

NEVADA STATE  
BOARD OF PHARMACY

BOARD MEETING

APRIL 10 & 11, 2019

HILTON GARDEN INN  
7830 S LAS VEGAS BOULEVARD  
LAS VEGAS, NEVADA



# Nevada State Board of Pharmacy

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Date Posted: March 29, 2019

## AMENDED AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 10, 2019 at 9:00 am. The meeting will continue, if necessary, on Thursday, April 11, 2019 at 9:00 am or until the Board concludes its business at the following location:

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

#### Please Note:

**In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.**

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

**Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.** Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and,

assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.

1. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

2. Approval of March 6-7, 2019, Minutes **(FOR POSSIBLE ACTION)**

3. Applications for Out-of-State Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- A. Aon Pharmacy – Fort Myers, FL
- B. BioMatrix Specialty Pharmacy of Maryland, LLC – Columbia, MD
- C. Canary Pharmacy – Montclair, CA
- D. Dania Discount Drug – Dania Beach, FL
- E. DermRx Pharmacy – Dallas, TX
- F. Factor One Source Pharmacy LLC – Cumberland, MD
- G. Ruskin Pharmacy – Ruskin, FL
- H. Sortpak Pharmacy – Glendale, CA
- I. Springs Drug Store – Miami Shore, FL
- J. Sterling Pharmacy, Inc. – Jermyn, PA
- K. Superior Drugmart – Flushing, NY
- L. U-Med Inc. – Granby, CO
- M. WhiteGloveRx – Aventura, FL

Applications for Out-of-State Compounding Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- N. Powerhouse Pharmacy – Dallas, TX
- O. Physicians Preference Pharmacy International LLC – Katy, TX
- P. Premier Pharmacy Group LLC – Colorado Springs, CO
- Q. Saddlebrook Pharmacy – Tomball, TX

Applications for Out-of-State Wholesaler – Non Appearance **(FOR POSSIBLE ACTION)**

- R. ACADIA Pharmaceuticals Inc. – San Diego, CA
- S. Adamas Pharma, LLC – Emeryville, CA

- T. Alembic Pharmaceuticals, Inc. – Bridgewater, NJ
- U. Avita Medical Americas, LLC – Valencia, CA
- V. Bausch Health US, Inc. – Bridgewater, NJ
- W. Chiesi USA, Inc. – Cary, NC
- X. DHL Supply Chain (USA) – Whitestown, IN
- Y. Dompe U.S. Inc. – Boston, MA
- Z. Dukal Corporation – Ronkonkoma, NY
- AA. Edenbridge Pharmaceuticals, LLC – Parsippany, NJ
- BB. Eversana Life Science Services, LLC – Fontana, CA
- CC. Evoke Pharma, Inc. – Solana Beach, CA
- DD. Fluvaccine.org Inc – Salt Lake City, UT
- EE. Fougera Pharmaceuticals Inc. – Melville, NY
- FF. Geodis Logistics LLC – McDonough, GA
- GG. Gelesis, Inc. – Boston, MA
- HH. Insmmed Incorporated – Bridgewater, NJ
- II. Ipsen Biopharmaceuticals, Inc. – Basking Ridge, NJ
- JJ. Isopure, Corp. – Louisville, KY
- KK. Otsuka America Pharmaceutical, Inc. – Rockville, MO
- LL. Premier Rx Wholesale – Cincinnati, OH
- MM. RAS Enterprises LLC – Gulfport, MS
- NN. Sandoz Inc. – Princeton, NJ
- OO. Saptalis Pharmaceuticals, LLC – Hauppauge, NY
- PP. SCILEX Pharmaceuticals Inc. – Mission Viejo, CA
- QQ. SOLA Pharmaceuticals – Baton Rouge, LA
- RR. St. Renatus, LLC – Fort Collins, CO
- SS. Viona Pharmaceuticals Inc. – Cranford, NJ
- TT. Wright Medical Technology, Inc. – Arlington, TN

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance **(FOR POSSIBLE ACTION)**

- UU. Aeroflow Urology, LLC – Arden, NC
- VV. Buffalo Respiratory Therapy, LLC – Williamsville, NY
- WW. Current Medical Technologies, Inc. – Lakeville, MA
- XX. Dee Veterinary Products, LLC – Miami Gardens, FL
- YY. DHL Supply Chain (USA) – Southaven, MS
- ZZ. Empatica, Inc. – Boston, MA
- AAA. Liebel-Flarsheim Company LLC – Cincinnati, OH

Application for Nevada Warehouse – Non Appearance **(FOR POSSIBLE ACTION)**

- BBB. GEODIS Logistics LLC – Sparks, NV

Applications for Nevada Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- CCC. The ER at Blue Diamond – Las Vegas, NV
- DDD. Walgreens #21159 – Las Vegas, NV

◆ REGULAR AGENDA ◆

4. Disciplinary hearings pursuant to NRS 639.247 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- |    |                                      |                 |
|----|--------------------------------------|-----------------|
| A. | Jaime Cordoba-Hernandez, R.Ph        | (17-070-RPH-S)  |
| B. | All City Pharmacy, LLC               | (17-070-PH-S)   |
| C. | Candy C. Davis, R.Ph                 | (17-086-RPH-S)  |
| D. | Walgreens Pharmacy #4579             | (17-086-PH-A-S) |
| E. | Walgreens Pharmacy #2445             | (17-086-PH-A-S) |
| F. | Wayne Mitchell, R.Ph                 | (18-041-RPH-N)  |
| G. | Carson Tahoe Regional Medical Center | (18-041-PH-N)   |
| H. | Kara Balduzzi, R.Ph                  | (18-071-RPH-S)  |
| I. | Walgreens Pharmacy #15035            | (18-071-PH-S)   |
| J. | Josielyn Sy, R.Ph                    | (18-092-RPH-N)  |
| K. | Walmart Pharmacy #10-2106            | (18-092-PH-N)   |
| L. | Sean Barclay, R.Ph                   | (19-002-RPH-S)  |
| M. | Meta Pharmacy                        | (19-002-PH-S)   |
| N. | Melina Cruz, PT                      | (19-019-PT-S)   |
5. Applications for Out-of-State Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
- |    |                                    |  |
|----|------------------------------------|--|
| A. | Avasa Rx Pharmacy – Phoenix, AZ    |  |
| B. | One Choice Pharmacy – Stafford, TX |  |
| C. | Soleo Health Inc. – Woodridge, IL  |  |
6. Applications for Nevada Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
- |    |   |  |
|----|---|--|
| A. | BAM Healthcare LVIC LLC – Las Vegas, NV |  |
| B. | Eastside Pharmacy – Las Vegas, NV       |  |
| C. | Modern Rx - Las Vegas, NV               |  |
7. Application for Nevada Medical, Devices, Equipment and Gases – Appearance **(FOR POSSIBLE ACTION)**
- USOC Equipment, LLC – Las Vegas, NV
8. Request for Pharmacist Registration by Score Transfer – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- Kurt A. Howe

9. Requests for Controlled Substance Registration – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
  - A. Jorge Y. Burgos, MD
  - B. Mehran Salek, MD
  - C. David J. Smith, MD
  
10. Request for Controlled Substance Renewal – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
  - A. Markey Wilson, PA
  - B. Roger Estevez, MD
  
11. Request to Amend Conditions of Reinstatement of Pharmacist Registration to Remove Prohibition from Working as a Managing Pharmacist **(FOR POSSIBLE ACTION)**

Ashley Isom (15-074-RPH-N)
  
12. Request for Reinstatement of Revoked Pharmacist License: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Jose Ferran (17-039-RPH-S)
  
13. Applications for Nevada Wholesaler – Appearance **(FOR POSSIBLE ACTION)**
  - A. FENWAL, INC. – North Las Vegas, NV
  - B. FRESENIUS KABI, LLC – North Las Vegas, NV
  
14. Applications for Out-of-State Compounding Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
  - A. Cure Stat Rx Home Infusion and Specialty Pharmacy, Inc. – San Diego, CA
  - B. MedRx Infusion Clinical Pharmacy – Inglewood, CA
  - C. Vasco Rx – Phoenix, AZ
  
15. Discussion of increasing fees imposed pursuant to NRS 639.170 and/or NRS 453.221 to maintain conformance with the Board’s operating reserve policy. **(FOR POSSIBLE ACTION)**
  
16. General Counsel Report

17. Executive Secretary Report:
- A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities:
    - 1. Meetings with Other Health Care Boards
    - 2. Legislature in Session
    - 3. NASCSA Board of Directors
    - 4. Roseman Student Rotation – Grace Field has finished her rotation
    - 5. MPJE Test Writing Seminar
  - D. Report to Board:
    - 1. Licensing software update
  - E. Board Related News:
    - 1. Upcoming NABP National Meeting
  - F. Licensing Activities Report:
    - 1. PMP Integration
    - 2. Legislative update

◆ WORKSHOP ◆

Thursday, April 11, 2019 – 9:00 am

18. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)  
**(For Possible Action):**

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

[Authority – NRS 639.070]

**A. Amendment of Nevada Administrative Code (NAC) 639.NEW LANGUAGE  
Costs for inspection.**

1. In addition to any application fees paid, the Board may require an applicant to pay inspection costs incurred by the Board.
2. The Board may require an out-of-state licensee to pay inspection costs incurred by the Board.

**B. Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on  
supervision.** The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

19. Date and Location of Next Scheduled Board Meeting:

June 5-6, 2019 – Reno, Nevada

20. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at [www.notice.nv.gov](http://www.notice.nv.gov) and [bop.nv.gov](http://bop.nv.gov).

Elko County Courthouse – Elko  
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas  
Mineral County Courthouse – Hawthorne

**1**

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# NEVADA STATE BOARD OF PHARMACY

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(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
• Web Page: [bop.nv.gov](http://bop.nv.gov)

## MINUTES

March 6 & 7, 2019

## BOARD MEETING

Hyatt Place  
1790 E Plumb Ln  
Reno, NV

### Board Members Present:

Jason Penrod	Kevin Desmond	Jade Jacobo	Wayne Mitchell
Melissa Shake	Robert Sullivan	Gener Tejero	

### Board Staff Present:

Dave Wuest	Yenh Long	Paul Edwards	Brett Kandt
Shirley Hunting	Joe Dodge	Joe Depczynski	Kristopher Mangosing
Sarah Bradley			

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

1. Public Comment March 6, 2019 9:00 AM

There was no public comment.

2. Approval of January 16-17, 2019, Minutes

### Board Action:

Motion: Kevin Desmond moved to approve the January 16-17, 2019 Meeting minutes as presented.

Second: Wayne Mitchell

Action: Passed unanimously

### 3. Applications for Out-of-State Pharmacy – Non Appearance

- A. Advanced Diabetes Supply – Carlsbad, CA
- B. Alto Pharmacy – Denver, CO
- C. BriovaRx Specialty – Shavano Park, TX
- D. Chewy Pharmacy, LLC – Goodyear, AZ
- E. Clinical Solutions Pharmacy – Franklin, TN
- F. Exact Care Pharmacy – Louisville, TX
- G. Integrity Rx Specialty Pharmacy LLC – Scottsdale, AZ
- H. Kaiser Permanente WA Mail Order Pharmacy – Renton, WA
- I. Lemonaid Pharmacy, LLC – St. Louis, MO
- J. LibraSun Pharmacy – Oakland Park, FL
- K. Milton Medical & Drug Co Inc. – Miami Beach, FL
- L. OptumRx – Costa Mesa, CA
- M. OptumRx – Sugar Land, TX
- N. Professional Pharmacy Solutions – New Castle, PA

### Applications for Out-of-State Compounding Pharmacy – Non Appearance

- O. ARX, Accurate RX Specialty Pharmacy – Kew Gardens, NY
- P. Coastal Care Pharmacy – Panama City Beach, FL
- Q. Covetrux NE – Omaha, NE
- R. Covetrux TX – Houston, TX
- S. NDC Pharmacy – Plano, TX
- T. PureScience Rx – Poway, CA

### Applications for Out-of-State Wholesaler – Non Appearance

- U. AcelRx Pharmaceuticals, Inc. – Redwood City, CA
- V. Aclaris Therapeutics, Inc. – Wayne, PA
- W. ACP Nimble Buyer, Inc. – South Plainfield, NJ
- X. AMAG Pharmaceuticals, Inc. – Waltham, MA
- Y. Amazon.com Services, Inc. – Plainfield, IN
- Z. Amring Pharmaceuticals Inc. – Berwyn, PA
- AA. Asegua Therapeutics LLC – Foster City, CA
- BB. Aquestive Therapeutics, Inc. – Warren, NJ
- CC. Boehringer Ingelheim Animal Health USA Inc. – St Joseph, MO
- DD. Clinigen, Inc. – Yardley, PA
- EE. CSL Behring LLC – King of Prussia, PA
- FF. Eagle Pharmaceuticals, Inc. – Woodcliff Lake, NJ
- GG. Evolus, Inc. – Newport Beach, CA
- HH. Eywa Pharma Inc. – Princeton, NJ
- II. Ferring Pharmaceuticals Inc. – Parsippany, NJ
- JJ. Greenhill Trading Inc. – Brooklyn, NY
- KK. Genzyme Corporation – Cambridge, MA
- LL. Hospira, Inc. – McPherson, KS

- MM. Immunomedics, Inc. – Morris Plains, NJ
- NN. Kyowa Kirin, Inc. – Bedminster, NJ
- OO. Leo Pharma Inc. – Madison, NJ
- PP. Lundbeck LLC – Deerfield, IL
- QQ. Neopharma Inc. – Princeton, NJ
- RR. NeoTract, Inc. – Livermore, CA
- SS. Neurocrine Biosciences, Inc. – San Diego, CA
- TT. Novartis Pharmaceuticals Corporation – East Hanover, NJ
- UU. Paratek Pharmaceuticals, Inc. – Boston, MA
- VV. Progenics Pharmaceuticals, Inc. – New York, NY
- WW. Regeneron Healthcare Solutions, Inc. – Tarrytown, NY
- XX. Sunovion Pharmaceuticals Inc. – Marlborough, MA
- YY. Vyaire Medical, Inc. – Mettawa, IL
- ZZ. Xeris Pharmaceuticals, Inc. – Chicago, IL

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance

- AAA. DME Healthcare Partners – Chandler, AZ
- BBB. Homestead Orthotics LLC – Peoria, AZ
- CCC. Livongo Health, Inc. – Mountain View, CA
- DDD. Locost Medical Supply, LLC – Duluth, GA
- EEE. Therapoint Medical LLC – Conshohocken, PA

Applications for Nevada Pharmacy – Non Appearance

- FFF. IngeioRx Specialty or CVS Specialty – Las Vegas, NV
- GGG. Nevada Health Center Pharmacy – MLK – Las Vegas, NV
- HHH. Sunset Pain Surgery Center – Las Vegas, NV
- III. Well Care Pharmacy 1, LLC – Las Vegas, NV

Board Action:

Motion: Wayne Mitchell moved to approve the Consent Agenda.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

- |    |                              |                  |
|----|------------------------------|------------------|
| A. | Nuttavat Rojprasitporn, R.Ph | (17-089-RPH-A-N) |
| B. | Jeffrey Arbogast, R.Ph       | (17-089-RPH-B-N) |
| C. | Mui Ching Lee, R.Ph          | (17-089-RPH-C-N) |
| D. | Lydia Pasero, PT             | (17-089-PT-N)    |
| E. | CVS/pharmacy #4691           | (17-089-PH-N)    |

Nuttavat Rojprasitporn appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case where patients P.C. and R.D. tendered their prescriptions to CVS the same day. During the pre-data entry scan pharmaceutical technician Gisela Ochoa mistakenly entered R.D.'s chlorthalidone prescriptions under P.C.'s name and patient profile. P.C. ingested approximately three to five doses of the wrong medication before discovering the error.

Mr. Kandt explained that Mr. Rojprasitporn failed to detect the error during data entry verification.

Mr. Kandt presented a Stipulation and Order regarding Mr. Rojprasitporn for the Board's consideration.

Mr. Rojprasitporn shall receive a Letter of Reprimand, shall pay a \$2,750.00 fine due within 30 days and shall complete two additional CEU on the topic of error prevention.

Mr. Rojprasitporn had no objections to the Stipulation and Order presented by Board Staff.

Mr. Rojprasitporn answered questions to the Board's satisfaction regarding his pharmacy experience and changes he has made to improve his practice.

Board Action:

Motion: Kevin Desmond moved to approve the Stipulation and Order regarding Nuttavat Rojprasitporn as presented by Board Staff.

Second: Wayne Mitchell

Aye: Desmond, Jacobo, Mitchell, Sullivan, Tejero

Nay: Shake

Action: Motion carries

Jeffrey Arbogast appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Jason Penrod disclosed that he knows Mr. Arbogast from pharmacy school, but stated that he could participate in this matter fairly and without bias.

Mr. Kandt explained that Mr. Arbogast is on record as the counseling pharmacist. Mr. Kandt explained that Mr. Arbogast did not counsel P.C., nor did he offer counseling to P.C.

Mr. Kandt presented a Stipulation and Order regarding Mr. Arbogast for the Board's consideration.

Mr. Arbogast shall receive a Letter of Reprimand, shall pay a \$750.00 fine due within 30 days and shall complete an additional two CEU on the topic of patient counseling.

Mr. Arbogast had no objections to the Stipulation and Order presented by Board Staff.

Mr. Arbogast answered questions to the Board's satisfaction regarding changes he has made to his practice and documentation of counseling.

Board Action:

Motion: Kevin Desmond moved to accept the Stipulation and Order regarding Jeffrey Arbogast as presented by Board Staff.

Second: Robert Sullivan

Action: Passed unanimously

Lydia Pasero appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt explained that approximately seventeen days after P.C. discovered CVS's dispensing error, Ms. Pasero deleted records regarding P.C.'s prescription from CVS's computer system.

Mr. Kandt presented a Stipulation and Order regarding Ms. Pasero for the Board's consideration.

Ms. Pasero's pharmaceutical technician registration PT08989 shall be revoked, the revocation stayed and the registration placed on probation for one year. Ms. Pasero shall pay a \$500.00 fine, pay a \$1,000.00 administrative fee and shall attend three of the next four Board meetings in Reno on the day of the discipline hearings.

Ms. Pasero had no objections to the Stipulation and Order presented by Board Staff.

Board Action:

Motion: Kevin Desmond moved to accept the Stipulation and Order regarding Lydia Pasero as presented by Board Staff.

Second: Jade Jacobo

Action: Passed unanimously

Mui Ching Lee appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mike Dyer was present as counsel representing Ms. Lee and CVS Pharmacy.

Mr. Kandt explained that Ms. Lee was the managing pharmacist at CVS Pharmacy #4691 on the date of this incident. He stated that Ms. Lee was not present in the pharmacy on that date.

Mr. Kandt presented a Stipulation and Order regarding Ms. Lee for the Board's consideration.

Ms. Lee shall receive a Letter of Reprimand and shall complete an additional four CEU on pharmacy management.

Mr. Dyer explained that Ms. Lee was not directly involved in the errors, but accepts responsibility as the managing pharmacist. Mr. Dyer stated that Ms. Lee has retired from practice, but is keeping her license active.

Ms. Lee answered questions to the Board's satisfaction regarding her work history.

Board discussion ensued regarding the penalties outlined in the Stipulation and Order.

Board Action:

Motion: Melissa Shake moved to deny the Stipulation and Order presented by Board Staff.

Second: Gener Tejero

Aye: Jacobo, Mitchell, Shake, Tejero

Nay: Desmond, Sullivan

Action: Motion carries

After discussion, Mr. Kandt presented a revised Stipulation and Order regarding Ms. Lee.

Ms. Lee shall complete an additional four CEU on the topic of pharmacy management.

Board Action:

Motion: Jade Jacobo moved to accept the revised Stipulation and Order regarding Ms. Lee.

