist license (which requires retake of the naplex anyway) just to get my license in Nevada. That's why I am requesting to get licensed in Nevada my exam instead of reciprocation.

I have also been a licensed pharmacist in Utah since 2011. The Utah pharmacy board is fully aware of the details of my criminal conviction and of my OIG exclusion. I have been allowed to keep my Utah pharmacist license with the terms that I work under a probationary state for no less than 3 years. I have been on probation with the Utah pharmacy board since September of 2014, and I expect to be off probation later this month. The only stipulations of probation that would affect my employment/employer are: 1) I cannot work as the pharmacist in charge, and 2) A pharmacist supervisor where I am employed must submit a report every 3 months to the pharmacy board while I am on probation.

My actions in June 2012 were completely out of character for me. I have worked hard over the past 7.5 years to make sure that I am 100% honest in my dealings and my behavior, especially at work. I have done my best to be a productive member of society, provide for my family, and not be a victim of my poor choices. I have gratefully worked as a pizza delivery driver and carpet cleaning technician during a two year time period when I couldn't find other work. I have not had any breeches of dishonesty or trust since June of 2012. My family and I live within a planned monthly budget, and are we are current with student loan repayments and any payments and money owed to any person/entity. For depression/anxiety I see a mental health therapist, and I have been receiving medication treatment under the care of a physician. I believe myself to be fully rehabilitated.

I have attached a copy of the order from the Utah pharmacy board outlining the terms of my probation.

Sincerely,



Mark Harward

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 146741
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF)
MARK KEKUPAA HARWARD) STIPULATION AND ORDER
TO PRACTICE AS A PHARMACIST AND TO)
DISPENSE CONTROLLED SUBSTANCES) CASE NO. DOPL 2014- 510
IN THE STATE OF UTAH)

MARK KEKUPAA HARWARD ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.
2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

mH

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent, to other persons and entities.

MH

7. Respondent admits the following facts are true:

- a. On or about July 13, 2011 Respondent was first licensed as a pharmacist and to dispense controlled substances in the State of Utah.
- b. On or about November 5, 2012 Respondent pleaded guilty to three counts of grand theft, and one count of petit theft, in a state circuit court in Pinellas County, Florida. Adjudication of guilt was withheld. Respondent completed the requirements of his criminal penalty early, including full payment of the restitution amount. Respondent's probation was terminated early on or about May 13, 2013. Subsequently, Respondent's criminal records were sealed by the State circuit court in Pinellas County, Florida, on or about December 18, 2013.
- c. Respondent's criminal plea of November 5, 2012 was promptly reported, and on May 31, 2013, the Office of Inspector General for the U.S. Department of Health and Human Services gave notice of its issuance of a five year mandatory exclusion from participation in Medicare, Medicaid, and other federal healthcare programs, effective June 20, 2013.

8. Respondent admits that Respondent's conduct described above may be considered unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (c) by the Division: and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

- (1) Respondent's license shall be revoked. The revocation of Respondent's license shall be immediately stayed. Respondent's license shall be suspended for six months. Once the suspension is lifted Respondent's license shall be subject to a term of probation for a period of three years. The period of probation shall commence on the effective date of this Stipulation and Order, which is the date the Division Director signs the Order. During the period of probation, Respondent shall be subject to all of the following terms and conditions. If the Board or Division later deems any of the conditions unnecessary such deletions may be made by an amended order issued unilaterally by the Division.
 - (a) **Meetings with Division Compliance Specialist.** Respondent shall contact Division Compliance Specialist Connie Call within two weeks of

the effective date of this Order to schedule an appointment for the purpose of discussing the terms of the Order. This appointment may be telephonic if Respondent continues to reside outside the State of Utah. An appointment with Ms. Call can be scheduled by contacting her by phone at (801) 530-6295 or by email at cscall@utah.gov.

