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



APPLICATION BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

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

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

Complete Name (no abbreviations):

First: Ronak Middle: A Last: Desai

Mailing Address: Maurice Circle

City: Cerritos State: CA Zip Code: 90703

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Godhra, India

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

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: CA Date of Issuance: June 23, 2004

College of Pharmacy Information

Graduation Date: 05/18/2002
(mm/dd/yy)

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

Name of Pharmacy School: St. Louis College of Pharmacy

Location of School: St. Louis, MO

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

Board Use Only

Processed: _____ Amount: 330.00 Entity #: _____

Email _____ 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?
<u>IL</u>	<u>051289389</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>KS</u>	<u>1-107607</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>OR</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>OK</u>	<u>#18378</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed --- Please see the attachment #1

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	
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"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....					<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?..... <u>California</u>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....					<input 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 & documentation: Please see the attachment #2						
Board Administrative Action: Pending		State	Date:	Case #:		
ACCUSATION		CA	11 / 07 / 2019	AC201700627100		
Criminal Action:	State	Date:	Case #:	County	Court	
		/ /				
<u>FEDERALLY MANDATED REQUIREMENTS</u>						
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>4a. If you marked Yes. to the question 4.</u> are you in compliance with the court order?.....					Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

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

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

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



Original Signature, no copies or stamps accepted

01/15/2020

Date

Attachment #1: List of other states pharmacist license-

State	Lic#	License Active
KY	017504	Yes
TN	0000038706	Yes
WV	RP0008754	Yes
AL	18275	Yes
MD	23041	Yes
MS	P13672	Yes

Attachment #2: Explanation & documentation On Pending CA Accusation

There is a pending disciplinary action in California. The action was filed against Park Pharmacy regarding compounding practices for a two-year period of conduct during which I was a temporary employee and PIC for a stint of four months. During my short, temporary employment at Park, I had no involvement in or knowledge of the wrongdoing that was occurring there, because Park actively kept it hidden from me. Nevertheless, I was swept up in the accusation because I held a PIC position. I am in the process of resolving the matter to avoid the expense and uncertainty of litigation.

9B

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

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

Complete Name (no abbreviations):

First: Zishan Middle: Saghir Last: KHAN

Mailing Address: Riverstone Drive

City: AURORA State: IL Zip Code: 60502

Telephone: E-mail Address:

Date of Birth: Place of Birth: CHICAGO

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

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: Illinois Date of Issuance: 3/8/2006

College of Pharmacy Information

Graduation Date: 05/09/2005
(mm/dd/yy)

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

Name of Pharmacy School: University of Illinois - Chicago

Location of School: Chicago

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

Board Use Only

Processed: Amount: 330.00 Entity #:

Email 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?
_____	_____	Yes <input 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: _____

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: _____

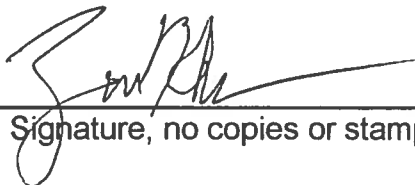
				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....					<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....					<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?.....					<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....					<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:		State	Date:	Case #:	
Reprimand		IL	10/18/2012	201110083	
Criminal Action:	State	Date:	Case #:	County	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....					Yes <input type="checkbox"/> No <input type="checkbox"/>

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

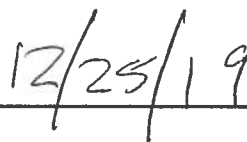
No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

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

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



Original Signature, no copies or stamps accepted



Date

STATE	LICENSE NUMBER	LICENSE ACTIVE?
ILLINOIS	051291038	YES
CONNECTICUT	0013472	YES
TEXAS	54611	YES
WASHINGTON	60464063	YES
OREGON	0013397	YES
DELAWARE	0005047	YES
NEW YORK	060356	YES
OHIO	03438546	YES

**STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL)	
REGULATION, DIVISION OF PROFESSIONAL REGULATION)	
of the State of Illinois,)	
Complainant)	
)	
v.)	No. 2011-10083
)	
ZISHAN S. KHAN)	
License No. 051-291038,)	

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter the "Department") by Scott A. Golden, its attorney, and ZISHAN S. KHAN, Respondent, agrees to the following:

STIPULATIONS

ZISHAN S. KHAN is licensed as a pharmacist in the State of Illinois, holding License No. 051-291038. Said license is presently in active status. At all times material to the matters set forth in this Consent Order, the Department had jurisdiction over the subject matter and parties to this Consent Order.

Respondent dispensed over-the-counter medication and legend drugs to family members without bringing to the pharmacy the written prescriptions for said drugs that he had in his possession. Additionally, Respondent dispensed a prescription for a Schedule III controlled substance to a family member without a valid written or oral prescription. Said individual had previously been prescribed another Schedule III controlled substance for the same ailment.