Second: Wayne Mitchell

Aye: Desmond, Jacobo, Mitchell, Shake, Tejero

Nay: Sullivan

Action: Motion carries

Mark Johnston, CVS Health, and Brian Convery, Senior Legal Counsel CVS Health, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt presented a Stipulation and Order regarding CVS Pharmacy #4691 for the Board's consideration.

CVS Pharmacy #4691 shall pay a \$1,000.00 fine, pay a \$1,500.00 administrative fee. Mr. Kandt stated that Respondent CVS represents and warrants that CVS Pharmacy has taken all necessary corrective action in conformance with Paragraph 11(C) of the Stipulation and Order entered in Case No. 16-036.

Mr. Dyer stated that CVS Pharmacy has no objections to the Stipulation and Order presented. He explained that CVS Pharmacy has complied with the Stipulation and Order for Case No. 16-036.

Mr. Convery stated that CVS Pharmacy is still determining how the prescription data was deleted.

Board Action:

Motion: Melissa Shake moved to accept the Stipulation and Order regarding CVS Pharmacy #4691 as presented.

Second: Wayne Mitchell

Action: Passed unanimously

F.	Susan Blair, R.Ph	(17-044-RPH-N)
G.	Walgreens #11227	(17-044-PH-N)

Melissa Shake recused from participation in this matter due to her employment with Walgreens.

Susan Blair, Derek Engebretson, pharmacist, Tom Bui, Healthcare Supervisor Walgreens, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Bill Stilling was present as counsel representing Walgreens.

Gener Tejero disclosed that Mr. Stilling is his attorney, but stated that he could participate in this matter fairly and without bias.

Mr. Edwards summarized the facts of the case where patient T.B. went to Walgreens to refill a prescription for clopidogrel 75 mg. At the same time T.B.'s physician had prescribed an additional prescription for Eliquis 5 mg. tablets as part of T.B.'s ongoing anti-platelet anticoagulation therapy. When patient T.B. returned the next month to refill his prescription for clopidogrel 75 mg. Ms. Blair refused to refill the prescription and informed T.B. that the

combination of clopidogrel and Eliquis posed a risk of increased bleeding. Ms. Blair advised T.B. to discontinue Eliquis and clopidogrel until T.B. consulted his physician. Ms. Blair then closed the clopidogrel prescription “pending response from the provider.” Mr. Edwards explained that Ms. Blair did not speak with T.B.’s physician to discuss and resolve her concerns. As a result, T.B. went without anticoagulant therapy for approximately 5 days.

Mr. Edwards stated that during the course of the investigation Board Staff sought to obtain prescription records to substantiate the report he received from Walgreens that Blair closed. Walgreens provided inconsistent and conflicting information and documents regarding the status and origin of the closed prescription.

Mr. Edwards presented a Stipulation and Order regarding Walgreens Pharmacy #11227 for the Board’s consideration.

Walgreens shall pay a fine of \$1,000.00 and pay an administrative fee of \$2,000.00. Representatives from Walgreens shall meet with Board Staff to discuss changes to their policies and procedures regarding readily retrievable prescription records. Walgreens’ employees shall be trained on the new policies and procedures based on the results of these meetings.

Mr. Stilling stated that Walgreens’ agrees to the Stipulation and Order presented by Board Staff.

Board Action:

Motion: Kevin Desmond moved to accept the Stipulation and Order regarding Walgreens Pharmacy #11227 as presented.

Second: Jade Jacobo

Action: Passed unanimously

Mr. Edwards moved to have Exhibits 1 through 10 admitted into the record.

Mr. Stilling had no objections.

President Penrod admitted Exhibits 1 through 10 into the records.

Mr. Stilling moved to have Exhibits A through C admitted into the record.

Mr. Edwards had no objections.

President Penrod admitted Exhibits A through C into the record.

Mr. Edwards called Joe Depczynski as a witness.

Joe Depczynski, Inspector/Investigator Nevada State Board of Pharmacy, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Edwards presented a copy of the complaint, prescription records from Walgreens' computer system, Walgreens audit reports, copies of T.B.'s prescriptions for Eliquis and clopidogrel, statements from Derek Engebretson and employee schedules during the dates of the error.

Mr. Depczynski answered questions from Mr. Edwards and Mr. Stilling regarding his investigation.

Mr. Edwards called Susan Blair as a witness.

Mr. Edwards questioned Ms. Blair regarding her reasons for not refilling T.B.'s prescription.

Ms. Blair testified that she was concerned for the patient and that she advised T.B. to discuss the medications with his physician at their upcoming appointment. Ms. Blair admitted that she did not have documentation indicating what occurred.

Mr. Stilling called Tom Bui as a witness.

Mr. Bui answered questions regarding prescription records and audit reports in Walgreens' computer system.

After discussion, both parties agreed to continue this matter to the following day.

The following day, Mr. Edwards explained that during the recess the parties reached an agreement to settle this matter and presented the terms of the agreement for the Board's consideration.

Mr. Edwards presented the proposed penalty for Ms. Blair.

Ms. Blair shall pay a fine of \$500.00, pay an administrative fee of \$1,000.00 and shall complete an additional four CEU on the topic of cardiology or cardiac drugs.

Ms. Blair stated no objection to the proposed Stipulation and Order.

Board Action:

Motion: Wayne Mitchell moved to approve the proposed Stipulation and Order regarding Susan Blair.

Second: Jade Jacobo

Action: Passed unanimously

H. Heather Weismann, PT (19-001-PT-S)

Heather Weismann was not present.

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

President Penrod admitted Exhibits 1-4 into the record.

Mr. Edwards summarized the facts of the case where Ms. Weismann was terminated from her employment as a pharmaceutical technician at Smith's Pharmacy #371 for diversion of controlled substances.

Mr. Edwards presented documentation of Ms. Weismann's address of record, documentation that Board Staff mailed her Notice of Intended Action and Accusation by certified mail, a tracking report from USPS and a letter from Board Staff notifying her of the date and time of her hearing (Exhibits 1-4).

Mr. Edwards stated that Ms. Weissman admitted to diverting approximately sixty Zolpidem 10 mg. tablets from Smith's both verbally and in writing during an interview conducted by the district pharmacy practice coordinator and a representative from Smith's asset protection department.

Board Action:

Motion: Jade Jacobo moved that the Board has jurisdiction over this matter, that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Weismann and that based on default the factual allegations in the Notice of Intended Action and Accusation are true.

Second: Gener Tejero

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to find Heather Weissman guilty of the First through Fourth Causes of Action.

Second: Gener Tejero

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends revocation of Ms. Weissman's pharmaceutical technician registration.

Board Action:

Motion: Melissa Shake moved to revoke Heather Weissman's pharmaceutical technician registration.

Second: Jade Jacobo

Action: Passed unanimously

I. Ranaan Pokroy, MD

(17-098-S)

Ranaan Pokroy and Johnny Parvani, business partner, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Leann Sanders was present as counsel representing Dr. Pokroy.

Mr. Edwards stated that Dr. Pokroy is the owner and Medical Director of Reviv, which provides concierge/mobile intravenous hydration and injections services at its locations in the MGM and Palazzo hotel in Las Vegas.

Mr. Edwards summarized the facts of the case where Reviv's staff was allowed to use Dr. Pokroy's authority to obtain, access and/or possess an inventory of dangerous drugs when he was not onsite and without his direct supervision. Reviv's staff was also authorized to determine that a dangerous drug was medically appropriate and to administer a dangerous drug to Reviv's patients, even with patients with whom Dr. Pokroy did not have a bona fide therapeutic relationship. Mr. Edwards explained that Reviv also purchased compounded dangerous drugs from a pharmacy not licensed with the Board.

Mr. Edwards presented a Stipulation and Order for the Board's consideration.

Dr. Pokroy shall receive a Letter of Reprimand, his controlled substance registration CS25754 shall be placed on probation for twelve months effective immediately. Dr. Pokroy shall pay a total fine of \$5,000.00 and shall pay an administrative fee of \$2,500.00. Dr. Pokroy shall establish and put into practice new policies and procedures to ensure that a bona fide relationship between the patient and practitioner exists before any medication is ordered or administered, to ensure proper possession of medication and to ensure Dr. Pokroy and his offices will purchase medications only from Nevada-licensed and federally registered outsourcing facilities. Dr. Pokroy may be subject to quarterly inspections by Board Staff for one year at Dr. Pokroy's expense.

Ms. Sanders had no objection to the Stipulation and Order presented.

Ms. Sanders stated that Dr. Pokroy acknowledges his error and provided the Board with a summary of his work history.

Board Action:

Motion: Melissa Shake moved to accept the Stipulation and Order regarding Ranaan Pokroy.

Second: Wayne Mitchell

Action: Passed unanimously

5. Reconsideration of denial of application pursuant to NRS 639.139

Lan Thi Tran Nguyen

Lan Thi Tran Nguyen was not present.

Mr. Edwards explained that Ms. Nguyen had appeared at a previous Board meeting to request the Board to approve her Nevada Pharmacist Registration renewal application. After questioning Ms. Nguyen regarding her error and discipline in California, the Board decided to deny her request for renewal of pharmacist registration.

Mr. Edwards summarized the facts of Ms. Nguyen's case where she surrendered her California pharmacist license for unprofessional conduct involving the sale of pseudoephedrine.

The Board discussed the purpose of reconsideration is to allow an applicant to present new information that the Board may not have to review had at a previous appearance.

Board Action:

Motion: Kevin Desmond moved to deny Lan Thi Tran Nguyen's request for reconsideration of denial of application.

Second: Jade Jacobo

Action: Passed unanimously

6. Applications for Nevada Pharmacy – Appearance

A. Eternity Care Infusion Pharmacy – Las Vegas, NV

Melissa Shake disclosed that Clare Macaraeg was an intern at Walgreens, but stated that she could participate in this matter fairly and without bias.

Laylani Macaraeg, pharmacist, and Clare-Lanie Macaraeg, managing pharmacist, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Joe Dodge, Inspector Nevada State Board of Pharmacy, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Dodge questioned Ms. Clare Macaraeg regarding the pharmacy's products and services provided, her work history and her knowledge of USP 797 and USP 800.

The Board expressed concern regarding Ms. Clare Macaraeg's lack of experience and knowledge of USP 797 and USP 800.

The Board discussed having additional inspections for Eternity Care Infusion Pharmacy.

Board Action:

Motion: Kevin Desmond moved to approve Eternity Care Infusion Pharmacy's Application for Nevada Pharmacy License pending a positive inspection. Eternity Care Infusion Pharmacy shall have up to quarterly inspections by Board Staff for the first year at the company's expense. Eternity Care Infusion Pharmacy shall only perform low-risk sterile compounding. Eternity Care Infusion Pharmacy shall request Board approval before performing medium or high-risk compounding.

Second: Melissa Shake

Action: Passed unanimously

B. Hemostasis and Thrombosis Center of NV Pharmacy – Las Vegas, NV

Alison Bartko, managing pharmacist, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Dodge stated that Hemostasis and Thrombosis Center of NV Pharmacy is appearing to request a restroom waiver.

Ms. Bartko stated that the company has decided to change their building plans to include a restroom in the pharmacy.

Ms. Bartko answered questions to the Board's satisfaction regarding her work history, staff and the services provided by Hemostasis and Thrombosis Center of NV Pharmacy.

Board Action:

Motion: Wayne Mitchell moved to approve Hemostasis and Thrombosis Center of NV Pharmacy's Application for Nevada Pharmacy License.

Second: Gener Tejero

Action: Passed unanimously

C. PharmaScript, Inc. – Las Vegas, NV

Michael Green, Director of Pharmacy Operations, and Gregory Blackburn, managing pharmacist, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Green explained that PharmaScript, Inc. is opening a clinic pharmacy to service their infusion center.

Mr. Green answered questions to the Board's satisfaction regarding the products and services provided.

Mr. Blackburn answered questions to the Board's satisfaction regarding his past education and work history.

Board Action:

Motion: Kevin Desmond moved to approve PharmaScript, Inc.'s Application for Nevada Pharmacy License pending receipt of a Letter of Authorization allowing Mr. Green and Mr. Blackburn to speak on behalf of the company and a positive inspection.

Second: Jade Jacobo

Action: Passed unanimously

D. Preferred Pharmacy – Las Vegas, NV

Melissa Shake disclosed that she has worked with Lalbhai Patel at Walgreens but stated that she can participate in the matter fairly and without bias.

Jade Jacobo disclosed that she has worked with Lalbhai Patel at Wal-Mart but stated that she can participate in the matter fairly and without bias.

Lalbhai Patel, pharmacist and owner, and Ken Heaton, pharmacist and previous owner, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Patel answered questions to the Board's satisfaction regarding the products and services provided by Preferred Pharmacy.

Mr. Patel requested the Board modify Preferred Pharmacy's application to indicate that the company would not be performing any non-sterile compounding services.

The Board modified Preferred Pharmacy's Application for Nevada Pharmacy License to reflect that the company would not be performing any non-sterile compounding services.

Board Action:

Motion: Melissa Shake moved to approve Preferred Pharmacy's Application for Nevada Pharmacy License.

Second: Jade Jacobo

Action: Passed unanimously

7. Application for Out-of-State Wholesaler – Appearance

Novocol Pharmaceutical of Canada, Inc. – Cambridge, Ontario

Eric Penrose, Vice President of Corporate Quality Compliance Novocol Pharmaceutical of Canada, Inc., appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Wuest provided background information regarding licensing companies that are outside the country.

Mr. Penrose explained that Novocol Pharmaceutical of Canada, Inc. makes FDA approved dental anesthetic products.

Mr. Penrose answered questions to the Board's satisfaction regarding the products provided and past FDA inspections.

The Board discussed having Board Staff inspect Novocol Pharmaceutical of Canada, Inc. during their FDA inspection in June 2019.

Board Action:

Motion: Wayne Mitchell moved to approve Novocol Pharmaceutical of Canada, Inc.'s Application for Out-of-State Wholesaler License pending a positive inspection by Board Staff and the FDA. The inspection will be at Novocol Pharmaceutical of Canada, Inc.'s expense. Board Staff is authorized to allow Novocol Pharmaceutical of Canada, Inc. to ship into Nevada.

Second: Melissa Shake

Action: Passed unanimously

8. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance
  - A. Henry Schein, Inc. – Reno, NV

Mitchell Cobb, facility manager, and William Powell, Director of Operations, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Cobb and Mr. Powell answered questions to the Board's satisfaction regarding Henry Schein, Inc.'s products and services provided.

After discussion, it was determined that the company would be performing wholesaler activities and that the wrong application had been submitted.

Board Action:

Motion: Melissa Shake moved to approve Henry Schein, Inc.'s Application for Nevada Wholesaler License pending receipt of a corrected application and a positive inspection.

Second: Kevin Desmond

Action: Passed unanimously

B. Rider Mobility Inc. – Las Vegas, NV

Kirsten Wender, COO and administrator, and Kyle Wender, CEO, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Wender and Ms. Wender explained that Rider Mobility Inc. provides mobility equipment for patients with spinal injuries or neurological injuries.

Mr. Wender and Ms. Wender answered questions to the Board's satisfaction regarding Rider Mobility Inc.'s products and services provided, business model, and their education and work history.

Board Action:

Motion: Kevin Desmond moved to approve Rider Mobility Inc.'s Application for Nevada MDEG License a positive inspection.

Second: Jade Jacobo

Action: Passed unanimously

9. Annual Auditors Report for the Nevada State Board of Pharmacy – Appearance

Beth Kohn – Kohn & Company

Beth Kohn presented the audit results and answered questions to the Board's satisfaction.

10. Applications for Outsourcing Facility – Appearance

A. Atlas Pharmaceuticals, LLC – Phoenix, AZ

Nancy Costlow, Director of Operations, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ms. Costlow presented a Letter of Authorization allowing her to speak on behalf of the company.

Mr. Dodge questioned Ms. Costlow regarding the observations and deficiencies noted by the FDA during their last inspection.

Ms. Costlow answered Mr. Dodge's questions regarding Atlas Pharmaceuticals, LLC's policies and procedures regarding sterilization, documentation and training of the company's staff.

The Board discussed sending Board Staff to inspect Atlas Pharmaceuticals, LLC's facility in Arizona.

Board Action:

Motion: Gener Tejero moved to approve Atlas Pharmaceuticals, LLC's Application for Out-of-State Outsourcing Facility License pending receipt of the company's response letter to FDA 483 and a successful inspection by Board Staff. The inspection will be at Atlas Pharmaceuticals, LLC's expense for up to two inspectors.

Second: Kevin Desmond

Action: Passed unanimously

B. Belmar Select Outsourcing – Lakewood, CO

Samuel Eskenazi, supervising pharmacist, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Eskenazi presented a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Eskenazi explained that Belmar Select Outsourcing is an FDA 503B Outsourcing Facility that provides sterile compounding services. He explained that Belmar Select Outsourcing primarily provides medications for hormone replacement therapy.

Mr. Eskenazi answered Mr. Dodge's questions to the Board's satisfaction regarding the company's past inspections, products and services provided, sterilization techniques and policies and procedures.

Board Action:

Motion: Kevin Desmond moved to approve Belmar Select Outsourcing's Application for Out-of-State Outsourcing Facility License pending receipt of Belmar Select Outsourcing's Florida Inspection report and the updated policies and procedures based on FDA's observations.

Second: Jade Jacobo

Action: Passed unanimously

C. Central Admixture Pharmacy Services, Inc. – San Diego, CA

Lauren Sylvia, Director of Pharmacy, and John Brandon, Vice President of Regulatory Affairs, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ms. Sylvia presented a Letter of Authorization allowing them to speak on behalf of the company.

Mr. Dodge questioned Ms. Sylvia regarding past FDA inspections.

Ms. Sylvia summarized each FDA observation and how Central Admixture Pharmacy Services, Inc. addressed each issue.

Ms. Sylvia answered questions to the Board's satisfaction regarding Central Admixture Pharmacy Services, Inc.'s policies and procedures, clean room specifications and products and services provided.

Board Action:

Motion: Kevin Desmond moved to approve Central Admixture Pharmacy Services, Inc.'s Application for Out-of-State Outsourcing Facility License pending receipt of the company's California Inspection report.

Second: Melissa Shake

Action: Passed unanimously

11. Applications for Out-of-State Compounding Pharmacy – Appearance

A. MedRx Infusion Clinical Pharmacy – Inglewood, CA

This matter was postponed to a future meeting at the applicant's request.

B. Miller's of Wyckoff – Wyckoff, NJ

This matter was postponed to a future meeting at the applicant's request.

C. PETNET Solutions, Inc. – Hayward, CA

Robert Kwan, managing pharmacist, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kwan explained that PETNET Solutions, Inc. is a nuclear pharmacy that provides sterile compounding services. He stated that PETNET Solutions, Inc. primarily provides medications for cancer imaging.

Mr. Kwan answered questions to the Board's satisfaction regarding his work history, PETNET Solutions, Inc.'s products and services provided, past inspections and past discipline.

Board Action:

Motion: Jade Jacobo moved to approve PETNET Solutions, Inc. Application for Out-of-State Compounding Pharmacy License pending receipt of a Letter of Authorization allowing Mr. Kwan to speak on behalf of the company.

Second: Kevin Desmond

Action: Passed unanimously

D. Vasco Rx – Phoenix, AZ

This matter was postponed to a future meeting at the applicant's request.

12. Applications for Out-of-State Pharmacy – Appearance

A. AvasaRx Pharmacy – Phoenix, AZ

This matter was postponed to a future meeting at the applicant's request.

B. Premier Specialty Infusion, LLC – Hoffman Estates, IL

This matter was postponed to a future meeting at the applicant's request.

C. Soleo Health Inc. – Woodridge, IL

This matter was postponed to a future meeting at the applicant's request.

13. Discussion of Board staff providing continuing education opportunities for licensees.

Mr. Wuest explained that Board Staff is requesting direction regarding providing a Nevada Law CE for licensees. He stated that the video on Power Pak has expired and the video from Pharmacist Technician's Letter is now requiring a subscription.