- (b) **Meetings with the Board.** Respondent shall meet with the Board and Division at the first scheduled Board meeting after the signing of the accompanying Order and or at a frequency thereafter as determined by the Board and Division, for the duration of the probationary period to assess the progress of Respondent's probation. These meetings may be telephonic at the discretion of the Board and Division.
- (c) **Written Plan.** After meeting with the Division Compliance Specialist but prior to the first scheduled appointment with the Board, Respondent shall submit to the Division a written plan that summarizes the steps Respondent shall take to ensure full compliance with the terms of probation.
- (d) **Notification of Division if Working as Pharmacist in Utah.** Respondent shall notify the Division in writing at least one month before Respondent begins practicing as a pharmacist in the State of Utah.
- (e) **Supervision Required.** Respondent shall practice in the State of Utah only under the general supervision of a Division and Board pre-approved supervisor during the term of Respondent's probation. Any changes in supervision may be made only with the consent of the Division and Board. Respondent shall deliver a copy of this Order to Respondent's supervisor (within ten days of the establishment of the supervisory relationship) and cause Respondent's supervisor to notify the Division in writing that a copy has been received. Respondent shall submit a supervision plan to the Division within 30 days of the effective date of this Stipulation and Order that outlines the terms of supervision. "General supervision" means that the supervisor (1) has authorized the work to be performed by the person being supervised; (2) is available for consultation with the person being supervised by personal face-to-face contact, or direct voice contact by telephone, radio, or some other means, without regard to whether the supervising licensee is located on the same premises as the person being supervised; and (3) can provide any necessary consultation within a reasonable amount of time and personal contact is routine.
- (f) **Supervisor Reports.** Respondent shall cause Respondent's supervisor to submit reports to the Board and Division assessing Respondent's

compliance with the terms of Respondent's probation and ethical standards and rules. The reports shall be submitted monthly for the first six months and quarterly thereafter, or at such frequency as directed by the Board and Division. The receipt of an unfavorable report may be considered to be a violation of probation.

- (g) **Supervisor Reports if Respondent Not Employed.** Once the suspension is lifted, if Respondent is not currently employed in Respondent's licensed profession, Respondent shall submit the supervisor report form on the date it is due and indicate on the form that Respondent is not currently employed in Respondent's licensed profession, or that Respondent is not currently working. If respondent is unemployed by the Division for an extended period of time, this requirement may be waived at the discretion of the Board and Division.
- (h) **Notification of Employer of Stipulation.** Respondent shall notify any employer of Respondent, who employs Respondent as a pharmacist, of Respondent's restricted status and the terms of this Stipulation and Order. Respondent shall provide a copy of this Stipulation and Order to Respondent's employer.
- (i) **Work Restriction.** Respondent shall not work as a pharmacist-in-charge of any pharmacy.
- (j) **Additional Continuing Professional Education.** Respondent has successfully completed twelve hours of continuing pharmacy education credit, consisting of the following courses: Pharmacy Rules and Law Course; Updated on Federal Controlled Substance Dispensing Responsibilities (2 credits); DEA Audits- What Pharmacies Should Know (1 contact hour); Controlled Substances, Prescription Monitoring Programs & Pharmacist's Legal Corresponding Responsibility (2 credits). Respondent shall provide documentation to the Division and Board of successful completion of the additional continuing professional education.
- (k) **Essay.** Respondent shall submit a 500 word essay to the Division and Board addressing Respondent's violations and applicable Utah law that applies to Respondent's violations. The essay shall also address lessons learned from the continuing education courses described in subparagraph (l) above and outline a plan for Respondent to avoid similar violations in the future. The essay shall be submitted with 30 days of Respondent successfully completing the continuing education courses described in subparagraph (l) above.

- (l) Respondent shall notify the Division and Board within one (1) week of any change of employer or employment status. This is required regardless of whether Respondent is employed in Respondent's licensed occupation. The notification shall be in writing.
- (m) In the event that Respondent leaves Utah for a period longer than 60 days, after Respondent has notified the Division and Board that he has begun practicing as a pharmacist in the State of Utah pursuant to paragraph 8(1)(d) above, Respondent shall notify the Division and the Board in writing of the dates of departure and return. If Respondent intends to engage in the practice of pharmacy in the jurisdiction where Respondent moves, Respondent shall promptly notify the licensing authorities of the jurisdiction of the provisions of this Stipulation and Order. Periods of residency or practice outside Utah may apply to the reduction of the probation period if the new state of residency places Respondent's license on probation with equal or greater terms and conditions.
- (n) Periods of unemployment or employment in other fields of practice shall be reported by Respondent to the Division and shall not count toward completion of probation. Should Respondent not be employed in Respondent's licensed occupation during Respondent's probationary period for a consecutive period of more than sixty (60) days, that period shall not apply to the reduction of probation, though the terms of probation shall remain applicable. If the Respondent works less than full-time in Respondent's licensed occupation, the reduction of any remaining probationary time shall occur on a pro-rata basis, in relation to a full-time position of 40 hours worked per week.
- (o) Should other acts of unprofessional conduct come to the attention of the Division or Board which have occurred prior to the entry of the Order in this case or should Respondent violate probation in any respect, the Division may, in addition to taking action as provided for herein, after giving Respondent notice and the opportunity to be heard, revoke probation or impose sanctions in accordance with applicable law.
- (p) Respondent shall immediately notify the Division, in writing, of any changes in private or professional address and agrees that written communication by the Division and/or the Board shall be mailed to Respondent at the last address provided to the Division via first class U.S. Mail, and shall constitute notice to Respondent.
- (q) Failure to pay for any of the costs associated with this probation shall be considered a violation of this Order. Respondent further agrees to