If these allegations were proven at a Formal Hearing to be true, then these allegations would constitute grounds for discipline of Respondent's license as pharmacist in the State of Illinois on the authority of 225 ILCS 85/30(a)(7) (2011).

As a result of these allegations, the Department held an Informal Disciplinary Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, in Chicago, Illinois, on April 26, 2012. Respondent appeared on that date, represented also by counsel, Stephanie A. Wolfson and Michael K. Goldberg of the Goldberg Law Group. Sudhir C. Manek, R.Ph. participated in the conference as a member of the Illinois State Board of Pharmacy, and Scott A. Golden participated in the conference as the attorney for the Department.

Respondent admits the Department's allegations, however presents the following in mitigation: Respondent states that he had written prescriptions for all the over the counter and legend drug prescriptions he dispensed to family members. Respondent states he regrets not using the written prescriptions when he dispensed the medications at issue and that he only filled prescriptions in this manner out of convenience. As to the Schedule III controlled substance prescription, Respondent states that he only filled the prescription because a family member was in pain and had been prescribed a stronger controlled substance for the same affliction in the past. Additionally, Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to counsel, the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that he has entered into this Consent Order freely and of his own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate

with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Scott A. Golden, its attorney, and ZISHAN S. KHAN, Respondent, agree:

- A. The License of ZISHAN S. KHAN, License No. 051-291038, to practice as a pharmacist in the State of Illinois is REPRIMANDED.
- B. Respondent shall not serve as a pharmacist-in-charge for a period of one (1) year.
- C. Respondent shall pay a Five Hundred Dollar (\$500.00) fine within sixty (60) days of the effective date of this Order. The fine is to be paid by personal check, cashiers check, or personal money order. Said check shall be made payable to:

Illinois Department of Financial and Professional Regulation
Attention: Fiscal Section
320 W. Washington, 3rd floor
Springfield, IL 62786.

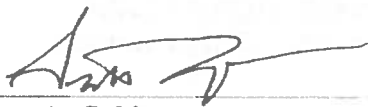
In the notation portion of the check, case No. 2011-10083, and the license No. 051-291038 shall be reflected.

- D. If Respondent fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine Respondent shall be responsible for all costs and fees incurred by the Department in said collection effort.

- E. In the event the fine of Five Hundred Dollars (\$500.00) is not paid to the Department, within sixty (60) days of the effective date of this Consent Order, Respondent acknowledges and agrees that its failure to pay the full amount of the fine will permit the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's pharmacist license, License No. 051-291038. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. This suspension shall remain in full force and effect until such time as the Department receives the full amount of the fine of Five Hundred Dollars (\$500.00). In the event Respondent contests in writing the factual basis underlying said suspension and does so within thirty (30) days of the imposition of the automatic suspension, Respondent shall be afforded a hearing on the merits.
- F. Any violation by Respondent of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke or otherwise discipline Respondent's license to practice as a pharmacist in the State of Illinois.
- G. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

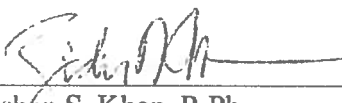
DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

9/25/12
DATE




Scott A. Golden
Attorney for the Department

7/29/12
DATE



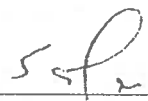
Zishan S. Khan, R.Ph.
Respondent

8/2/12
DATE



Stephanie A. Wolfson
Attorney for Respondent

9/18/12
DATE



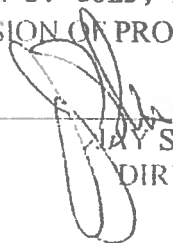
Sudhir C. Manek, R.Ph.
Member, Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 18th DAY OF October, 2012

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
SUSAN J. GOLD, ACTING SECRETARY
DIVISION OF PROFESSIONAL REGULATION

Case No. 201110083
License No. 051291038



JAY STEWART
DIRECTOR

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION)	
of the State of Illinois, Complainant)	
)	
v.)	201110083
)	
ZISHAN S. KHAN)	
Respondent)	

NOTICE

TO: ZISHAN S. KHAN
1004 HIGHRIDGE ROAD
LOMBARD, IL 60148

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

BY: _____

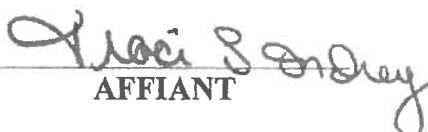


Clerk for the Department

All inquiries should be
Directed to:
Chicago Office - 312-814-4504
Springfield Office - 217-785-0820

STATE OF ILLINOIS)
)
COUNTY OF SANGAMON) ss:

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ORDER, to be deposited in the United States mail, by certified mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 24th day of October, 2012 to all parties at the addresses listed on the attached documents.



AFFIANT