After discussion the Board directed Board Staff to research hosting the CE.

14. General Counsel Report

15. Executive Secretary Report:

A. Financial Report

Mr. Wuest presented the financial report to the Board's satisfaction.

B. Temporary Licenses

No temporary licenses have been issued since the last meeting.

C. Staff Activities:

1. Meetings with other health care boards
  2. Nevada Dental Meeting
  3. Nevada Osteopathic Association
  4. Western Society of Criminology Meeting
  5. Federal Association of Regulatory Boards
  6. Roseman Student Rotation –Grace Field
- D. Report to Board:
1. Licensing software update
- E. Board Related News:
1. Legislative Update
- F. Licensing Activities Report:
1. PMP Integration

16. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

**Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

Mr. Edwards and Ms. Long provided background information.

President Penrod opened the Public Comment.

Liz MacMenamin, RAN, appeared and expressed support of the proposed language.

Dave Vasenden, pharmacist, appeared and requested the Board consider increasing the pharmaceutical technician to pharmacist ratio to 10:1.

Mark Johnston, CVS Health, appeared and expressed support of the proposed amendment. Mr. Johnston discussed his experience in other states with increased pharmaceutical technician to pharmacist ratio.

Paul Osterman, pharmacist, appeared and expressed concern that increasing the ratio could cause additional distractions to the pharmacist.

Linh Mcintire, pharmacist, appeared and discussed her experience in hospital pharmacy. Ms. Mcintire expressed concern that increasing the ratio in the hospital setting could negatively impact patient safety.

The Board discussed pharmaceutical technician to pharmacist ratios in other states and the possibility of having different ratios for various pharmacy business models.

After discussion, the Board directed Board Staff to review similar regulations in other states and bring this matter back to Workshop.

17. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2):

**Amendment of Nevada Administrative Code Chapter 453 to add certain products to the controlled substances listed in schedule V in conformity with federal regulations.** (LCB File No. R198-18) The Drug Enforcement Administration (DEA) has added certain drug products which are approved by the U.S. Food and Drug Administration (FDA) and contain cannabidiol to the list of controlled substances in schedule V of the Federal Controlled Substances Act. The proposed amendment adds such drug products to the list of controlled substances in schedule V in conformity with federal regulations of the Uniform Controlled Substances Act.

Mr. Wuest provided background information.

President Penrod opened the Public Comment.

Kurt Stembridge, Representative from Greenwich Biosciences, appeared and expressed support of the proposed amendments. Mr. Stembridge provided background information on Epidiolex.

President Penrod closed the Public Comment.

Board Action:

Motion: Melissa Shake moved to adopt the proposed amendment as presented.

Second: Kevin Desmond

Action: Passed unanimously

18. Date and Location of Next Scheduled Board Meeting:

April 10-11, 2019 – Las Vegas, NV

19. Public Comment March 7, 2019 5:00 PM

There was no public comment.

**3**

A

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.

**Publicly Traded Corporation** – Pages 1,2,3,7       **Partnership** - Pages 1,2,5,7  
 **Non Publicly Traded Corporation** – Pages 1,2,4,7       **Sole Owner** – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AON Pharmacy

Physical Address: 12631 Westlinks Dr Ste 1 Fort Myers, FL 33913

Mailing Address: 12631 Westlinks Dr Ste 1

City: Ft. Myers State: FL Zip Code: 33913

Telephone: 833-886-1725 Fax: 239-337-0098

Toll Free Number: 833-886-1725 (Required per NAC 639.708)

E-mail: doug.braun@oncology.com Website: Oncology.com

Managing Pharmacist: Douglas Braun License Number: PS37168 (FL)

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

B

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or  Ownership Change (Provide current license number if making changes: **PH 02652**)  
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BioMatrix Specialty Pharmacy of Maryland, LLC

Physical Address: 7172 Columbia Gateway Drive, Columbia, MD 21046

Mailing Address: 7172 Columbia Gateway Drive, Columbia, MD 21046

City: Columbia State: Maryland Zip Code: 21046

Telephone: 443-510-0587 Fax: 877-800-4790

Toll Free Number: 888-662-6779 (Required per NAC 639.708)

E-mail: royce.burruss@biomatrixsprx.com Website: www.biomatrixsprx.com  
(post closing)

Managing Pharmacist: Royce Burruss License Number: 15047

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Specialty

All boxes must be checked  
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral \*\*
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding \*\*
- Non Sterile Compounding
- Mail Service Sterile Compounding \*\*
- Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_  
Check box below for type of ownership and complete all required forms.  
 **Publicly Traded Corporation** – Pages 1,2,3,7       **Partnership** - Pages 1,2,5,7  
 **Non Publicly Traded Corporation** – Pages 1,2,4,7       **Sole Owner** – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: CANARY PHARMACY  
Physical Address: 4950 SAN BERNARDINO ST, STE 101A  
Mailing Address: 4950 SAN BERNARDINO ST, STE 101A  
City: MONTCLAIR State: CA Zip Code: 91763  
Telephone: 909-445-0805 Fax: 909-621-5732  
Toll Free Number: 1-800-999-6001 (Required per NAC 639.708)  
E-mail: CANARYPHARMACY@YAHOO.COM Website: \_\_\_\_\_  
Managing Pharmacist: VANSON LULU License Number: 56603

TYPE OF PHARMACY AND		SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input checked="" type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dania Discount Drug  
 Physical Address: 16 South Federal Highway, Dania Beach, FL 33004  
 Mailing Address: Same as above  
 City: Dania Beach State: FL Zip Code: 33004  
 Telephone: 954-921-4661 Fax: 954-921-2310  
 Toll Free Number: 877-359-2155 (Required per NAC 639.708)  
 E-mail: rkusher@daniarexall.com Website: www.partbspecialists.com  
 Managing Pharmacist: Brandee Lam License Number: P551141

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: \_\_\_\_\_

All boxes must be checked  
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral \*\*
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding \*\*
- Non Sterile Compounding
- Mail Service Sterile Compounding \*\*
- Other Services: \_\_\_\_\_

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

E

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DERM RX PHARMACY

Physical Address: 17826 DAVENPORT RD STE B DALLAS, TX 75252

Mailing Address: 17826 DAVENPORT RD STE B DALLAS, TX 75252

City: DALLAS State: TX Zip Code: 75252

Telephone: 469-351-3462 Fax: 469-565-2220

Toll Free Number: 844-504-8772 (Required per NAC 639.708)

E-mail: AD RX 2014 @ GMAIL - com Website: DERM RX PHARMACY. com

Managing Pharmacist: CLEMENT ABOGE License Number: TX 40563

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input checked="" type="checkbox"/>	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

F

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: **PH 03505**)  
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FACTOR ONE SOURCE PHARMACY LLC

Physical Address: 217 GLENN STREET, SUITE 300

Mailing Address: 217 GLENN STREET, SUITE 300

City: CUMBERLAND State: MD Zip Code: 21502

Telephone: 84-773-6779 Fax: 844-533-1131

Toll Free Number: 844-773-6779 (Required per NAC 639.708)

E-mail: dneupauer@fosrxfast.com Website: wwwd.fosrxfast.com

Managing Pharmacist: Danielle M. Neupauer, R.Ph. License Number: 20721

### TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
  - Hospital (# beds \_\_\_\_\_)
  - Internet
  - Nuclear
  - Ambulatory Surgery Center
  - Community
  - Other: Specialty

- Yes/No
- Off-site Cognitive Services
  - Parenteral \*\*
  - Parenteral (outpatient)
  - Outpatient/Discharge
  - Mail Service
  - Long Term Care
  - Sterile Compounding \*\*
  - Non Sterile Compounding
  - Mail Service Sterile Compounding \*\*
  - Other Services: \_\_\_\_\_

All boxes must be checked  
For the application to be complete

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# NEVADA STATE BOARD OF PHARMACY

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Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Buskin Pharmacy

Physical Address: 517 N US Highway 41

Mailing Address: 517 N US Highway 41

City: Buskin State: FL Zip Code: 33570

Telephone: 813-938-1868 Fax: 813-922-2008

Toll Free Number: 866-252-9967 (Required per NAC 639.708)

E-mail: buskinrx@gmail.com Website: N/A

Managing Pharmacist: Morton Cole License Number: PS13213

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

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H

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sortpak Pharmacy

Physical Address: 124 S. Glendale Ave. Glendale CA 91205

Mailing Address: 124 S. Glendale Ave

City: Glendale State: CA Zip Code: 91205

Telephone: 877.570.7787 Fax: 877.475.2382

Toll Free Number: 877.570.7787 (Required per NAC 639.708)

E-mail: info@sortpak.com Website: www.sortpak.com

Managing Pharmacist: Anahit Kurginyan License Number: PHY56185

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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For the application to be complete

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Springs Drug Store

Physical Address: 450 NE 125 St Miami Shores, FL 33161

Mailing Address: 450 NE 125 St

City: Miami Shores State: FL Zip Code: 33161

Telephone: 305-863-7333 Fax: 305-863-7399

Toll Free Number: 800-511-5189 (Required per NAC 639.708)

E-mail: info@springsrx.com Website: \_\_\_\_\_

Managing Pharmacist: Liliana Emery License Number: PS32587

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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<input checked="" type="checkbox"/> <b>New Pharmacy</b> or <input type="checkbox"/> <b>Ownership Change</b> (Provide current license number if making changes: PH _____ Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sterling Pharmacy, Inc.

Physical Address: 547 Washington Ave Jermyn, PA 18433

Mailing Address: 547 Washington Ave

City: Jermyn, State: PA Zip Code: 18433

Telephone: 570-876-4412 Fax: 570-876-4413

Toll Free Number: 855-237-9948 (Required per NAC 639.708)

E-mail: sterlingpharmacypa@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Jean Tolerico License Number: 032741L

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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For the application to be complete

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K

# NEVADA STATE BOARD OF PHARMACY

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<input checked="" type="checkbox"/> <b>New Pharmacy</b> or <input type="checkbox"/> <b>Ownership Change</b> (Provide current license number if making changes: PH _____) Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> <b>Publicly Traded Corporation</b> – Pages 1,2,3,7	<input type="checkbox"/> <b>Partnership</b> - Pages 1,2,5,7
<input checked="" type="checkbox"/> <b>Non Publicly Traded Corporation</b> – Pages 1,2,4,7	<input type="checkbox"/> <b>Sole Owner</b> – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Neelkanth Drugs Corp dba Superior Drugmart

Physical Address: 6010 Kissena Blvd Ste A Flushing NY 11355

Mailing Address: 6010 Kissena Blvd Ste A

City: Flushing State: NY Zip Code: 11355

Telephone: (718) 445-8450 Fax: 718 939 7224

Toll Free Number: 866-890-9680 (Required per NAC 639.708)

E-mail: superiordrugny@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Samantha Lee License Number: 052989

### TYPE OF PHARMACY AND SERVICES PROVIDED

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

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L

# NEVADA STATE BOARD OF PHARMACY

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Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

AS

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: U-Med Inc.

Physical Address: 62801 US HWY 40

Mailing Address: PO Box 1876

City: Granby State: CO Zip Code: 80446

Telephone: (970) 887-2256 Fax: (888) 469-1150

Toll Free Number: \_\_\_\_\_ (Required per NAC 639.708)

E-mail: sbambur@u-medinc.com Website: www.u-medinc.com

Managing Pharmacist: Sarah Bambur License Number: 20186000900

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Durable Medical Equipment

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral \*\*
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding \*\*
- Non Sterile Compounding
- Mail Service Sterile Compounding \*\*
- Other Services: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WhiteGloveRx

Physical Address: 20880 West Dixie Hwy. Suite 104, Aventura, FL 32547

Mailing Address: 1620 W. Northwest Hwy Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 786-749-6812 Fax: 788 749 6813

Toll Free Number: 844-697-4492 (Required per NAC 639.708)

E-mail: licensure@receptrx.com Website: \_\_\_\_\_

Managing Pharmacist: Katiuska Iglesias License Number: PS3999

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral \*\*
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding \*\*
- Non Sterile Compounding
- Mail Service Sterile Compounding \*\*
- Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

N

### NEVADA STATE BOARD OF PHARMACY

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New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

#### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Powerhouse Pharmacy

Physical Address: 2726 W Mockingbird lane, Dallas, TX 75235

Mailing Address: same as above

City: Dallas State: Texas Zip Code: 75235

Telephone: 214 350 2900 Fax: 214 350 2904

Toll Free Number: 866 747 9292 (Required per NAC 639.708)

E-mail: powerhousepharmacy@gmail.com Website: www.powerhousepharmacy.com

Managing Pharmacist: Neha Patel License Number: 62529

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
All boxes must be checked	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
For the application to be complete	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: PH01991)  
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Physicians Preference Pharmacy International, LLC

Physical Address: 20214 Braidwood Drive, Ste 140

Mailing Address: Same

City: Katy State: TX Zip Code: 77450

Telephone: 281-828-9088 Fax: 281-828-9669

Toll Free Number: 877-640-5248 (Required per NAC 639.708)

E-mail: kim.bennett@physicianspreferencrx.com Website: physicianspreferencrx.com

Managing Pharmacist: Kimberly B. Bennett License Number: 35871 (TX)

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

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P

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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<input checked="" type="checkbox"/> <b>New Pharmacy</b> or <input type="checkbox"/> <b>Ownership Change</b> (Provide current license number if making changes: <b>PH</b> _____)	
Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Pharmacy Group LLC

Physical Address: 101 S. Union Blvd Colorado Springs Co 80910

Mailing Address: 101 S. Union Blvd

City: Colorado Springs State: Colorado Zip Code: 80910

Telephone: (719) 457-6377 Fax: (719) 457-6374

Toll Free Number: (833) 464-9129 (Required per NAC 639.708)

E-mail: mepstein@premierrxgroup.com Website: n/a

Managing Pharmacist: Mike Epstein License Number: CO13092

### TYPE OF PHARMACY AND SERVICES PROVIDED

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
Yes/No		Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____
All boxes must be checked For the application to be complete		

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.

**Publicly Traded Corporation – Pages 1,2,3,7**                       **Partnership – Pages 1,2,5,7**  
 **Non Publicly Traded Corporation – Pages 1,2,4,7**                       **Sole Owner – Pages 1,2,6,7**

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Saddlebrook Pharmacy

Physical Address: 25201 Kuykendahl, Suite 300 Tomball, TX 77375

Mailing Address: 25201 Kuykendahl, Suite 300

City: Tomball State: TX Zip Code: 77375

Telephone: 832-698-2104 Fax: 832-698-2162

Toll Free Number: 888-387-1880 (Required per NAC 639.708)

E-mail: saddlebrookpharmacy@comcast.net Website: www.saddlebrookpharmacy.com

Managing Pharmacist: Brigitte Chamba Mofor License Number: 40958

<b>TYPE OF PHARMACY AND</b>	<b>SERVICES PROVIDED</b>
Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community	<input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
All boxes must be checked	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: ACADIA Pharmaceuticals Inc.

Physical Address: 3611 Valley Centre Drive, Suite 300

City: San Diego State: CA Zip Code: 92130

Telephone Number: 858-558-2871 Fax Number: 858-558-2872

Toll Free Number: N/A

E-mail: dfredericks@ACADIA-Pharm.com Website: www.acadia-pharm.com

Facility Manager: Doral C. Fredericks

Professional qualifications and experience of facility manager: Doral C. Fredericks has more than 18 years of experience in the pharmaceutical industry. He is a licensed pharmacist.

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Specialty Pharmacies and Specialty Distributors

**Type of Products to be handled or wholesaled by firm:**

Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Adamas Pharma, LLC

Physical Address: 1900 Powell Street, Suite 1000

City: Emeryville State: CA Zip Code: 94608

Telephone Number: 510-450-3500 Fax Number: 510-428-0519

Toll Free Number: N/A

E-mail: mmasterson@adamaspharma.com Website: www.adamaspharma.com

Facility Manager: Melissa M. Masterson

Professional qualifications and experience of facility manager: Member of the Commercial Executive Leadership Team responsible for the development and implementation of strategy and tactics for all products in development and commercialized in the payer, distribution and reimbursement segments.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_  
Check box below for type of ownership and complete all required forms for type of ownership that  
you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4                       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6             Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Alembic Pharmaceuticals, Inc.

Physical Address: 750 Route 202, Suite 410

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: (908) 393-9604 Fax Number: (908) 393-9605

Toll Free Number: N/A

E-mail: ALM@slsny.com Website: www.alembicglobal.ch

Facility Manager: David Craig Salmon

Professional qualifications and experience of facility manager: President, US Operations at  
Alembic since May 2015. Responsible for the daily operation of sales and marketing in the US.

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals     Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Avita Medical Americas, LLC  
 Physical Address: 28159 Avenue Stanford, Suite 220  
 City: Valencia State: CA Zip Code: 91355  
 Telephone Number: 661-367-9170 Fax Number: 661-367-9180  
 Toll Free Number: \_\_\_\_\_  
 E-mail: regulatory@avitamedical.com Website: avitamedical.com  
 Facility Manager: David Fencil

Professional qualifications and experience of facility manager: 30+ years experience in medical device manufacturing and operations, including cleanrooms. Project manager on building new 2000 s.f. ISO 7 clean room.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Bausch Health US, LLC

Physical Address: 400 Somerset Corporate Blvd.

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: 908-927-1400 Fax Number: 908-927-1401

Toll Free Number: 800-321-4576

E-mail: licensing@bauschhealth.com Website: www.bausch.com

Facility Manager: Leonard P. Westermann

Professional qualifications and experience of facility manager: Manage all internal and external Distribution and Warehousing activities for 2 internal and 2 3PL sites. Responsible for all Import/Export activities and accountable for \$100+M in finished good inventory.

### Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesalers
- Other: Clinics.

### Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
- Hypodermic Devices
- Poisons or Chemicals
- Veterinary Legend Drugs
- Controlled Substances (include copy of DEA) N/A - See Attachment B
- Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_  
Check box below for type of ownership and complete all required forms for type of ownership that  
you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Chiesi USA, Inc.

Physical Address: 175 Regency Woods Place, Suite 600

City: Cary State: NC Zip Code: 27518

Telephone Number: 919-678-6512 Fax Number: 919-678-6599

Toll Free Number: 888-466-6505

E-mail: alan.roberts@chiesi.com Website: https://chiesiusa.com

Facility Manager: Alan T. Roberts

Professional qualifications and experience of facility manager: See Attachment D

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA) N/A- See Attachment C  
 Other: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 3930 S 500E

City: Whitestown State: IN Zip Code: 46075

Telephone Number: 317-401-1590 Fax Number: 614-865-8867

Toll Free Number: N/A

E-mail: roger.tull@dhl.com Website: www.exel.com

Facility Manager: Roger Tull

Professional qualifications and experience of facility manager: See Roger Tull's resume attached

### Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesalers
- Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
- Poisons or Chemicals
- Controlled Substances (include copy of DEA)
- Other: Non-CS Veterinary Rx and OTC Drugs, and Veterinary Rx and OTC Medical Devices(no Rx drug inside devices)
- Hypodermic Devices
- Veterinary Legend Drugs

4

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Dompé U.S. Inc.

Physical Address: One Marina Park Drive, Suite 1410

City: Boston State: MA Zip Code: 02210

Telephone Number: 833-366-7387 Fax Number: 201-205-1070

Toll Free Number: 833-366-7387

E-mail: wendy.chao@dompe.com Website: http://www.dompe.com/en/

Facility Manager: Wendy Chao, PhD

Professional qualifications and experience of facility manager: Associate Director, Clinical Development  
Ph.D., Genetics - Harvard Medical School (see attached résumé)

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Dukal Corporation

Physical Address: 2 Fleetwood Court

City: Ronkonkoma State: NY Zip Code: 11779

Telephone Number: (631) 656-3800 Fax Number: (631) 656-3810

Toll Free Number: (800) 243-0741

E-mail: DKL@slny.com Website: www.dukal.com

Facility Manager: Karen E. Kauffmann

Professional qualifications and experience of facility manager: Service-oriented in both customer sales and marketing with 30 years experience in medical sales.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Manufacturers and distributors

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: Over the counter drugs and devices

AA

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Edenbridge Pharmaceuticals, LLC

Physical Address: 169 Lackawanna Ave, Suite 110

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: (201) 292-1292 Fax Number: (201) 292-1292

Toll Free Number: (877) 381-3336

E-mail: EBP@slsny.com Website: www.edenbridgepharma.com

Facility Manager: Patrick P. Chu Esq.