complete all conditions of probation in a timely manner. Where a specific time for completion is not stated in this Order, it shall be within the Division and Board's discretion to set a time for completion.

- (r) Respondent agrees to keep Respondent's Utah license active during the period of probation.
- (s) Respondent shall notify the Division immediately if Respondent is charged or arrested with any criminal conduct and understands that a conviction is a violation of this agreement.
- (t) Respondent shall submit reports on the date they are due and shall appear at scheduled meetings with the Division and Board promptly. Failure to do so shall be considered a violation of this Stipulation and Order.

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and Respondent waive any claim of bias or prejudice they might otherwise have with regard to the Director by virtue of the Director having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent agrees to abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement that creates, or tends to create, the impression that

any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall complete all the terms and conditions contained in the Stipulation and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction. If the Division files a Petition alleging that Respondent has engaged in new misconduct or files an Order to Show Cause Petition alleging that Respondent has violated any of the terms and conditions contained in this Stipulation and Order, the period of Respondent's probation shall be tolled during the period that the Petition or Order to Show Cause Petition has been filed and is unresolved.

14. Respondent shall practice only under Respondent's name as set forth in the caption of this Stipulation and Order. If Respondent intends to practice under any other name, then, prior to

practicing under any other name. Respondent shall inform the Division in writing, and Respondent and the Division shall enter into an Amended Stipulation and Order, which consists of the new name Respondent intends to practice under, along with all the same terms and conditions in the original Stipulation and Order.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

RESPONDENT

BY: *Richard J. Oborn*
RICHARD J. OBORN
Bureau Manager

BY: *Mark Harward*
MARK KEKUPAA HARWARD

DATE: 9/9/2014

DATE: 9-8-2014

SEAN D. REYES
UTAH ATTORNEY GENERAL

BY: *L. Mitchell Jones*
L. MITCHELL JONES
Counsel for the Division

DATE: 9 Sep 14

mt

ORDER

THE ABOVE STIPULATION, in the matter of **MARK KEKUPAA HARWARD**, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 9 day of September, 2014.

DIVISION OF OCCUPATIONAL AND
PROFESSIONAL LICENSING



MARK B. STEINAGEL
Director

Investigator. Lynn Hooper

MH



North American Pharmacist Licensure Examination® Score Transfer Report

To: Nevada Board of Pharmacy This applicant has requested that the National Association of Boards of Pharmacy® (NABP®) transfer his/her North American Pharmacist Licensure Examination® (NAPLEX®) score to your state.		
Candidate Information		
Name:	Dr. Mark Kekupaa Harward	NABP e-Profile ID: 249959
Address:	J Ute Rd Saint George, Utah 84790	
Date of Birth:		
Social Security Number:		
School of Pharmacy:	Roseman Univ of Hlth Sci Coll of Pharm	
Examination Information		
Total Scaled Score:	83	
Test ID Number:	N2003AZ3833959	
Date:	4/24/2020	
State Board Conferring Eligibility:	Arizona	
This report shows the total scaled score of the NAPLEX. The total scaled score is the overall score received on the examination. A total scaled score of at least 75 is required for passing.		

National Association of Boards of Pharmacy®
 1600 Feehanville Dr
 Mount Prospect, IL 60056
 www.nabp.pharmacy

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF :
MARK KEKUPAA HARWARD : ORDER REINSTATING LICENSE
TO PRACTICE AS A PHARMACIST : Case No. DOPL-2014-510
AND TO DISPENSE :
CONTROLLED SUBSTANCES :
IN THE STATE OF UTAH :

BY THE DIVISION:

Respondent has satisfied the terms and conditions as set forth in the Division's Stipulation and Order, dated September 9 2014, in the above-referenced case number.