Professional qualifications and experience of facility manager: Since 2008, has served as Managing Member and President of Edenbridge Pharmaceuticals, LLC, responsible for business development, working with CMOs, 3PLs & contract packagers.

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies     
  Practitioners     
  Hospitals     
  Wholesalers  
 Other: Distributors, Medical Supply Chains, US Government

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices     
  Hypodermic Devices  
 Poisons or Chemicals     
  Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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BB

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Eversana Life Science Services, LLC

Physical Address: 10887 Commerce Way, Unit B

City: Fontana State: CA Zip Code: 92336

Telephone Number: (909) 972-4100 Fax Number: N/A

Toll Free Number: N/A

E-mail: elvia.mendoza@dlss.com Website: dlss.com

Facility Manager: Elvia Mendoza

Professional qualifications and experience of facility manager: Refer to the attached resume

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

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New Wholesaler or  Ownership Change (Provide current license number if making changes: WH\_\_\_\_  
Check box below for type of ownership and complete all required forms for type of ownership that  
you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name:       Evoke Pharma, Inc.      

Physical Address:       420 Stevens Avenue, Suite 370      

City:       Solana Beach       State:       CA       Zip Code:       92075      

Telephone Number:       858-345-1494       Fax Number:       N/A      

Toll Free Number:       N/A      

E-mail:       licensing@evokepharma.com       Website:       evokepharma.com      

Facility Manager:       David Gonyer      

Professional qualifications and experience of facility manager:       See attached resume      

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other:       Specialty distributors, Specialty pharmacies, military, long-term care

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

DD

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Fluvaccine.org Inc

Physical Address: 3617 W 1987 S Bldg 8

City: Salt Lake City State: UT Zip Code: 84104

Telephone Number: 877-600-0358 Fax Number: 858-200-2007

Toll Free Number: \_\_\_\_\_

E-mail: Accounting@fluvaccine.org Website: www.fluvaccine.org

Facility Manager: David Contreras

Professional qualifications and experience of facility manager: see Attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies     
  Practitioners     
  Hospitals     
  Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices     
  Hypodermic Devices  
 Poisons or Chemicals     
  Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: OTC

EE

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Fougera Pharmaceuticals Inc.

Physical Address: 60 Baylis Road

City: Melville State: NY Zip Code: 11747

Telephone Number: 631-454-7677 Fax Number: 631-454-1572

Toll Free Number: N/A

E-mail: james.apollo@novartis.com Website: www.fougera.com

Facility Manager: James A. Apollo

Professional qualifications and experience of facility manager: See Attachment B

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Geodis Logistics LLC

Physical Address: 250 Declaration Avenue, Suite 100

City: McDonough State: Georgia Zip Code: 30253

Telephone Number: (269) 861-1434 Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: annissia.haynard@geodis.com Website: www.geodis.com

Facility Manager: Annissia Haynard

Professional qualifications and experience of facility manager: See Attached.

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: End User

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: OTC



**NEVADA STATE BOARD OF PHARMACY**  
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New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Gelesis, Inc.

Physical Address: 501 Boylston St. Suite 6102

City: Boston State: MA Zip Code: 02116

Telephone Number: 617-830-2068 Fax Number: 617-482-3337

Toll Free Number: n/a

E-mail: info@gelesis.com Website: www.gelesis.com

Facility Manager: David Pass

Professional qualifications and experience of facility manager: Please see attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Mail order pharmacies

**Type of Products to be handled or wholesaled by firm:**

Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Insmmed Incorporated

Physical Address: 10 Finderne Avenue, Building 10

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: 908-977-9900 Fax Number: N/A

Toll Free Number: N/A

E-mail: Holly.Griffin@insmed.com Website: www.insmed.com

Facility Manager: Amy Taylor

Professional qualifications and experience of facility manager: Lead commercial distribution of FDA-approved products in the US, working with third party logistics providers, specialty distributors, and specialty pharmacies. 14 years of pharmaceutical experience.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Nursing Home Pharmacies

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Ipsen Biopharmaceuticals, Inc.

Physical Address: 106 Allen Road

City: Basking Ridge State: NJ Zip Code: 07920

Telephone Number: 908-275-6300 Fax Number: 908-275-6301

Toll Free Number: N/A

E-mail: ron.graybill@ipsen.com Website: www.ipseus.com

Facility Manager: Ronald P. Graybill

Professional qualifications and experience of facility manager: Ronald P. Graybill is the Vice President, Value and Access. In this role, he leads the Strategic Pricing, Account Management, Trade & Distribution, Reimbursement and Patient Services functions. He is an accomplished managed-markets professional with expertise in consultative sales, marketing, pricing strategies, product revitalization and life-cycle management.

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Clinics and Distributors

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Isopure, Corp.

Physical Address: 11851 Plantside Drive

City: Louisville State: KY Zip Code: 40299

Telephone Number: 502-267-7873 Fax Number: 502-297-5066

Toll Free Number: 800-280-7873

E-mail: kgillespie@isopure.com Website: www.isopure.com

Facility Manager: Kevin C. Gillespie

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Clinics

**Type of Products to be handled or wholesaled by firm:**

Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Otsuka America Pharmaceutical, Inc.

Physical Address: 2440 Research Blvd.

City: Rockville State: MD Zip Code: 20850

Telephone Number: (240) 683-3049 Fax Number: (301) 721-7332

Toll Free Number: (800) 562-3974

E-mail: elena.learner@otsuka-us.com Website: https://www.otsuka-us.com/home

Facility Manager: Elena V. Learner

Professional qualifications and experience of facility manager: See Attachment A

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Distributors and clinics

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: <b>WH02456</b> ) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Premier Rx Wholesale

Physical Address: 4637 Interstate Drive

City: Cincinnati State: Ohio Zip Code: 45246

Telephone Number: 877-889-4836 Fax Number: 513-906-6355

Toll Free Number: 877-889-4836

E-mail: Kyle.Parker@prxwholesale.com Website: www.premierrxwholesale.com

Facility Manager: Robert Highfill

Professional qualifications and experience of facility manager: 2 years of being facility manager with Premier Rx Wholesale running day to day operations

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                     
  Practitioners                     
  Hospitals                     
  Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                     
  Hypodermic Devices  
 Poisons or Chemicals                     
  Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

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Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: RAS ENTERPRISES LLC

Physical Address: 2512 25TH AVE STE 3

City: GULFPORT State: MS Zip Code: 39501

Telephone Number: 228-868-5478 Fax Number: 309-418-3510

Toll Free Number: \_\_\_\_\_

E-mail: RASENTERPRISES@BELLSOUTH.NET Website: \_\_\_\_\_

Facility Manager: RANDALL A. SOBOUL

Professional qualifications and experience of facility manager: SEE ATTACHED RESUME

### Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesalers
- Other: U.S. VETERANS HOSPITALS AND CBOCS

### Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
- Poisons or Chemicals
- Controlled Substances (include copy of DEA)
- Other: MEDICAL GRADE OXYGEN AND CYLINDERS
- Hypodermic Devices
- Veterinary Legend Drugs

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Sandoz Inc.

Physical Address: 100 College Road West

City: Princeton State: NJ Zip Code: 08540

Telephone Number: 609-627-8500 Fax Number: 609-627-8690

Toll Free Number: N/A

E-mail: robert.spina@sandoz.com Website: www.us.sandoz.com

Facility Manager: Robert Spina

Professional qualifications and experience of facility manager: Responsible for customer relationships. Direct and manage sales and marketing teams in Generics & Branded. Establish the strategic direction and growth of the sales and marketing functions. Stay abreast of industry trends to effectively manage all sales and marketing strategies.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Nursing Home Pharmacies and Clinics.

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA) N/A - See Attachment B  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Saptalis Pharmaceuticals, LLC

Physical Address: 45 Davids Drive

City: Hauppauge State: NY Zip Code: 11788

Telephone Number: 631-2312751 Ext. 104 Fax Number: 631-231-2494

Toll Free Number: \_\_\_\_\_

E-mail: poli.dondeti@saptalis.com Website: www.saptalis.com

Facility Manager: Polireddy Dondeti

Professional qualifications and experience of facility manager: PhD. in Pharmacy and over two decades of experience in Pharmaceutical Industry - CV Attached

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: SCILEX Pharmaceuticals Inc.

Physical Address: 27201 Puerta Real, Suite 235

City: Mission Viejo State: CA Zip Code: 92691

Telephone Number: 949-441-2270 Fax Number: 949-916-3010

Toll Free Number: N/A

E-mail: wpedranti@scilexpharma.com Website: www.scilexpharma.com

Facility Manager: Mahiyar Arjomand

Professional qualifications and experience of facility manager: Mahiyar Arjomand has extensive experience in both pharmaceutical/biotechnology industries across all phases of drug development.

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers
- Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices
- Poisons or Chemicals                       Veterinary Legend Drugs
- Controlled Substances (include copy of DEA)
- Other: \_\_\_\_\_

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QQ

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: SOLA Pharmaceuticals

Physical Address: 655 Highlandia Dr., Ste. B

City: Baton Rouge State: LA Zip Code: 70810

Telephone Number: 866-747-7365 Fax Number: 800-754-9550

Toll Free Number: \_\_\_\_\_

E-mail: klanasd@solameds.us Website: www.solameds.us

Facility Manager: Keith Lanasd

Professional qualifications and experience of facility manager: 5+ years pharmacy owner/manager, 5+ years wholesale distribution of legend medications

### Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: St. Renatus, LLC

Physical Address: 1000 Centre Avenue

City: Fort Collins State: CO Zip Code: 80526

Telephone Number: 970-282-0156 Fax Number: 970-221-4365

Toll Free Number: N/A

E-mail: ndiel@kovanaze.com Website: www.kovanaze.com

Facility Manager: Nicholas L. Diel

Professional qualifications and experience of facility manager: Nicholas L. Diel has more than 10 years of experience in regulatory, technical and R&D leadership.

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Distributors

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Viona Pharmaceuticals Inc.  
Physical Address: 20 Commerce Drive, Suite 340  
City: Cranford State: NJ Zip Code: 07016  
Telephone Number: (908) 956-0600 Fax Number: (908) 514-4005  
Toll Free Number: N/A  
E-mail: VPI@SLSNY.com Website: www.vionausa.com  
Facility Manager: Claudia M. Vivasocampo

Professional qualifications and experience of facility manager: Manager of regulatory affairs at Viona Pharmaceuticals Inc. since August 2018 and manager of quality assurance operations at

Vensun Pharmaceuticals from September 2016 to July 2017. Expertise in quality and compliance, regulatory affairs, and manufacturing process

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Distributors

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Wright Medical Technology, Inc.

Physical Address: 11576 Memphis-Arlington Road

City: Arlington State: TN Zip Code: 38002

Telephone Number: 800-238-7117 Fax Number: \_\_\_\_\_

Toll Free Number: N/A

E-mail: Mary.McCombs-Stearnes@wright.com Website: www.wright.com

Facility Manager: Mary McCombs-Stearnes

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers
- Other: Distributors, Clinics

**Type of Products to be handled or wholesaled by firm:**

- Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices
- Poisons or Chemicals                       Veterinary Legend Drugs
- Controlled Substances (include copy of DEA)
- Other: \_\_\_\_\_

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**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>MP</u> or MW <u>01577</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

**FACILITY INFORMATION**

Facility Name: Aeroflow Urology, LLC

Physical Address: 65 Beale Rd, STE 101 Arden, NC 28704  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3165 Sweeten Creek Road

City: Asheville State: NC Zip Code: 28803

Telephone: 844-276-5588 Fax: 866-420-7099

E-mail: Complianceofficer@eroflowinc.com Website: aeroflowurology.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to 5 Sat: X to X Sun: X to X Holidays: X to X

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Mica Phillips

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>urologicals, ostomy, Breast pumps</u>             |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

VV

### NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7 <del>Sole Corp</del>

Please check box for type of ownership and complete correct part of the application.

#### FACILITY INFORMATION

Facility Name: Buffalo Respiratory Therapy, LLC

Physical Address: 17 Limestone Dr., STE 3, Williamsville, NY 14221  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 17 Limestone Dr., STE 3

City: Williamsville State: NY Zip Code: 14221-8601

Telephone: 716-932-7581 Fax: 716-932-7583

E-mail: DBorowczyk@buffalort.com Website: Buffalort.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 Eastern Standard Time  
Fri: 9 to 5 Sat: - to - Sun: - to - Holidays: - to -

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph Polito

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Biphasic Cuirass Ventilator</u>                   |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Ashley Cittadini Telephone: 702-292-8406

WW

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	

Please check box for type of ownership and complete correct part of the application.

**FACILITY INFORMATION**

Facility Name: Current Medical Technologies, Inc.

Physical Address: 75 Main Street  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 75 Main Street

City: Lakewood State: MA Zip Code: 02347

Telephone: 800-382-5879 Fax: 508.947.1486

E-mail: earl@cmtmedical.com Website: cmtmedical.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat:     to     Sun:     to     Holidays:     to    

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Earl P. Carlow, Jr.

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- Medical Gases\*\*
- Respiratory Equipment\*\*
- Life-sustaining equipment\*\*
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment\*\*
- Orthotics and Prosthesis
- Other: \_\_\_\_\_

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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### NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

#### FACILITY INFORMATION

Facility Name: Dee Veterinary Products, LLC

Physical Address: 1011 Park Centre Boulevard  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Miami Gardens State: FL Zip Code: 33169

Telephone: 954-962-5823 Fax: 954-962-5849

E-mail: scott@deevetproducts.com Website: www.deevetproducts.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 2 Tue: 10 to 2 Wed: 10 to 2 Thu: 10 to 2

Fri: 10 to 2 Sat: N/A to Sun: N/A to Holidays: N/A to

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Scott Dee

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Veterinary Medical Devices</u>                    |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 8655 Commerce Drive, Suite 101, Southaven, MS 38671  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 570 Polaris Pkwy, Dept 555

City: Westerville State: OH Zip Code: 43082

Telephone: 901-568-8642 Fax: 614-865-8867

E-mail: Bardethia.Gray@dhl.com Website: www.exel.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 6am to 10pm Tue: 6am to 10pm Wed: 6am to 10pm Thu: 6am to 10pm

Fri: 6am to 10pm Sat:     to     Sun:     to     Holidays:     to    

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Bardethia Gray

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                           |
| <input type="checkbox"/> Respiratory Equipment**     | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics                      |
| <input type="checkbox"/> Diabetic Supplies           | Other: _____   |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Bardethia Gray Telephone: 901-568-8642

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**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____ )
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7	

Please check box for type of ownership and complete correct part of the application.

**FACILITY INFORMATION**

Facility Name: Empatica Inc.

Physical Address: 45 Bromsfield St, Suite 901  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 45 Bromsfield St, Suite 901

City: Boston State: MA Zip Code: 02108

Telephone: +1 (866) 739-2049 Fax: N/A

E-mail: st@empatica.com Website: https://www.empatica.com/

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9 to 18 Tue: 9 to 18 Wed: 9 to 18 Thu: 9 to 18

Fri: 9 to 18 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Simone Tognetti

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment   |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics  |
| <input type="checkbox"/> Diabetic Supplies           | <input checked="" type="checkbox"/> Other: <u>Physiological Signal Based Seizure Monitoring System</u> |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A



### NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

#### FACILITY INFORMATION

Facility Name: Liebel-Flarsheim Company LLC

Physical Address: 2111 East Galbraith Rd, Cincinnati, OH, 45237  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 821 Alexander Road, Suite 204

City: Princeton State: NJ Zip Code: 08540

Telephone: 812-333-0059 Fax: 609-919-0495

E-mail: Alice.Lorenzo@guerbet.com Website: www.guerbet-us.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm

Fri: 7 am to 5 pm Sat:     to     Sun:     to     Holidays:     to N/A

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert McGraw (Plant Manager II, Global Manufacturing)

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment   |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethetics  |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Contrast Delivery Systems, Urological X-ray systems &amp; Contrast Media Warming Devices</u> |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

BBB

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

## APPLICATION FOR WAREHOUSE

FEE \$500.00 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Warehouse <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
(Please provide current license number if making changes: WA _____)			

### GENERAL INFORMATION

Facility Name: GEODIS Logistics LLC

Physical Address: 755 Lillard Drive, Sparks, NV 89434

Mailing Address: 1025 Boulders Parkway, Suite 301

City: Richmond State: VA Zip Code: 23225

Telephone Number: 775.412.0603 Fax Number: 775.355.2183

Toll Free Number: N/A

E-mail: geodis@iqvia.com Website: www.geodis.com

Facility Manager: James Varner

Professional qualifications and experience of facility manager: 5+ years of warehouse experience with GEODIS

### Types of licensed outlets firm will serve:

- Pharmacies
- Manufacturers
- Chain Drug Warehouse
- Wholesalers
- Other: e-commerce customers

### Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
- Hypodermic Devices
- Controlled Substances (include copy of DEA)
- Other: over-the-counter products
- Prophylactic Products
- Poisons or Chemicals
- Veterinary Legend Drugs

<b>Board Use Only</b>		
Received: _____	Check Number: _____	Amount: <u>500.00</u>

CCC

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b       Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: The ER at Blue Diamond

Physical Address: 9217 S. Cimarron Rd

City: Las Vegas State: NV Zip Code: 89178

Telephone: 702-853-3665 Fax: 702-853-3648

Toll Free Number: N/A E-mail: Krystal.freitas.whoinc.com

Website: \_\_\_\_\_

Managing Pharmacist: Krystal Freitas License Number: 18543

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input type="checkbox"/> Retail		<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet		<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear		<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> Mail Service
<input type="checkbox"/> Community		<input type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> Other: <u>Emergency Room</u>		<input type="checkbox"/> Sterile Compounding
		<input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> Mail Service Sterile Compounding
		<input checked="" type="checkbox"/> Other Services: <u>Dyxis</u>

All boxes must be checked  
 For the application to be complete

DDD

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b       Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Walgreens #21159

Physical Address: 3821 W.FLAMINGO RD

City: Las Vegas State: NV Zip Code: 89103

Telephone: 847-527-4516 Fax: 847-368-6687

Toll Free Number: - E-mail: laura.milowski@walgreens.com

Website: www.walgreens.com

Managing Pharmacist: Holly Prieto License Number: 15932 *cell - 702-510-8572*

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

**4**

## MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Administrative fee	\$495.00	\$495.00	\$495.00
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees will be added costs in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated August 2014

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH DC and WB did not complete required CEs.	N/A	DC: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings; complete and pass Nevada law. WB: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings.	
RPH SB failed to speak to the prescriber before, at the time or after she declined to fill a patient's prescription for clopidogrel.	N/A	Fined \$500; administrative fee of \$1,000; 4 hours of CE related to cardiology or cardiac drugs.	Fined \$1,000; an administrative fee of \$2,000; establish Board-approved policies and procedures that are consistent with Nevada law and retrain its current and future pharmacists regarding the same.
RP allowed unlicensed staff to prescribe/order dangerous drugs and use his authority to obtain, administer, access and/or possess an inventory of dangerous drugs when he was not onsite and without his direct supervision. RP did not have a bona fide therapeutic relationship with the patients. RP purchased compounded dangerous drugs from a pharmacy not licensed with the Board.	N/A	RP shall receive a public letter of reprimand; his CS registration shall be placed on probation for a period of 12 months; fined \$5,000; administrative fee of \$2,500; establish policies and procedures. RP's offices/clinics are subject to quarterly inspections for one year.	N/A
RPH NR verified a prescription for 30 chlordiazepoxide 25 mg. capsules which was labeled and dispensed to the wrong patient. RPH JA failed to counsel the patient. PT LP deleted the prescription from the pharmacy system. ML was the managing pharmacist.	N/A	NR shall receive a letter of reprimand; fined \$2,750; 2 additional hours of CE on error prevention. JA shall receive a letter of reprimand; fined \$750; 2 additional hours of CE on patient counseling. LP fined \$500; \$1,000 administrative fee; attend three of the Board's next four	\$1,000 fine; \$1,500 administrative fee.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		meetings on disciplinary day. ML shall complete 4 additional hours of CE on pharmacy management.	

**4A**

DEC 13 2018

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-070-RPH-S
	)	17-070-PH-S
Petitioner,	)	
v.	)	
	)	
JAIME CORDOBA-HERNANDEZ, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17533, and	)	AND ACCUSATION
	)	
ALL CITY PHARMACY, LLC	)	
Certificate of Registration No. PH03609,	)	
	)	
Respondents.	)	

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

**JURISDICTION**

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, respondents Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, was a pharmacist registered by the Board, and respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), was a pharmacy registered by the Board.

**DISCIPLINARY HISTORY**

II.

In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, Cordoba-Hernandez dispensed a dangerous drug without a legitimate medical need and without a lawful prescription. He created a fraudulent prescription and dispensed the

dangerous drug to a patient who was a personal friend. As a result, the Board revoked Cordoba-Hernandez's pharmacist registration.

### III.

In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

### IV.

In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

## FACTUAL ALLEGATIONS

### V.

On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12Hr for 2 weeks for patient P.L. The physician clearly stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

### VI.

Justin Reyes, a quality assurance representative from Alta Care, called Cordoba-Hernandez regarding the prescription. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy. Cordoba-Hernandez represented that All City Pharmacy could provide the intravenous medication for the patient and the prescription was subsequently transmitted by facsimile machine to All City Pharmacy.

## VII.

Thereafter, without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Mr. Reyes, who is not a clinician and not an agent of the prescribing physician, to change the Vancomycin quantity to 30 vials instead of the prescribed 28. The label for this medication lists Dr. Shah as the ordering practitioner.

## VIII.

On July 19, 2017, Cordoba-Hernandez prepared 30 Vancomycin 1gm vials that were delivered to the patient's home unreconstituted. Cordoba-Hernandez dispensed the Vancomycin lyophilized powder without a diluent and had no discussion with health professionals at Alta Care on how the product should be mixed.

## IX.

R.N. Gerlie Comahig of Alta Care subsequently contacted Cordoba-Hernandez inquiring as to missing infusion supplies and medications. Thereafter, without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig, who was not an agent of the prescribing physician, for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. The labels for each of these medications list Dr. Shah as the ordering practitioner.

## X.

Cordoba-Hernandez admitted to Board investigators that he lacks clinical knowledge and training on infusions and the requirements of Dr. Shah's prescription, specifically:

(1) That he dispensed the Vancomycin lyophilized powder without a diluent and without a discussion with Alta Care on how the product should be mixed, and that he wasn't aware that the product had to be mixed.

(2) That he was unable to verbalize what strength of Heparin would be utilized to flush a central line.

- (3) That he was unable to verbalize the name of any central lines (i.e. PICC, Port, Hickman, Groshong)
- (4) That he was unable to verbalize normal Vancomycin trough levels.
- (5) That he was unable to verbalize side effects related to Vancomycin.
- (6) That he had no discussions with Alta Care regarding BUD of the product.
- (7) That he had no discussions with Alta Care regarding when Vancomycin levels would be drawn and how the results would be provided to the pharmacist.
- (8) That he had no verbal discussion with the patient regarding side effects.

#### XI.

P.L. experienced edema after the medication was administered and was hospitalized with congestive heart failure and renal failure.

### **FIRST CAUSE OF ACTION** **Unprofessional Conduct and Conduct Contrary to the Public Interest** (Respondent Cordoba-Hernandez)

#### XII.

Unprofessional conduct and conduct contrary to the public interest includes the failure by a registrant to follow strictly the instructions of the prescribing practitioner when labeling and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the prescribing practitioner if there is an error or omission in a prescription which should be questioned. NAC 639.945(1)(e). Unprofessional conduct also includes performing one's duties as a registrant in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i). Furthermore, NAC 639.690(2) provides: "The managing pharmacist shall ensure that all pharmacists engaging in compounding parenteral solutions have the proper training in the safe handling, compounding and therapy related to parenteral solutions, including cytotoxic agents."

Respondent Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from a nurse and a non-clinician who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician, and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

**SECOND CAUSE OF ACTION**

**Failure to Adequately Counsel  
(Respondent Cordoba-Hernandez)**

XIII.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug. A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" is guilty of unprofessional conduct pursuant to NAC 639.945(1)(i).

Respondent Cordoba-Hernandez violated NRS 639.266, NAC 639.707(1) and (2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to counsel P.L. regarding the prescription. That error, combined with Cordoba-Hernandez's lack of clinical knowledge and proper training in parenteral solutions, caused harmed to P.L. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

**THIRD CAUSE OF ACTION**  
**Pharmacy/Pharmacy Owner Responsibility**  
**(Respondent All City Pharmacy)**

XIV.

NRS 639.230(5) provides: “Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board.”

Additionally, “[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.” NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

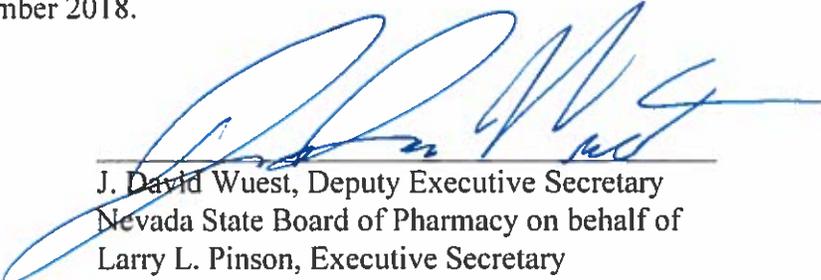
XV.

For the errors, misconduct and violations alleged above in the First, Second and Third Causes of Action, Respondents, and each of them, are subject to discipline pursuant NRS 639.210, as well as NRS 639.230(5) and/or NRS 639.255.

XVI.

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

Signed this 13<sup>th</sup> day of December 2018.



J. David Wuest, Deputy Executive Secretary  
Nevada State Board of Pharmacy on behalf of  
Larry L. Pinson, Executive Secretary

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-070-RPH-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>JAIME CORDOBA-HERNANDEZ, RPH</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. 17533</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	)	
	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

**III.**

**The Board has scheduled your hearing on this matter for Wednesday, January 16, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 13<sup>th</sup> day of December, 2018.



J. David Wuest, Deputy Executive Secretary,  
Nevada State Board of Pharmacy on behalf of  
Larry L. Pinson, Executive Secretary

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-070-RPH-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>JAIME CORDOBA-HERNANDEZ, RPH</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. 17533</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

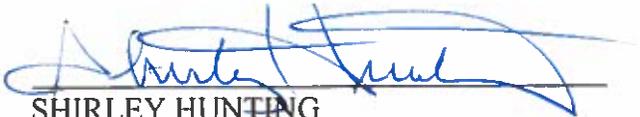
DATED this \_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
JAIME CORDOBA-HERNANDEZ, RPH

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jaime Cordoba-Hernandez, RPH  
2077 Anglia Street  
Las Vegas, NV 89142

  
SHIRLEY HUNTING

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**  
**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**

**JAIME CORDOBA HERNANDEZ, RPH**  
**Certificate of Registration No. 17533,**  
**Respondent.**

**Case No. 12-056-RPH-S**

---

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Hernandez is a registered pharmacist with the Board.

II.

On August 31, 2012, the Nevada State Board of Pharmacy received notice from Smith's Pharmacy that Jaime Cordoba Hernandez was terminated from employment. An investigation by Smith's found that Mr. Hernandez had been creating and filling fraudulent prescriptions for a friend who resides in Indiana. Mr. Hernandez claims that an Indiana physician, also a friend of his, initially called in a prescription for a quantity of 6 Procrit 4,000 unit vials with three refills to Smith's Pharmacy. The patient is a cyclist and was using Procrit to increase his endurance. The patient was not seeing the physician in Indiana any longer because he was using the Procrit for endurance rather than a medical need. Mr. Hernandez admitted that he knew what the patient was using the drug for and continued to provide him with Procrit even though he knew it was

unethical and being used for illicit purposes. Mr. Hernandez was using his Smith's discount card when processing the prescriptions to save his friend money.

III.

In his statement, Mr. Hernandez admitted that the initial prescription was from the physician but it is unclear if the refills had been approved by the physician. The original prescription had not been initialed or signed by Mr. Hernandez as the pharmacist receiving the phoned-in prescription. The initial fill and first refill were for 6 Procrit 4,000 unit vials. A quantity of 10 Epogen 4,000 unit vials were dispensed for the subsequent three refills due to the unavailability of Procrit. Mr. Hernandez did not obtain authorization from the physician for the substitution or the increased quantity. The pharmacy computer system automatically generates an electronic request for substitutions. Mr. Hernandez would override the request and process the refills as a new prescription.

**FIRST CAUSE OF ACTION**

IV.

In dispensing a dangerous drug without a lawful prescription, Mr. Hernandez violated Nevada Revised Statute (NRS) 639.210(1), and/or (4), and/or (12) and/or 454.221(1) and/or 454.311(3)(b) and/or 454.321 and Nevada Administrative Code (NAC) 639.945(1)(h) and/or 639.918 (2) and/or (4).

**SECOND CAUSE OF ACTION**

V.

In dispensing a dangerous drug to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship, Mr. Hernandez violated Nevada Revised Statute (NRS) 639.210(1), and/or (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(h) and/or (3)(a).

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

Signed this 18<sup>th</sup> day of September, 2012.

  
\_\_\_\_\_  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner, STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
RIGHT TO HEARING**

**JAIME CORDOBA HERNANDEZ, RPH  
Certificate of Registration No. 17533,**

**Case No. 12-056-RPH-S**

**Respondent.**

\_\_\_\_\_ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

## III.

The Board has reserved Wednesday, January 16, 2013 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

## IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 18<sup>th</sup> day of September, 2012.

  
\_\_\_\_\_  
Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE  
OF DEFENSE

JAIME CORDOBA HERNANDEZ , RPH  
Certificate of Registration No. 17533,  
Respondent.

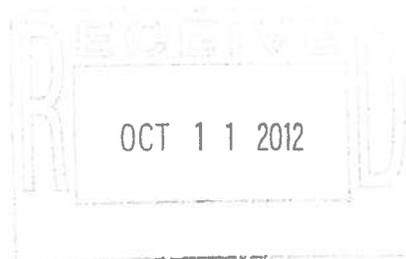
Case No. 12-056-RPH-S

\_\_\_\_\_ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

None

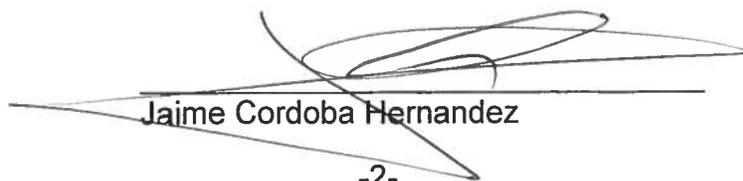


2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I admit

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 10<sup>th</sup> day of October, 2012.

  
Jaime Cordoba Hernandez

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>Case No. 12-056-RPH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>FINDINGS OF FACT,</b>
	)	<b>CONCLUSIONS OF LAW AND</b>
<b>JAIME CORDOBA HERNANDEZ, RPH</b>	)	<b>ORDER</b>
<b>Certificate of Registration No. 17533,</b>	)	
	)	
<b>Respondent.</b>	/	

The Nevada State Board of Pharmacy (the "Board") heard this matter at its regular meeting on January 16, 2013, in Las Vegas, Nevada. Carolyn J. Cramer represented the Board in her capacity as its General Counsel. Respondent JAIME CORDOBA HERNANDEZ, RPH appeared and represented himself. Hernandez took the witness stand and gave sworn testimony before the Board. Based on the evidence, the testimony presented and the public records in the Board's possession and control, the Board issues the following Findings of Fact, Conclusions of Law and Order:

**FINDINGS OF FACT**

1. The Board received written notice from Smith's Pharmacy ("Smith's") in August 2012, indicating that it terminated Hernandez's employment. Smith's took that action after finding, through an internal investigation, that Hernandez created and filled fraudulent prescriptions for a friend, who is a cyclist and resident of Indiana (the "Patient").

2. Hernandez claimed that an Indiana physician, also a friend of his, initially called Smith's with a prescription for the Patient, for a quantity of 6 Procrit 4,000 unit vials. The patient was using Procrit to increase his endurance. At the time of Hernandez's conduct, the Patient was no longer seeing the physician in Indiana because the Patient was using the Procrit for endurance, not for a legitimate medical purpose. Hernandez subsequently admitted, and the Board finds, that Hernandez knew

of the purpose for which the Patient was using the drug, and that the Patient was not seeing a physician, but he continued to fill the prescriptions for the Patient.

3. Hernandez admitted, and the Board finds, that the physician did not authorize any refills, and that he (Hernandez) regenerated the refills himself based on the initial prescription.

4. The initial fill and first refill were for 6 Procrit 4,000 unit vials. The subsequent three refills were filled by substituting a quantity of 10 Epogen 4,000 unit vials, due to the unavailability of Procrit. Hernandez did not obtain authorization from the physician for the substitution or the increased quantity.

5. The pharmacy computer system automatically generates an electronic request for substitutions. Hernandez overrode the request and processed the refills as a new prescription.

6. Hernandez improperly used his personal Smith's discount card and/or coupons to buy the prescriptions in order to save his friend money. Those practices were unethical and violations of Smith's company policy, which Hernandez admits.

7. Hernandez admitted the allegations in the Notice of Intended Action and Accusation in his October 10, 2012 Answer and Notice of Defense.

8. The Board's findings are consistent with the allegations in the Notice of Intended Action and Accusation, and with Hernandez's admissions.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Hernandez was a pharmacist licensed by the Board at the time of the conduct set forth above.

2. In dispensing a dangerous drug without a legitimate medical need, and without a lawful prescription, Hernandez violated Nevada Revised Statute (NRS) 639.210(1), (4), (12), 454.221(1) and 454.311(3)(b). He also violated Nevada Administrative Code (NAC) 639.945(1)(h).

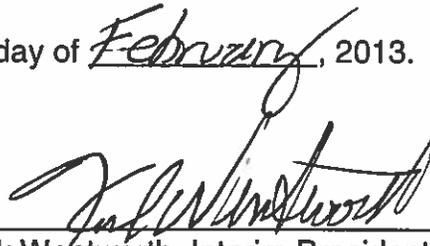
3. In dispensing a dangerous drug to a patient with whom the prescribing practitioner did not have a bona fide therapeutic relationship, Hernandez violated Nevada Revised Statute (NRS) 639.210(1), (4) and (12), and Nevada Administrative Code (NAC) 639.945(1)(h) and(3)(a).

**ORDER**

Based upon the foregoing, the Board hereby orders the following:

JAIME CORDOBA HERNANDEZ's license as a pharmacist (Certificate of Registration No. 17533) is revoked. Mr. Hernandez may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has applied to the Board for reinstatement of his pharmacist's license and the Board has reinstated the registration.

Signed and effective this 1 day of February, 2013.



Kirk Wentworth, Interim President  
Nevada State Board of Pharmacy



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 14-086-RPH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>JAIME CORDOBA-HERNANDEZ, R.PH.</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. 17533</b>	)	<b>AND ACCUSATION</b>
	)	
	)	
<b>Respondent.</b>	)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Jaime Cordoba-Hernandez (Mr. Cordoba-Hernandez), Certificate of Registration No. 17533, is a registered pharmacist with the Board.

II.

On February 1, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Mr. Cordoba-Hernandez (Case No. 12-056-RPH-S). In its Order, the Board revoked Mr. Cordoba-Hernandez's pharmacist license for violations related to the filling and dispensing of a dangerous drug without a lawful prescription. Mr. Cordoba-Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used the Procrit to increase his cycling endurance.

III.

At the March 5, 2014 Board meeting, Mr. Cordoba-Hernandez appeared and requested

reinstatement of his pharmacist license. The Board reinstated Mr. Cordoba-Hernandez's license subject to a two year probation with the requirement that Mr. Cordoba-Hernandez attend the Board's meetings in Las Vegas for one year.

IV.

Subsequent to the Board's March 2014 Order, Mr. Cordoba-Hernandez attended one Board meeting on April 17, 2014, in Las Vegas, Nevada.

V.

In July 2014, Mr. Cordoba-Hernandez informed Board Staff that he had moved to New York. Board Staff agreed to allow Mr. Cordoba-Hernandez to attend the New York Board of Pharmacy (New York Board) meetings in order to comply with the condition set forth by the Board as a term of his probation. Board Staff made arrangements with the New York Board to monitor Mr. Cordoba-Hernandez's attendance.

VI.

On November 19, 2014, the New York Board informed Board Staff that Mr. Cordoba-Hernandez has not attended the New York Board meetings as required.

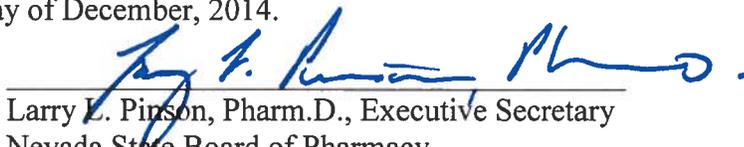
**FIRST CAUSE OF ACTION**

VII.

By failing to fully comply with the terms and conditions of his probation as set forth by the Board at the March 5, 2014 Board meeting, Jaime Cordoba-Hernandez is guilty of unprofessional conduct as that term is defined in Nevada Administrative Code (NAC) 639.945(1)(l), which violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

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

Signed this 17<sup>th</sup> day of December, 2014.

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

**NOTICE TO RESPONDENT**

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



## IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 17<sup>th</sup> day of December, 2014.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 14-086-RPH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>ANSWER AND</b>
<b>JAIME CORDOBA-HERNANDEZ, R.PH.</b>	)	<b>NOTICE OF DEFENSE</b>
<b>Certificate of Registration No. 17533</b>	)	
	)	
<b>Respondent</b>	/	

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Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

---

Jaime Cordoba-Hernandez, R.Ph.



Mr. Cordoba-Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used the Procrit to increase his cycling endurance.

3. At the Board's March 5, 2014 Board meeting, Mr. Cordoba-Hernandez appeared and requested reinstatement of his pharmacist license. The Board reinstated Mr. Cordoba-Hernandez's license subject to a two-year probation with the requirement that Mr. Cordoba-Hernandez attend the Board's meetings in Las Vegas for one year.

4. Subsequent to the Board's March 2014 Order, Mr. Cordoba-Hernandez attended one Board meeting on April 17, 2014, in Las Vegas, Nevada.

5. In July 2014, Mr. Cordoba-Hernandez informed Board Staff that he had moved to New York. At Mr. Cordoba-Hernandez's request, Board Staff agreed to allow him to attend New York Board of Pharmacy (New York Board) meetings in order to comply with the condition set forth by the Board as a term of his probation. Board Staff made arrangements with the New York Board to monitor Mr. Cordoba-Hernandez's attendance.

6. On November 19, 2014, the New York Board informed Board Staff that Mr. Cordoba-Hernandez has not attended the New York Board meetings as required.

7. On December 18, 2014, Board Staff served a Notice of Intended Action and Accusation in this matter on Mr. Cordoba-Hernandez by certified mail sent to his last address of record.