IT IS HEREBY ORDERED the probation on the licenses of MARK KEKUPAA HARWARD to practice as a pharmacist and to dispense controlled substances is terminated and said licenses are reinstated with full privileges effective the date of this Order.

Dated this 10 day of March, 2020.


Mark B. Steinagel
Division Director



BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF
MARK KEKUPAA HARWARD
TO PRACTICE AS A PHARMACIST AND TO
DISPENSE CONTROLLED SUBSTANCES
IN THE STATE OF UTAH

:
:
: **AMENDED ORDER**
: Case No.
: DOPL-2014-510
:
:


BY THE DIVISION:

The Division's Stipulation and Order, dated September 9, 2014, in the above-referenced case is hereby amended as follows:

IT IS HEREBY ORDERED that the suspension on Respondent's licenses to practice as a pharmacist and to dispense controlled substances is terminated effective the date of this Amended Order. Said licenses are now placed on probation for three years subject to the conditions and restrictions identified in the September 9, 2014 Stipulation and Order.

All other conditions and restrictions identified in the September 9, 2014 Stipulation and Order shall remain the same and in effect.

Dated this 5th day of May, 2015.



Mark B. Steinagel
Division Director



BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF :
MARK K. HARWARD : AMENDED ORDER
TO PRACTICE AS A : Case No.
PHARMACIST AND TO DISPENSE CONTROLLED : DOPL-2014-510
SUBSTANCES IN THE STATE OF UTAH :

BY THE DIVISION:

The Division's Stipulation and Order, dated September 9, 2014, in the above-referenced case is hereby amended as follows:

IT IS HEREBY ORDERED the probationary condition identified in paragraph 8.(1)(e) which requires supervision of Respondent's practice as a pharmacist be amended to require Respondent to submit a supervision plan to the Division and Board within 30 days of his commencing employment as a pharmacist.

All other conditions and restrictions identified in the September 9, 2014 Stipulation and Order shall remain the same in effect.

Dated this 18 day of November, 2014.



Mark B. Steinagel
Division Director



L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 146741
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF)
MARK KEKUPAA HARWARD) STIPULATION AND ORDER
TO PRACTICE AS A PHARMACIST AND TO)
DISPENSE CONTROLLED SUBSTANCES) CASE NO. DOPL 2014- 510
IN THE STATE OF UTAH)

MARK KEKUPAA HARWARD ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.
2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

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3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent, to other persons and entities.

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7. Respondent admits the following facts are true:
- a. On or about July 13, 2011 Respondent was first licensed as a pharmacist and to dispense controlled substances in the State of Utah.
 - b. On or about November 5, 2012 Respondent pleaded guilty to three counts of grand theft, and one count of petit theft, in a state circuit court in Pinellas County, Florida. Adjudication of guilt was withheld. Respondent completed the requirements of his criminal penalty early, including full payment of the restitution amount. Respondent's probation was terminated early on or about May 13, 2013. Subsequently, Respondent's criminal records were sealed by the State circuit court in Pinellas County, Florida, on or about December 18, 2013.
 - c. Respondent's criminal plea of November 5, 2012 was promptly reported, and on May 31, 2013, the Office of Inspector General for the U.S. Department of Health and Human Services gave notice of its issuance of a five year mandatory exclusion from participation in Medicare, Medicaid, and other federal healthcare programs, effective June 20, 2013.

8. Respondent admits that Respondent's conduct described above may be considered unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (c) by the Division; and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

- (1) Respondent's license shall be revoked. The revocation of Respondent's license shall be immediately stayed. Respondent's license shall be suspended for six months. Once the suspension is lifted Respondent's license shall be subject to a term of probation for a period of three years. The period of probation shall commence on the effective date of this Stipulation and Order, which is the date the Division Director signs the Order. During the period of probation, Respondent shall be subject to all of the following terms and conditions. If the Board or Division later deems any of the conditions unnecessary such deletions may be made by an amended order issued unilaterally by the Division.
 - (a) **Meetings with Division Compliance Specialist.** Respondent shall contact Division Compliance Specialist Connie Call within two weeks of

the effective date of this Order to schedule an appointment for the purpose of discussing the terms of the Order. This appointment may be telephonic if Respondent continues to reside outside the State of Utah. An appointment with Ms. Call can be scheduled by contacting her by phone at (801) 530-6295 or by email at cscall@utah.gov.