8. The foregoing findings are supported by evidence in the record, including the documents admitted as Exhibits 1 through 8, along with Mr. Cordoba-Hernandez's hearing testimony.

### **CONCLUSIONS OF LAW**

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

9. The Board has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Mr. Cordoba-Hernandez was a pharmacist licensed by the Board.

10. By failing to fully comply with the terms and conditions of his probation as set forth by the Board at the March 5, 2014 Board meeting, Jaime Cordoba-Hernandez is guilty of unprofessional conduct as that term is defined in Nevada Administrative Code (NAC) 639.945(1)(l).

11. That violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

#### **THEREFORE, THE BOARD HEREBY ORDERS:**

12. The registration of respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533, is hereby revoked. The revocation is stayed and Mr. Cordoba-Hernandez's license is placed on probation for two years from the date of this Order.

13. During the probationary period, Mr. Cordoba-Hernandez must attend at least six (6) meetings held by the New York State Board of Pharmacy. As evidence of his attendance at each meeting, Mr. Cordoba-Hernandez must (a) sign in on any attendance roll made available at the meeting, and (b) make his attendance known by introducing himself to the board executive.

14. At the end of the probationary period, Board Staff shall have authority to lift the suspension and return Mr. Cordoba-Hernandez's license to active status without requiring Mr.

Cordoba-Hernandez to reappear before the Board, so long as he has complied with the terms of this Order and any other outstanding orders by the Board.

Signed and effective this 18 day of February, 2015.

A handwritten signature in black ink, appearing to read 'Kamlesh Gandhi', is written over a horizontal line.

Kamlesh Gandhi, President  
Nevada State Board of Pharmacy

**4B**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-070-PH-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>ALL CITY PHARMACY, LLC</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. PH03609</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	)	
	/	

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TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

**III.**

**The Board has scheduled your hearing on this matter for Wednesday, January 16, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

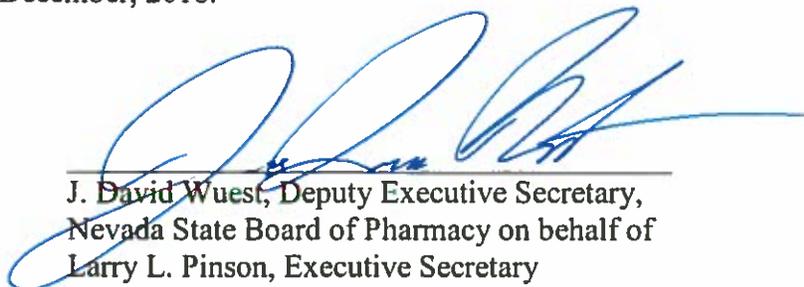
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 13<sup>th</sup> day of December, 2018.



J. David Wuest, Deputy Executive Secretary,  
Nevada State Board of Pharmacy on behalf of  
Larry L. Pinson, Executive Secretary

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-070-PH-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>ALL CITY PHARMACY, LLC</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PH03609</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

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Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative for:  
ALL CITY PHARMACY, LLC

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13<sup>th</sup> day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

All City Pharmacy  
821 N. Lamb Blvd., #4  
Las Vegas, NV 89110



SHIRLEY HUNTING

**4C**

**FILED**  
**MAR 08 2019**  
NEVADA STATE BOARD  
OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-086-RPH-S
	)	17-086-PH-A-S
Petitioner,	)	17-086-PH-B-S
v.	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
CANDY DAVIS, RPH.,	)	<b>AND ACCUSATION</b>
Certificate of Registration No. 16185,	)	
	)	
WALGREENS PHARMACY #4579,	)	
Certificate of Registration No. PH01283,	)	
	)	
and	)	
	)	
WALGREENS PHARMACY #2445,	)	
Certificate of Registration No. PH01964,	)	
	)	
<u>Respondents.</u>	/	

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

**JURISDICTION**

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Candy Davis (Davis), Certificate of Registration No. 16185, was a registered pharmacist with the Board. Respondents Walgreens Pharmacy #4579 (Walgreens Retail), Certificate of Registration No. PH01283, and Walgreens Mail Service Pharmacy #2445 (Walgreens Mail Service), Certificate of Registration No. PH01964, were pharmacies registered by the Board.

## II.

Walgreens Mail Service is a Nevada-licensed mail service pharmacy located in Orlando, Florida. During the time of the events alleged herein, it was providing product data review support for Walgreens stores located in Las Vegas, Nevada.

## III.

Walgreens Retail is a Nevada-licensed retail pharmacy located in Las Vegas, Nevada.

**DISCIPLINARY HISTORY**

## IV.

In January 2016, the Board entered a Stipulation and Order (Order) in the case of *Board of Pharmacy v. Walgreens Mail Service*, Case No. 15-028-PH-O. The Board found Walgreens Mail Service (Walgreens Pharmacy #2445) responsible for the actions of its employee for violations resulting in a dispensing error. The Board ordered Walgreens Mail Service to pay a fine of \$1,000.00 and an administrative fee of \$495.00 as part of that action.

**FACTUAL ALLEGATIONS**

## V.

Patient J.M. was 71 years old at the time of the events alleged herein, and had been diagnosed with numerous health conditions including Type II diabetes mellitus and esophagitis/gastroesophageal reflux disease (GERD).

## VI.

On April 3, 2017, J.M. saw his physician and received a prescription for Ropinirole 2 mg. tablets with instructions to take one (1) tablet daily as needed for restless leg syndrome. The prescription allowed for three (3) refills.

## VII.

J.M. tendered the prescription to Walgreens Retail where pharmaceutical technician Kalin Pascacio-Bayles (Pascacio-Bayles) scanned the prescription and entered the prescription data into Walgreens Retail's computer system.

## VIII.

The computer system designated the prescription as No. 1465131-04579.

## IX.

During data entry, Pascacio-Bayles mistakenly selected *Risperidone* 2 mg. tablets rather than *Ropinirole* 2 mg. tablets as prescribed.<sup>i</sup>

## X.

During data entry, three Drug Utilization Review (DUR) warnings appeared on the computer screen. The DUR warnings were indicated as follows:

- 1) “ELDERLY INDICATES USING CAUTION WITH RISPERIDONE 2MG TABLETS”
- 2) “DIAB M, INSUL DEP TYPE II INDICATES USING CAUTION WITH RISPERIDONE 2MG TABLETS”
- 3) “ESOPHAGITIS/GERD INDICATES USING CAUTION WITH RISPERIDONE 2MG TABLETS”

## XI.

Respondent Davis overrode the DUR warnings within one second of their appearance without taking action (like contacting the prescriber), which may have prevented J.M. from receiving the wrong medication.

## XII.

The system-generated prescription label for Prescription No. 1465131-04578 read:

RISPERIDONE 2MG TABLETS  
TAKE 1 TABLET BY MOUTH EVERY DAY AS NEEDED FOR RESTLESS LEGS

## XIII.

Davis was the verifying pharmacist for Prescription No. 1465131-04579.

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<sup>i</sup> **Risperidone** is an atypical antipsychotic drug used for treating schizophrenia, bipolar mania, and autism. **Ropinirole** is a non-ergoline dopamine agonist used for the treatment of restless leg syndrome.

## XIV.

Davis failed to detect that Pascacio-Bayles entered the wrong medication at data entry and verified the data entry as correct. She then filled the prescription.

## XV.

During final product verification, Davis again incorrectly verified that Risperidone was the correct medication. She failed to detect that the drug name printed on the label (Risperidone) is an antipsychotic drug which is not indicated for the treatment of restless leg syndrome.

## XVI.

Walgreens Retail's computer patient counseling field documents that patient consultation was completed. Davis was the counseling pharmacist of record.

## XVII.

J.M. subsequently obtained 3 refills of Prescription No. 1465131-04579.

## XVIII.

The refills of Prescription No. 1465131-04579 were entered into Walgreens Retail's system by automatic refill each month and placed in the queue for pharmacist review.

## XIX.

Cheryl Shinkle, Michelle Anderson and Gifty Akomeah are pharmacists registered in Florida and employed by Respondent Walgreens Mail Service. They are not licensed to practice pharmacy in Nevada.

## XX.

For each automatic refill for Prescription No. 1465131-04579, one of those Florida pharmacists at Walgreens Mail Service's facility in Orlando retrieved the prescription data from the queue to perform DUR review.

## XXI.

The same three DUR warnings as documented in paragraph X above appeared during the processing of each of the three refills for Prescription No. 1465131-04579.

## XXII.

The Florida pharmacists who conducted the DUR review on each of the refills of Prescription No. 1465131-04579 each overrode the DUR warnings that appeared for each refill without taking action, which may have prevented J.M. from receiving the wrong medication.

## XXIII.

The Florida pharmacists then put the prescription back into a queue for retrieval and filling by Walgreens Retail in Nevada.

## XXIV.

The following table lists the medication refill dates and the Florida pharmacist who performed data review and DUR overrides for Prescription No. 1465131-04579

<u>Refill Date</u>	<u>DUR Override</u>
05/05/2017	C. Shinkle
06/02/2017	M. Anderson
06/29/2017	G. Akomeah

## XXV.

Davis was the pharmacist of record for each of the three refills of Prescription No. 1465131-04579 when Walgreens Retail filled and dispensed them.

## XXVI.

Davis failed to detect the medication error when she performed the final product review and verified the final product as accurate for each of those refills dispensed to J.M.

## XXVII.

In mid-July 2017, Walgreens' Central Pharmacy Operation (CPO) notified Davis of the dispensing error related to Prescription No. 1465131-04579. CPO discovered the error during its refill review process.

## XXVIII.

J.M. ingested 103 tablets of the wrong medication before Walgreens CPO discovered the error and Davis notified him of that error.

**FIRST CAUSE OF ACTION**  
**Unprofessional Conduct, Failure to Verify the Dispensed Medication**  
 (Respondent Candy Davis)

XXIX.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an “incompetent, unskillful, or negligent manner”. *See* NAC 639.945(1)(i).

Respondent Davis acted unprofessionally as defined in NAC 639.945(1)(d) and (i) when she (1) verified the data entered on Prescription No. 1465131-04579 as accurate when it was incorrect, and (2) verified the Risperidone 2 mg. tablets in the prescription bottle as the correct product for dispensing when J.M.’s physician prescribed Ropinirole 2 mg. tablets. Ms. Davis’ registration is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

**SECOND CAUSE OF ACTION**  
**Failure to Act on Drug Utilization Review (DUR) Warnings**  
 (Respondent Candy Davis)

XXX.

NAC 639.945(1)(i) defines unprofessional conduct to include a licensee performing any of his or her duties in an “incompetent, unskillful or negligent manner.” Respondent Davis acted unprofessionally as defined in NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for the Risperidone 2 mg. tablets she was preparing to dispense to J.M., including by overriding the DUR alerts within one second of verifying the incorrect data for the prescription as being correct, and by failing to contact J.M.’s physician regarding the dispensing of Risperidone for a condition for which it is not indicated. Those violations are grounds for discipline pursuant to NRS 639.210(4) and/or (12), and NRS 639.255.

**THIRD CAUSE OF ACTION**  
**Failure to Adequately Counsel**  
 (Respondent Candy Davis)

XXXI.

NRS 639.266(1) requires a pharmacist to “communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient.” NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling “at the time that counseling is provided or refused.”

By marking that counseling was completed, and, to the extent any counseling actually occurred, by failing to counsel adequately to detect that she was dispensing the wrong medication, Davis violated NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i). Those violations are grounds for action pursuant to NRS 639.210(4) and/or (12), and NRS 639.255.

**FOURTH CAUSE OF ACTION**  
**Pharmacy/Pharmacy Owner Responsibility**  
 (Respondent Walgreens Pharmacy #4579 (Walgreens Retail))

XXXII.

NAC 639.945(2) states that “[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ”. At the time of the violations alleged herein, Walgreens Retail was Respondent Candy Davis’ employer. Those violations constitute unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(d) and (i), which is grounds for discipline against Walgreens Retail pursuant to NAC 639.945(2), NRS 639.210(4) and/or (12), as well as NRS 639.230(5) and/or NRS 639.255.

**FIFTH CAUSE OF ACTION**

**Pharmacy/Pharmacy Owner Responsibility**  
(Respondent Walgreens Pharmacy #2445 (Walgreens Mail Service))

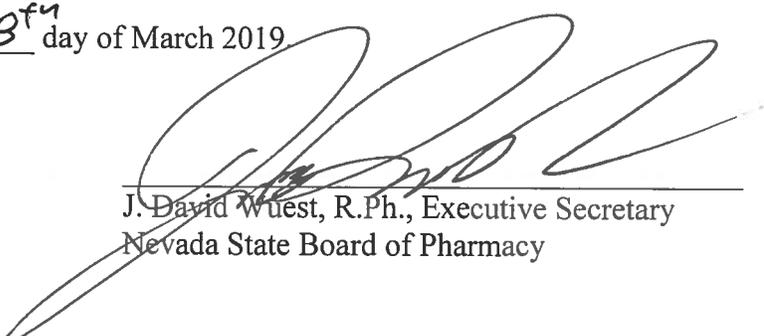
XXXIII.

NAC 639.945(2) states that “[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ”. At the time of the violations alleged herein, Walgreens Mail Service was Cheryl Shinkle, Michelle Anderson and Gifty Akomeah’s employer. The violations stated herein relating to Shinkle, Anderson and Akomeah constitute unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(d) and (i), which is grounds for discipline against Walgreens Mail Service pursuant to NAC 639.945(2), NRS 639.210(4) and/or (12), as well as NRS 639.230(5) and/or NRS 639.255.

XXXIV.

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

Signed this 8<sup>th</sup> day of March 2019.

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-086-RPH-S
	)	
Petitioner,	)	
	)	
v.	)	
	)	STATEMENT TO THE RESPONDENT
CANDY DAVIS, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 16185,	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.	)	
	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

**The Board has scheduled your hearing on this matter for Wednesday, April 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

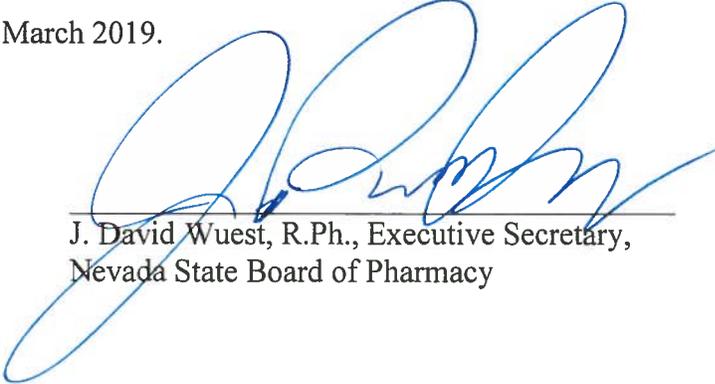
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 8<sup>th</sup> day of March 2019.



J. David Wuest, R.Ph., Executive Secretary,  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-086-RPH-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>CANDY DAVIS, RPH</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. 16185,</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_ day of \_\_\_\_\_, 2019.

---

CANDY DAVIS, RPH

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of March, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Candy Davis, R.Ph.  
940 Calamity Jane Lane  
Henderson, NV 89002

Walgreens Pharmacy #4579  
2400 E. Tropicana Avenue  
Las Vegas, NV 89121

Walgreens Pharmacy #2455  
8337 S. Park Circle  
Orlando, FL 32819-9049

William J. Stilling, Esq.  
215 South State Street, Suite 500  
Salt Lake City, UT 84111



SHIRLEY HUNTING

**4D**



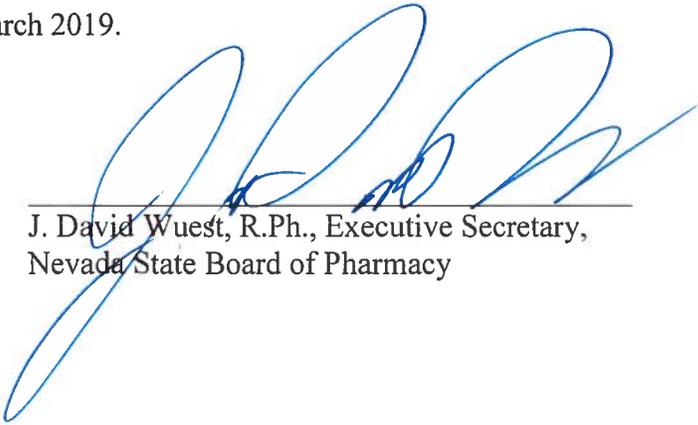
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 8<sup>th</sup> day of March 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary,  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-086-RPH-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>WALGREENS PHARMACY #4579</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PH01283,</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE FOR  
WALGREENS PHARMACY #4579

## CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of March, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Candy Davis, R.Ph.  
940 Calamity Jane Lane  
Henderson, NV 89002

Walgreens Pharmacy #4579  
2400 E. Tropicana Avenue  
Las Vegas, NV 89121

Walgreens Pharmacy #2455  
8337 S. Park Circle  
Orlando, FL 32819-9049

William J. Stilling, Esq.  
215 South State Street, Suite 500  
Salt Lake City, UT 84111



SHIRLEY HUNTING

**4E**

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-086-PH-B-S
	)	
Petitioner,	)	
v.	)	
	)	STATEMENT TO THE RESPONDENT
WALGREENS PHARMACY #2445	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PH01964,	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.	)	
	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

**The Board has scheduled your hearing on this matter for Wednesday, April 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

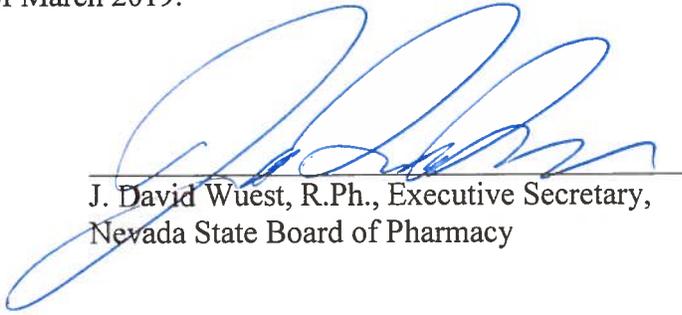
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 8<sup>th</sup> day of March 2019.



J. David Wuest, R.Ph., Executive Secretary,  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 17-086-PH-B-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>WALGREENS PHARMACY #2445</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PH01964,</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE FOR  
WALGREENS PHARMACY #2445

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of March, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Candy Davis, R.Ph.  
940 Calamity Jane Lane  
Henderson, NV 89002

Walgreens Pharmacy #4579  
2400 E. Tropicana Avenue  
Las Vegas, NV 89121

Walgreens Pharmacy #2455  
8337 S. Park Circle  
Orlando, FL 32819-9049

William J. Stilling, Esq.  
215 South State Street, Suite 500  
Salt Lake City, UT 84111



SHIRLEY HUNTING

**4F**



## III.

L.S. gave birth to a viable infant with no apparent complication or negative impact for the baby.

## IV.

L.S. later learned from her physician, and subsequently by letter from Carson Tahoe, that the hospital's pharmacy may have made a compounding error related to the epidural. In that letter, Carson Tahoe advised L.S. that she may have received an epidural that contained the preservative methylparaben instead of the preservative-free formulation. The letter advised L.S. of the possible conditions that could result from the error.

## V.

The patient's husband later filed a complaint with the Board. In that complaint, he reported that after receiving the epidural, L.S. experienced pain and a burning sensation in her back, spine and hip region. Those symptoms continued after discharge, according to the complaint, and at times were so debilitating that it was difficult for L.S. to walk more than a few yards at a time.

## VI.

The course of the error began on February 9, 2018, when Carson Tahoe's newly-assigned purchasing agent mistakenly ordered bupivacaine with methylparaben preservative instead of the preservative-free bupivacaine required for epidurals.

## VII.

The order of bupivacaine, consisting of one flat of twenty-five 50 ml. vials, arrived at the pharmacy on February 10 and was stocked in the IV room by a pharmacy technician.

## VIII.

The normal procedure for stocking bupivacaine in the pharmacy is to remove the vials from the flat and place them in a plastic bin on a shelf adjacent to the IV hood. In this case, the

50 ml. bupivacaine with methylparaben vials were intermingled with the remaining 30 ml. preservative-free bupivacaine vials in the bin. The number of preservative-free bupivacaine vials that remained in the bin at the time the technician introduced the bupivacaine with methylparaben vials is not known.

IX.

From February 10 through March 4, 2018, the 50 ml. bupivacaine with methylparaben vials were used to compound epidurals for both the operating room (OR) and obstetric department (OB).

X.

During that February 10 through March 4 time period, the pharmacists and technicians who compounded epidurals failed to adequately inspect the compounding components that went into the epidurals and thereby failed to detect that they were using 50 ml. vials of bupivacaine containing methylparaben to compound epidurals.

XI.

During that time period, the pharmacists and technicians who compounded epidurals failed to prepare and maintain records of their compounding activities to track those processes and ensure that an error had not occurred in the compounding of the subject epidurals.

XII.

During that time period, Carson Tahoe either did not have written policies and procedures in place to adequately record its epidural compounding processes and prevent errors, or the pharmacy had written policies and procedures for compounding epidurals that it did not follow.

XIII.

On March 4, while preparing to compound OB epidurals, pharmacy technician Nicholas Beaudette did notice that the larger 50 ml. bupivacaine with methylparaben vials were mixed in with the smaller 30 ml. preservative-free bupivacaine vials.

## XIV.

Upon closer examination, Beaudette confirmed that the larger 50 ml. vials contained bupivacaine with methylparaben and were labelled with a caution against epidural use.

## XV.

After alerting his supervising pharmacist, Beaudette removed approximately fifteen 50 ml. vials with methylparaben from the bupivacaine bin and placed them on the purchasing agent's desk with a note that read "Do not use – Not for Epidurals."

## XVI.

Beaudette then located two flats of 30 ml. preservative-free bupivacaine vials in the pharmacy's regular stock and used those vials to continue compounding.

## XVII.

On Monday, March 5, 2018, the purchasing agent advised pharmacist Kelly Schott of Beaudette's discovery.

## XVIII.

The hospital engaged in an effort to identify patients who may have been affected by the error. That effort was hampered by a lack of required compounding records, particularly the absence of batch compounding log sheets.

## XIX.

In the absence of batch compounding log sheets, Schott relied on the Controlled Substance Standard Compounding Records that contained Fentanyl, a common ingredient in 250 ml. Standard OB Epidurals. Based on those records, Schott was able to identify thirty-five epidurals compounded during the time frame involved that possibly contained the bupivacaine with methylparaben, with approximately half of those epidurals having been wasted due to their expiration.

## XX.

Of the remaining epidurals, Carson Tahoe determined that sixteen patients possibly may have received epidurals containing the methylparaben preservative. The hospital notified those patients by telephone and mail.

## XXI.

To date, only L.S. has reported any adverse effects from her epidural.

**FIRST CAUSE OF ACTION**  
**Failure to Follow Practitioner's Order**  
 (Carson Tahoe Regional Medical Center)

## XXII.

By compounding and allowing to be administered an epidural using bupivacaine with methylparaben instead of preservative-free bupivacaine as ordered by the practitioner, Carson Tahoe acted unprofessionally and contrary to the public interest as defined in Nevada Administrative Code (NAC) 639.945(1)(a), (b), (d) and/or (i), which violations are grounds for discipline pursuant to Nevada Revised Statutes (NRS) 639.210(4) and/or NRS 639.255.

**SECOND CAUSE OF ACTION**  
**Failure to Follow Compounding Procedures**  
 (Carson Tahoe Regional Medical Center)

## XXIII.

By failing to inspect the compounding components that went into the epidural administered to L.S., and by failing to prepare and maintain records concerning the compounding of that epidural to ensure than an error had not occurred in the compounding process, Carson Tahoe violated NAC 639.6701(1)(a) and (c), as well as NAC 639.6702. Those violations constitute unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and/or (m), which are grounds for discipline against Carson Tahoe pursuant to NAC 639.945(2), NRS) 639.210(4), (12) and/or (17), as well as NRS 639.255.

**THIRD CAUSE OF ACTION**  
**Failure to Establish and Follow Policies and Procedures**  
**(Carson Tahoe Regional Medical Center)**

XXIV.

By failing to establish, maintain and/or adhere to written policies and procedures for compounding drug products, Carson Tahoe violated NAC 639.67015. Those violations constitute unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), which is grounds for discipline against Carson Tahoe pursuant to NAC 639.945(2), NRS 639.210(4) and/or (12), as well as NRS 639.230 and/or NRS 639.255.

**FOURTH CAUSE OF ACTION**  
**Managing Pharmacist Responsibility**  
**(Respondent Wayne Mitchell)**

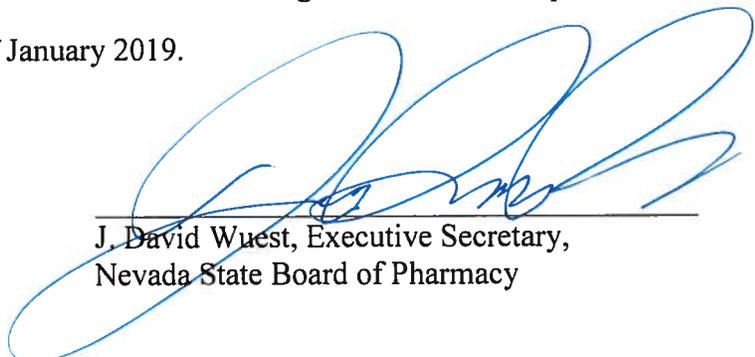
XXV.

As the managing pharmacist who knew of and/or allowed the foregoing violations, or any one of them, to occur at Carson Tahoe, Respondent Wayne Mitchell is responsible for the errors pursuant to NRS 639.0087, NRS 639.220(3)(c), NRS 639.2324(2), NAC 639.468, NAC 639.473, NAC 639.510, NAC 639.702, NAC 639.945(1)(i), which violation is subject to discipline pursuant to NRS 639.210(4), (11), (12), and/or (15), and/or NRS 639.255.

XXVI.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 23<sup>rd</sup> day of January 2019.

  
 \_\_\_\_\_  
 J. David Wuest, Executive Secretary,  
 Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.



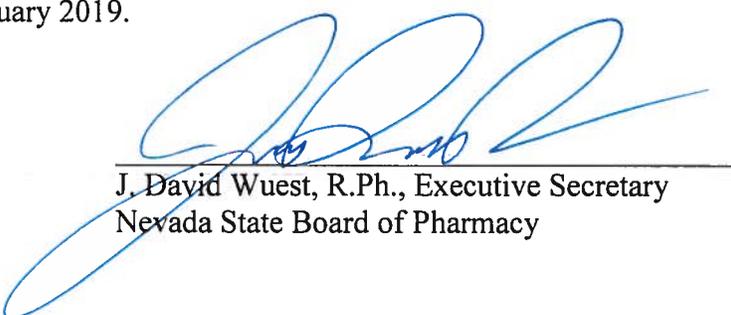
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 23<sup>rd</sup> day of January 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

FILED

FEB 11 2019

NEVADA STATE BOARD OF PHARMACY

1 JOHN H. COTTON, ESQ.  
 Nevada Bar Number 5268  
 2 JHCotton@jhcottonlaw.com  
 BRAD J. SHIPLEY, ESQ.  
 3 Nevada Bar Number 12639  
BShiple@jhcottonlaw.com  
 4 **JOHN H. COTTON & ASSOCIATES, LTD.**  
 7900 West Sahara Avenue, Suite 200  
 5 Las Vegas, Nevada 89117  
 Telephone: (702) 832-5909  
 6 Facsimile: (702) 832-5910  
 7 *Attorneys for Respondents*

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

9 NEVADA STATE BOARD OF PHARMACY,  
 10  
 Petitioner,  
 11  
 vs.  
 12 WAYNE MITCHELL, R.PH.,  
 Certificate of Registration No. 08501,  
 13  
 And  
 14 CARSON TAHOE REGIONAL MEDICAL  
 CENTER, Certificate of Registration No.  
 15 IA00531  
 16  
 Respondents.

CASE NOS.: 18-041-RPH-N  
18-041-PH-N

**RESPONDENTS WAYNE  
 MITCHELL AND CARSON TAHOE  
 REGIONAL MEDICAL CENTER'S  
 ANSWER TO NOTICE OF  
 INTENDED ACTION AND  
 ACCUSATION**

18 Respondents, WAYNE MITCHELL, R.PH., and CARSON TAHOE REGIONAL  
 19 MEDICAL CENTER, (hereinafter "Respondents"), by and through their counsel of record, John  
 20 H. Cotton, Esq. and Brad J. Shipley, Esq., of the law firm of JOHN H. COTTON &  
 21 ASSOCIATES, in answering the Notice of Intended Action and Accusation, hereby admits,  
 22 denies and alleges as follows:

**Jurisdiction**

24 I. In answering paragraph I, Respondents admit that the Board has jurisdiction over  
 25 this matter and that respondents were a pharmacist and pharmacy registered with  
 26 the Board.

27 ///  
 28 ///

John H. Cotton & Associates, Ltd.  
 7900 West Sahara, Suite 200  
 Las Vegas, Nevada 89117

John H. Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

Factual Allegations

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- II. In answering paragraph II, Respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.
- III. In answering paragraph III, Respondents admit that L.S. gave birth to a viable infant with no apparent complication or negative impact for the baby.
- IV. In answering paragraph IV, Respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein regarding L.S.' alleged knowledge and where she obtained that knowledge from and denies them on that basis. Respondents admit to the allegations contained in the paragraph regarding the general contents of the letter and the fact that it was sent.
- V. In answering paragraph V, Respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.
- VI. In answering paragraph VI, Respondents assert that the phrase "the course of the error" is ambiguous, and therefore deny the allegations contained therein on that basis. Respondents admit that a newly assigned purchasing agent mistakenly ordered bupivacaine with methylparaben, but respondents are without sufficient knowledge to ascertain whether L.S. was actually exposed to this bupivacaine, and therefore denies on that basis.
- VII. In answering paragraph VII, respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.
- VIII. In answering paragraph VIII, respondents admit the allegations contained therein.

///  
///

John H. Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

- 1 IX. In answering paragraph IX, respondents are without knowledge or information  
2 sufficient to form a belief as to the truth of the allegations contained therein and  
3 denies them on that basis.
- 4 X. In answering paragraph X, respondents are without knowledge or information  
5 sufficient to form a belief as to the truth of the allegations contained therein and  
6 denies them on that basis.
- 7 XI. In answering paragraph XI, respondents are without knowledge or information  
8 sufficient to form a belief as to the truth of the allegations contained therein and  
9 denies them on that basis.
- 10 XII. In answering paragraph XII, respondents deny the allegations contained therein.
- 11 XIII. In answering paragraph XIII, respondents admit the allegations contained therein.
- 12 XIV. In answering paragraph XIV, respondents admit the allegations contained therein.
- 13 XV. In answering paragraph XV, respondents admit the allegations contained therein.
- 14 XVI. In answering paragraph XVI, respondents admit the allegations contained therein.
- 15 XVII. In answering paragraph XVII, respondents admit the allegations contained  
16 therein.
- 17 XVIII. In answering paragraph XVIII, respondents admit the allegations contained  
18 therein.
- 19 XIX. In answering paragraph XIX, respondents admit the allegations contained therein.
- 20 XX. In answering paragraph XX, respondents admit the allegations contained therein.
- 21 XXI. In answering paragraph XXI, respondents admit the allegations contained therein.

22  
23 **FIRST CAUSE OF ACTION**

24 **Failure to Follow Practitioner's Order**

25 (Carson Tahoe Regional Medical Center)

- 26 XXII. In answering paragraph XXII, respondents deny the allegations contained therein.

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28 ///

John H. Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

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**SECOND CAUSE OF ACTION**

**Failure to Follow Compounding Procedures**

(Carson Tahoe Regional Medical Center)

XXIII. In answering paragraph XXIII, respondents deny the allegations contained therein.

**THIRD CAUSE OF ACTION**

**Failure to Establish and Follow Policies and Procedures**

(Carson Tahoe Regional Medical Center)

XXIV. In answering paragraph XXIII, respondents deny the allegations contained therein.

**FOURTH CAUSE OF ACTION**

**Managing Pharmacist Responsibility**

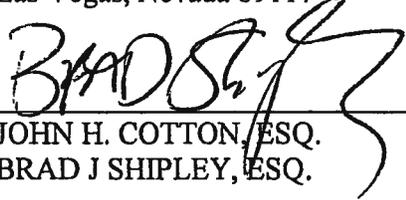
(Wayne Mitchell)

XXV. In answering paragraph XXV, respondents deny the allegations contained therein.

WHEREFORE, Respondents, having fully answered, pray for judgment in their favor and for the Nevada State Board of Pharmacy to take no disciplinary action with respect to the certificates of registration of these respondents.

Dated this 11<sup>th</sup> day of February 2019.

**JOHN H. COTTON & ASSOCIATES, LTD.**  
7900 West Sahara Avenue, Suite 200  
Las Vegas, Nevada 89117

  
\_\_\_\_\_  
JOHN H. COTTON, ESQ.  
BRAD J SHIPLEY, ESQ.

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of January, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Wayne Mitchell, R.Ph.  
P.O. Box 5295  
Incline Village, NV 89450

Carson Tahoe Regional Medical Center  
1600 Medical Parkway  
Carson City, NV 89703

  
SHIRLEY HUNTING

**4G**



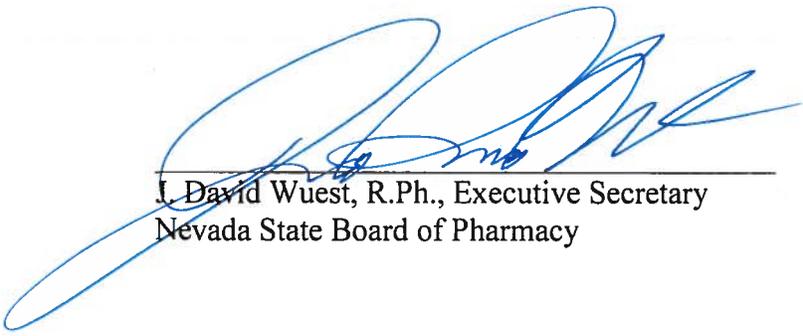
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 23<sup>rd</sup> day of January 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

FEB 11 2019

NEVADA STATE BOARD OF PHARMACY

1 JOHN H. COTTON, ESQ.  
 Nevada Bar Number 5268  
 2 JHCotton@jhcottonlaw.com  
 BRAD J. SHIPLEY, ESQ.  
 3 Nevada Bar Number 12639  
BShipley@jhcottonlaw.com  
 4 **JOHN H. COTTON & ASSOCIATES, LTD.**  
 7900 West Sahara Avenue, Suite 200  
 5 Las Vegas, Nevada 89117  
 Telephone: (702) 832-5909  
 6 Facsimile: (702) 832-5910  
 7 *Attorneys for Respondents*

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,

CASE NOS.: 18-041-RPH-N  
18-041-PH-N

Petitioner,

vs.

WAYNE MITCHELL, R.PH.,  
Certificate of Registration No. 08501,

And

CARSON TAHOE REGIONAL MEDICAL  
CENTER, Certificate of Registration No.  
IA00531

Respondents.

**RESPONDENTS WAYNE  
MITCHELL AND CARSON TAHOE  
REGIONAL MEDICAL CENTER'S  
ANSWER TO NOTICE OF  
INTENDED ACTION AND  
ACCUSATION**

Respondents, WAYNE MITCHELL, R.PH., and CARSON TAHOE REGIONAL MEDICAL CENTER, (hereinafter "Respondents"), by and through their counsel of record, John H. Cotton, Esq. and Brad J. Shipley, Esq., of the law firm of JOHN H. COTTON & ASSOCIATES, in answering the Notice of Intended Action and Accusation, hereby admits, denies and alleges as follows:

**Jurisdiction**

I. In answering paragraph I, Respondents admit that the Board has jurisdiction over this matter and that respondents were a pharmacist and pharmacy registered with the Board.

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John H. Cotton & Associates, Ltd.  
7900 West Sahara, Suite 200  
Las Vegas, Nevada 89117

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John H. Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

Factual Allegations

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- II. In answering paragraph II, Respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.
- III. In answering paragraph III, Respondents admit that L.S. gave birth to a viable infant with no apparent complication or negative impact for the baby.
- IV. In answering paragraph IV, Respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein regarding L.S.' alleged knowledge and where she obtained that knowledge from and denies them on that basis. Respondents admit to the allegations contained in the paragraph regarding the general contents of the letter and the fact that it was sent.
- V. In answering paragraph V, Respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.
- VI. In answering paragraph VI, Respondents assert that the phrase "the course of the error" is ambiguous, and therefore deny the allegations contained therein on that basis. Respondents admit that a newly assigned purchasing agent mistakenly ordered bupivacaine with methylparaben, but respondents are without sufficient knowledge to ascertain whether L.S. was actually exposed to this bupivacaine, and therefore denies on that basis.
- VII. In answering paragraph VII, respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.
- VIII. In answering paragraph VIII, respondents admit the allegations contained therein.

///

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John H. Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

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IX. In answering paragraph IX, respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.

X. In answering paragraph X, respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.

XI. In answering paragraph XI, respondents are without knowledge or information sufficient to form a belief as to the truth of the allegations contained therein and denies them on that basis.

XII. In answering paragraph XII, respondents deny the allegations contained therein.

XIII. In answering paragraph XIII, respondents admit the allegations contained therein.

XIV. In answering paragraph XIV, respondents admit the allegations contained therein.

XV. In answering paragraph XV, respondents admit the allegations contained therein.

XVI. In answering paragraph XVI, respondents admit the allegations contained therein.

XVII. In answering paragraph XVII, respondents admit the allegations contained therein.

XVIII. In answering paragraph XVIII, respondents admit the allegations contained therein.

XIX. In answering paragraph XIX, respondents admit the allegations contained therein.

XX. In answering paragraph XX, respondents admit the allegations contained therein.

XXI. In answering paragraph XXI, respondents admit the allegations contained therein.

**FIRST CAUSE OF ACTION**

**Failure to Follow Practioner's Order**

(Carson Tahoe Regional Meidcal Center)

XXII. In answering paragraph XXII, respondents deny the allegations contained therein.

///

///

John H. Cotton & Associates  
7900 W. Sahara, Suite 200  
Las Vegas, NV 89117

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**SECOND CAUSE OF ACTION**

**Failure to Follow Compounding Procedures**

(Carson Tahoe Regional Medical Center)

XXIII. In answering paragraph XXIII, respondents deny the allegations contained therein.

**THIRD CAUSE OF ACTION**

**Failure to Establish and Follow Policies and Procedures**

(Carson Tahoe Regional Medical Center)

XXIV. In answering paragraph XXIII, respondents deny the allegations contained therein.

**FOURTH CAUSE OF ACTION**

**Managing Pharmacist Responsibility**

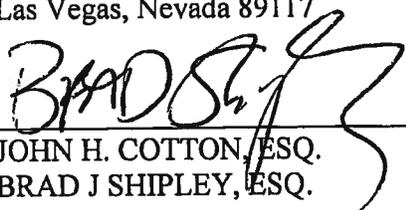
(Wayne Mitchell)

XXV. In answering paragraph XXV, respondents deny the allegations contained therein.

WHEREFORE, Respondents, having fully answered, pray for judgment in their favor and for the Nevada State Board of Pharmacy to take no disciplinary action with respect to the certificates of registration of these respondents.

Dated this 11<sup>th</sup> day of February 2019.