- (b) **Meetings with the Board.** Respondent shall meet with the Board and Division at the first scheduled Board meeting after the signing of the accompanying Order and or at a frequency thereafter as determined by the Board and Division, for the duration of the probationary period to assess the progress of Respondent's probation. These meetings may be telephonic at the discretion of the Board and Division.
- (c) **Written Plan.** After meeting with the Division Compliance Specialist but prior to the first scheduled appointment with the Board, Respondent shall submit to the Division a written plan that summarizes the steps Respondent shall take to ensure full compliance with the terms of probation.
- (d) **Notification of Division if Working as Pharmacist in Utah.** Respondent shall notify the Division in writing at least one month before Respondent begins practicing as a pharmacist in the State of Utah.
- (e) **Supervision Required.** Respondent shall practice in the State of Utah only under the general supervision of a Division and Board pre-approved supervisor during the term of Respondent's probation. Any changes in supervision may be made only with the consent of the Division and Board. Respondent shall deliver a copy of this Order to Respondent's supervisor (within ten days of the establishment of the supervisory relationship) and cause Respondent's supervisor to notify the Division in writing that a copy has been received. Respondent shall submit a supervision plan to the Division within 30 days of the effective date of this Stipulation and Order that outlines the terms of supervision. "General supervision" means that the supervisor (1) has authorized the work to be performed by the person being supervised; (2) is available for consultation with the person being supervised by personal face-to-face contact, or direct voice contact by telephone, radio, or some other means, without regard to whether the supervising licensee is located on the same premises as the person being supervised; and (3) can provide any necessary consultation within a reasonable amount of time and personal contact is routine.
- (f) **Supervisor Reports.** Respondent shall cause Respondent's supervisor to submit reports to the Board and Division assessing Respondent's

compliance with the terms of Respondent's probation and ethical standards and rules. The reports shall be submitted monthly for the first six months and quarterly thereafter, or at such frequency as directed by the Board and Division. The receipt of an unfavorable report may be considered to be a violation of probation.

- (g) **Supervisor Reports if Respondent Not Employed.** Once the suspension is lifted, if Respondent is not currently employed in Respondent's licensed profession. Respondent shall submit the supervisor report form on the date it is due and indicate on the form that Respondent is not currently employed in Respondent's licensed profession, or that Respondent is not currently working. If respondent is unemployed by the Division for an extended period of time, this requirement may be waived at the discretion of the Board and Division.
- (h) **Notification of Employer of Stipulation.** Respondent shall notify any employer of Respondent, who employs Respondent as a pharmacist, of Respondent's restricted status and the terms of this Stipulation and Order. Respondent shall provide a copy of this Stipulation and Order to Respondent's employer.
- (i) **Work Restriction.** Respondent shall not work as a pharmacist-in-charge of any pharmacy.
- (j) **Additional Continuing Professional Education.** Respondent has successfully completed twelve hours of continuing pharmacy education credit, consisting of the following courses: Pharmacy Rules and Law Course; Updated on Federal Controlled Substance Dispensing Responsibilities (2 credits); DEA Audits- What Pharmacies Should Know (1 contact hour); Controlled Substances, Prescription Monitoring Programs & Pharmacist's Legal Corresponding Responsibility (2 credits). Respondent shall provide documentation to the Division and Board of successful completion of the additional continuing professional education.
- (k) **Essay.** Respondent shall submit a 500 word essay to the Division and Board addressing Respondent's violations and applicable Utah law that applies to Respondent's violations. The essay shall also address lessons learned from the continuing education courses described in subparagraph (l) above and outline a plan for Respondent to avoid similar violations in the future. The essay shall be submitted with 30 days of Respondent successfully completing the continuing education courses described in subparagraph (l) above.

- (l) Respondent shall notify the Division and Board within one (1) week of any change of employer or employment status. This is required regardless of whether Respondent is employed in Respondent's licensed occupation. The notification shall be in writing.
- (m) In the event that Respondent leaves Utah for a period longer than 60 days, after Respondent has notified the Division and Board that he has begun practicing as a pharmacist in the State of Utah pursuant to paragraph 8(1)(d) above, Respondent shall notify the Division and the Board in writing of the dates of departure and return. If Respondent intends to engage in the practice of pharmacy in the jurisdiction where Respondent moves, Respondent shall promptly notify the licensing authorities of the jurisdiction of the provisions of this Stipulation and Order. Periods of residency or practice outside Utah may apply to the reduction of the probation period if the new state of residency places Respondent's license on probation with equal or greater terms and conditions.
- (n) Periods of unemployment or employment in other fields of practice shall be reported by Respondent to the Division and shall not count toward completion of probation. Should Respondent not be employed in Respondent's licensed occupation during Respondent's probationary period for a consecutive period of more than sixty (60) days, that period shall not apply to the reduction of probation, though the terms of probation shall remain applicable. If the Respondent works less than full-time in Respondent's licensed occupation, the reduction of any remaining probationary time shall occur on a pro-rata basis, in relation to a full-time position of 40 hours worked per week.
- (o) Should other acts of unprofessional conduct come to the attention of the Division or Board which have occurred prior to the entry of the Order in this case or should Respondent violate probation in any respect, the Division may, in addition to taking action as provided for herein, after giving Respondent notice and the opportunity to be heard, revoke probation or impose sanctions in accordance with applicable law.
- (p) Respondent shall immediately notify the Division, in writing, of any changes in private or professional address and agrees that written communication by the Division and/or the Board shall be mailed to Respondent at the last address provided to the Division via first class U.S. Mail, and shall constitute notice to Respondent.
- (q) Failure to pay for any of the costs associated with this probation shall be considered a violation of this Order. Respondent further agrees to

complete all conditions of probation in a timely manner. Where a specific time for completion is not stated in this Order, it shall be within the Division and Board's discretion to set a time for completion.

- (r) Respondent agrees to keep Respondent's Utah license active during the period of probation.
- (s) Respondent shall notify the Division immediately if Respondent is charged or arrested with any criminal conduct and understands that a conviction is a violation of this agreement.
- (t) Respondent shall submit reports on the date they are due and shall appear at scheduled meetings with the Division and Board promptly. Failure to do so shall be considered a violation of this Stipulation and Order.

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and Respondent waive any claim of bias or prejudice they might otherwise have with regard to the Director by virtue of the Director having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent agrees to abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement that creates, or tends to create, the impression that

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any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall complete all the terms and conditions contained in the Stipulation and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction. If the Division files a Petition alleging that Respondent has engaged in new misconduct or files an Order to Show Cause Petition alleging that Respondent has violated any of the terms and conditions contained in this Stipulation and Order, the period of Respondent's probation shall be tolled during the period that the Petition or Order to Show Cause Petition has been filed and is unresolved.

14. Respondent shall practice only under Respondent's name as set forth in the caption of this Stipulation and Order. If Respondent intends to practice under any other name, then, prior to

practicing under any other name. Respondent shall inform the Division in writing, and Respondent and the Division shall enter into an Amended Stipulation and Order, which consists of the new name Respondent intends to practice under, along with all the same terms and conditions in the original Stipulation and Order.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSING

RESPONDENT

BY: *Richard J. Oborn*
RICHARD J. OBORN
Bureau Manager

BY: *Mark Harward*
MARK KEKUPAA HARWARD

DATE: 9/9/2014

DATE: 9-8-2014

SEAN D. REYES
UTAH ATTORNEY GENERAL

BY: *L. Mitchell Jones*
L. MITCHELL JONES
Counsel for the Division

DATE: 9 Sep 14

MH

ORDER

THE ABOVE STIPULATION, in the matter of **MARK KEKUPAA HARWARD**, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 9 day of September, 2014.

DIVISION OF OCCUPATIONAL AND
PROFESSIONAL LICENSING



MARK B. STEINAGEL
Director

Investigator. Lynn Hooper

MH



Department of Commerce

Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

CHRIS PARKER
Interim Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

DOPL-FM-031 REV 06/08/2009

Licensee Information

Name of the Licensee: Mark Kekupaa Harward

Classification of License Issued: Pharmacist

License Number: 6343157-1701

Original Date of Licensure: 07/13/2011

Expiration Date: 09/30/2021

Current Status: Active

Obtained By: Application

Intern Hours: 1901

Disciplinary Action: Yes, 2014-510 copies of all Petitions and Orders are attached

Signature:  Date: March 12, 2020

Jim Garfield- Program Pharmacy Manager

To expedite the verification process, the above is the standard format used by the Utah Division of Occupational and Professional Licensing. If other information is needed, it must be obtained from the above named individual or the institution, which initially generated the information.



9C



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.

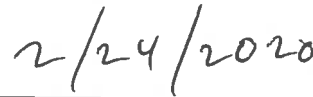
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

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