**JOHN H. COTTON & ASSOCIATES, LTD.**  
7900 West Sahara Avenue, Suite 200  
Las Vegas, Nevada 89117

  
\_\_\_\_\_  
JOHN H. COTTON, ESQ.  
BRAD J SHIPLEY, ESQ.

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of January, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Wayne Mitchell, R.Ph.  
P.O. Box 5295  
Incline Village, NV 89450

Carson Tahoe Regional Medical Center  
1600 Medical Parkway  
Carson City, NV 89703

  
SHIRLEY HUNTING

**4H**



## III.

Consistent with the discharge summary, A.C.'s physician wrote a prescription for Deltasone (name brand Prednisone) 5 mg. tablets, quantity forty-five (45) with directions to take 8 tablets daily for 3 days (40 mg.), then 4 tablets daily for 3 days (20 mg.), then 2 tablets daily for 3 days (10 mg.), then 1 tablet daily for 3 days (5 mg.).

## IV.

A.C. presented the prescription to Walgreens on August 6, 2018, which filled and sold the medication the same day.

## V.

Pharmaceutical technician Rhodora Galang scanned the prescription at 4:38 p.m. Walgreens system designated it as Prescription No. 191694.

## VI.

Managing pharmacist, Ms. Balduzzi, entered the prescription data into Walgreens' system at 4:42 p.m. She mistakenly chose 50 mg. prednisone tablets instead of the 5 mg. tablets called for in the prescription.

## VII.

Ms. Balduzzi performed data entry review at 4:48:17 p.m. She did not detect the dosing error.

## VIII.

One second later, at 4:48:18 p.m., Ms. Balduzzi overrode three Drug Utilization Review (DUR) warnings. Those warnings indicated:

- "HYPERTENSION INDICATES USING CAUTION WITH PREDNISONE 50MG (FIFTY) TABLETS",
- "DIABETES MELLITUS INDICATES USING CAUTION WITH PREDNISONE 50 MG (FIFTY MG) TABLETS", and

- “3.75 TAB(S) OF PREDISONE 50MG (FIFTY MG) TABLETS EXCEEDS THE RECOMMENDED GERIATRIC DOSAGE: 0.02 – 1.20 TAB(S) PER DAY.”

IX.

Pharmaceutical technician Eva Vergara filled the medication based on the erroneous information on the prescription label printed from Walgreens’ computer system.

X.

Ms. Balduzzi performed the final product verification at 5:09 p.m. She again failed to detect that Walgreens was dispensing 50 mg. tablets instead of the 5 mg. tablets called for by the prescription.

XI.

Walgreens sold Prescription No. 191694 at 6:20 p.m.

XII.

At 7:10 p.m., Ms. Balduzzi marked that she completed counseling for the prescription.

XIII.

Patient A.C. ingested forty-four (44) tablets of the dispensed medication as directed. As a result, he ingested ten times the intended dose, or 400 mg. of Prednisone daily for 3 days, instead of the 40 mg. he was prescribed. He then ingested 200 mg. daily for 3 days, instead of the 20 mg. as prescribed. He then tapered to 100 mg. daily, instead of 10 mg. as prescribed, and finally, to 50 mg. daily, instead of 5 mg. as prescribed.

XIV.

A.C.’s physician discovered Walgreens’ dosing error on August 17, 2018, during a follow-up examination of A.C. at the doctor’s office.

XV.

As a result of Walgreens’ error, A.C.’s blood sugar levels were elevated to 300-500 and were uncontrollable by insulin. A.C. also experienced edema in his legs, and Walgreens’ error may have caused delays in the healing of A.C.’s wounds.

## XVI.

A.C.'s physician gave A.C. a subsequent prescription for prednisone to safely taper off the high dose Walgreens provided.

**FIRST CAUSE OF ACTION**

**Unprofessional Conduct, Failure to Verify the Dispensed Medication  
(Respondent Kara Balduzzi)**

## XVII.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner". *See* NAC 639.945(1)(i).

Respondent Kara Balduzzi violated NAC 639.945(1)(d) and (i) when she (1) verified the data entered on Prescription No. 191694 as accurate when it was not, and/or (2) verified the 50 mg. tablets in the prescription bottle as the correct product when Walgreens should have dispensed 5 mg. tablets. Ms. Balduzzi's registration is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

**SECOND CAUSE OF ACTION**

**Failure to Act on Drug Utilization Review (DUR) Warnings  
(Respondent Kara Balduzzi)**

## XVIII.

NAC 639.945(1)(i) defines unprofessional conduct to include a licensee performing any of his or her duties in an "incompetent, unskillful or negligent manner." Ms. Balduzzi violated NAC 639.945(1)(i) by failing to act upon the DUR alerts displayed on the computer screen for the 50 mg. prednisone tablets being prepared to dispense to A.C., including by overriding the DUR alerts within one second of verifying the incorrect data for the prescription as being correct. That violation is grounds for action pursuant to NRS 639.210(4) and/or (12), and under NRS 639.255.

**THIRD CAUSE OF ACTION**  
**Failure to Adequately Counsel**  
 (Respondent Kara Balduzzi)

XIX.

NRS 639.266(1) requires a pharmacist to “communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient.” NAC 639.707(1), (2) and/or (4) further require counseling for all new prescriptions and provide a list of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling “at the time that counseling is provided or refused.”

By marking that counseling was completed at 7:10 PM, nearly an hour after Walgreens sold the medication, and, to the extent any counseling actually occurred, by failing to discuss the medication sufficiently to detect that she was dispensing an inaccurate dose of prednisone that was ten (10) times the dose prescribed, Ms. Balduzzi violated NRS 639.266(1), NAC 639.707(1), (2), (4) and/or (6), and/or NAC 639.945(1)(i). Those violations are grounds for action pursuant to NRS 639.210(4) and/or (12), and under NRS 639.255.

**FOURTH CAUSE OF ACTION**  
**Pharmacy/Pharmacy Owner Responsibility**  
 (Respondent Walgreens Pharmacy #15035)

XX.

NAC 639.945(2) states that “[t]he owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ”. At the time of the violations alleged herein, Walgreens was Respondent Kara Balduzzi’s employer. As such, Walgreens Pharmacy is responsible for each of the violations alleged herein.

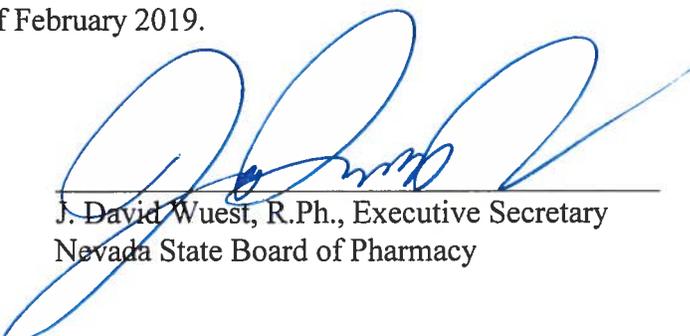
## XXI.

The violations alleged above are grounds for discipline against the pharmacist registration of Kara Balduzzi, as well as Walgreens #15035, pursuant to NRS 639.210(4) and (12), and/or NRS 639.255.

## XXII.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration and/or license of these respondents.

Signed this 14<sup>th</sup> day of February 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY, )  
 )  
**Petitioner,** )  
 )  
 v. )  
 )  
**KARA BALDUZZI, RPH** )  
**Certificate of Registration No. 18074** )  
 )  
**Respondent** /

**CASE NO. 18-071-RPH-S**  
**STATEMENT TO THE RESPONDENT**  
**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**  
**RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

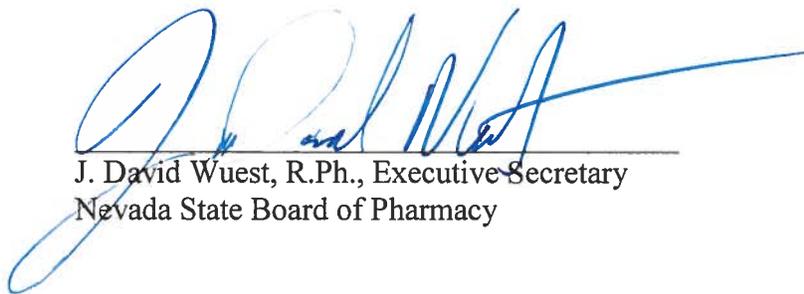
III.

The Board has reserved Wednesday, April 10, 2019, as the date for a hearing on this matter at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

## IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 14 day of February, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



## JURISDICTION

### I.

Respondents admit the allegations in paragraph I. As to the nature and location of Walgreens #15035, Respondents assert that Walgreens #15035 is located in a building next to MountainView Hospital in Las Vegas with a hallway that connects to the hospital.

## FACTUAL ALLEGATIONS

### II.

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph II and therefore deny the same.

### III.

Respondents admit that records at Walgreens #15035 contain a prescription signed by Dr. Tselikis for A.C., dated August 6, 2018, for the medication and in the dosing that matches the allegations in paragraph III.

### IV.

Respondents deny the allegations in paragraph IV. Respondents admit that Walgreens # 15035 received the prescription and delivered the prescription to A.C. in his room at the hospital. Furthermore, Ms. Balduzzi spoke with A.C.'s spouse by phone and counseled S.C.'s spouse about the medications and answered multiple questions she had about them.

### V.

Respondents admit the allegations in paragraph V.

## VI.

Respondents admit Ms. Balduzzi entered the prescription data into Walgreens' system at 4:42 p.m.

## VII.

Respondents admit Ms. Balduzzi performed the patient/prescriber review and the data review at 4:48:17 p.m.

## VIII.

Respondents admit Ms. Balduzzi overrode the DURs as described in the Audit/Board of Pharmacy Inspection Report provided to the Board.

## IX.

Respondents deny the allegations in paragraph IX. The Audit/Board of Pharmacy Inspection Report documents E.M. Pineda as having filled prescription no. 191694.

## X.

Respondents deny the allegations in paragraph X except that Respondents admit that Ms. Balduzzi performed the product verification for prescription no. 191694 at 5:09 p.m.

## XI.

Respondents deny the allegations in paragraph XI.

## XII.

Respondents deny the allegations in paragraph XII. Respondents assert Ms. Balduzzi documented her counseling and that she spoke with A.C.'s spouse.

**XIII.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XIII and therefore deny the same.

**XIV.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XIV and therefore deny the same.

**XV.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XV and therefore deny the same.

**XVI.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XVI and therefore deny the same.

**FIRST CAUSE OF ACTION****Unprofessional Conduct, Failure to Verify the Dispensed Medication**  
(Respondent Kara Balduzzi)**XVII.**

Respondents deny the allegations in paragraph XVII.

**SECOND CAUSE OF ACTION****Failure to Act on Drug Utilization Review (DUR) Warnings**  
(Respondent Kara Balduzzi)**XVIII.**

Respondents deny the allegations in paragraph XVIII.

**THIRD CAUSE OF ACTION  
Failure to Adequately Counsel  
(Respondent Kara Balduzzi)**

XIX.

Respondents deny the allegations in paragraph XIX.

**FOURTH CAUSE OF ACTION  
Pharmacy/Owner Responsibility  
(Respondent Walgreens Pharmacy #15035)**

XX.

Respondents deny the allegations in paragraph XX.

XXI.

Respondents deny the allegations in paragraph XXI.

XXII.

**Prayer for Relief**

Paragraph XXII does not contain any allegations but contains a prayer for relief.

Respondents ask the Board to take appropriate action in this case by:

1. Dismissing this matter or by finding all Respondents not guilty as to the allegations in the Notice
2. Finding that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.
3. Providing further relief to Respondent as it finds just and proper.

**OTHER DEFENSES**

Each cause of action fails to state a claim upon which relief can be granted.

**RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL**

1. Respondent reserves the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. To the extent Respondent did not specifically admit allegations in the Notice of Intent and Accusation, he denies such allegations.

DATED this \_\_\_\_ day of March 2019.

---

William J. Stilling  
STILLING & HARRISON, PLLC  
Attorneys for Respondents  
Kara Balduzzi, R.Ph.  
Walgreens Pharmacy #15035

**CERTIFICATE OF SERVICE**

I hereby certify that on March 19, 2019, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509  
[pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)

- U.S. Mail postage prepaid
- Hand delivery
- Overnight Mail
- Facsimile
- Electronic Mail

David Wuest  
Executive Secretary  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509  
[dwuest@pharmacy.nv.gov](mailto:dwuest@pharmacy.nv.gov)

- U.S. Mail postage prepaid
  - Hand delivery
  - Overnight Mail
  - Facsimile
  - Electronic Mail
-

**CERTIFICATE OF SERVICE**

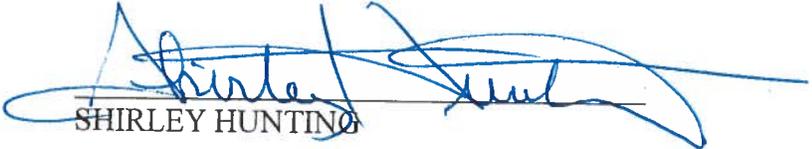
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14<sup>th</sup> day of February 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kara Balduzzi  
1438 Cayuga Pkwy.  
Las Vegas, NV 89169

Walgreens Pharmacy #15035  
3150 N. Tenaya Way, #170  
Las Vegas, NV 89128

William J. Stilling, Esq.  
215 South State Street, Suite 500  
Salt Lake City, UT 84111

Danial O. Laird  
The Gage Law Firm, PLLC  
1980 Festival Plaza Dr. Ste. 270  
Las Vegas, NV 89121

  
SHIRLEY HUNTING

**41**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 18-071-PH-S</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE RESPONDENT</b>
<b>WALGREENS PHARMACY #15035</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. PH02742</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent</b>	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

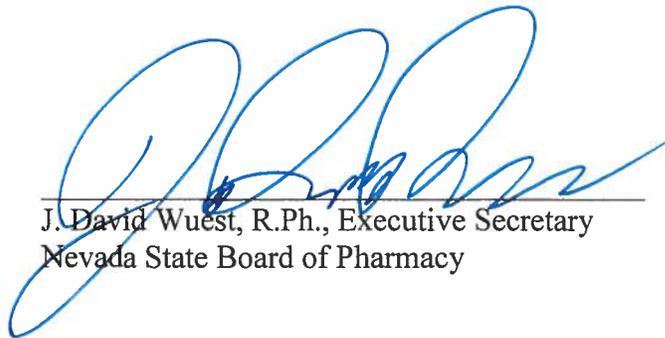
III.

The Board has reserved Wednesday, April 10, 2019, as the date for a hearing on this matter at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

## IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 14<sup>th</sup> day of February, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



## JURISDICTION

### I.

Respondents admit the allegations in paragraph I. As to the nature and location of Walgreens #15035, Respondents assert that Walgreens #15035 is located in a building next to MountainView Hospital in Las Vegas with a hallway that connects to the hospital.

## FACTUAL ALLEGATIONS

### II.

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph II and therefore deny the same.

### III.

Respondents admit that records at Walgreens #15035 contain a prescription signed by Dr. Tselikis for A.C., dated August 6, 2018, for the medication and in the dosing that matches the allegations in paragraph III.

### IV.

Respondents deny the allegations in paragraph IV. Respondents admit that Walgreens # 15035 received the prescription and delivered the prescription to A.C. in his room at the hospital. Furthermore, Ms. Balduzzi spoke with A.C.'s spouse by phone and counseled S.C.'s spouse about the medications and answered multiple questions she had about them.

### V.

Respondents admit the allegations in paragraph V.

## VI.

Respondents admit Ms. Balduzzi entered the prescription data into Walgreens' system at 4:42 p.m.

## VII.

Respondents admit Ms. Balduzzi performed the patient/prescriber review and the data review at 4:48:17 p.m.

## VIII.

Respondents admit Ms. Balduzzi overrode the DURs as described in the Audit/Board of Pharmacy Inspection Report provided to the Board.

## IX.

Respondents deny the allegations in paragraph IX. The Audit/Board of Pharmacy Inspection Report documents E.M. Pineda as having filled prescription no. 191694.

## X.

Respondents deny the allegations in paragraph X except that Respondents admit that Ms. Balduzzi performed the product verification for prescription no. 191694 at 5:09 p.m.

## XI.

Respondents deny the allegations in paragraph XI.

## XII.

Respondents deny the allegations in paragraph XII. Respondents assert Ms. Balduzzi documented her counseling and that she spoke with A.C.'s spouse.

**XIII.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XIII and therefore deny the same.

**XIV.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XIV and therefore deny the same.

**XV.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XV and therefore deny the same.

**XVI.**

Respondents do not have sufficient knowledge to admit or deny the allegations in paragraph XVI and therefore deny the same.

**FIRST CAUSE OF ACTION****Unprofessional Conduct, Failure to Verify the Dispensed Medication  
(Respondent Kara Balduzzi)****XVII.**

Respondents deny the allegations in paragraph XVII.

**SECOND CAUSE OF ACTION****Failure to Act on Drug Utilization Review (DUR) Warnings  
(Respondent Kara Balduzzi)****XVIII.**

Respondents deny the allegations in paragraph XVIII.

**THIRD CAUSE OF ACTION**  
**Failure to Adequately Counsel**  
 (Respondent Kara Balduzzi)

XIX.

Respondents deny the allegations in paragraph XIX.

**FOURTH CAUSE OF ACTION**  
**Pharmacy/Owner Responsibility**  
 (Respondent Walgreens Pharmacy #15035)

XX.

Respondents deny the allegations in paragraph XX.

XXI.

Respondents deny the allegations in paragraph XXI.

XXII.

**Prayer for Relief**

Paragraph XXII does not contain any allegations but contains a prayer for relief.

Respondents ask the Board to take appropriate action in this case by:

1. Dismissing this matter or by finding all Respondents not guilty as to the allegations in the Notice
2. Finding that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondent.
3. Providing further relief to Respondent as it finds just and proper.

**OTHER DEFENSES**

Each cause of action fails to state a claim upon which relief can be granted.

**RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL**

1. Respondent reserves the right to assert other affirmative defenses in this matter and in any civil litigation that may follow and to provide additional facts and mitigating circumstances.

2. To the extent Respondent did not specifically admit allegations in the Notice of Intent and Accusation, he denies such allegations.

DATED this \_\_\_\_ day of March 2019.

---

William J. Stilling  
STILLING & HARRISON, PLLC  
Attorneys for Respondents  
Kara Balduzzi, R.Ph.  
Walgreens Pharmacy #15035

**CERTIFICATE OF SERVICE**

I hereby certify that on March 19, 2019, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509  
[pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)

- U.S. Mail postage prepaid
- Hand delivery
- Overnight Mail
- Facsimile
- Electronic Mail

David Wuest  
Executive Secretary  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509  
[dwest@pharmacy.nv.gov](mailto:dwest@pharmacy.nv.gov)

- U.S. Mail postage prepaid
  - Hand delivery
  - Overnight Mail
  - Facsimile
  - Electronic Mail
-

**CERTIFICATE OF SERVICE**

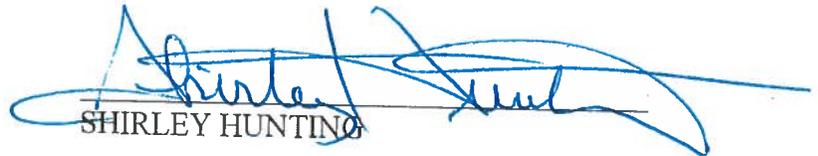
I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14<sup>th</sup> day of February 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kara Balduzzi  
1438 Cayuga Pkwy.  
Las Vegas, NV 89169

Walgreens Pharmacy #15035  
3150 N. Tenaya Way, #170  
Las Vegas, NV 89128

William J. Stilling, Esq.  
215 South State Street, Suite 500  
Salt Lake City, UT 84111

Danial O. Laird  
The Gage Law Firm, PLLC  
1980 Festival Plaza Dr. Ste. 270  
Las Vegas, NV 89121

  
SHIRLEY HUNTING

**4J**



## FACTUAL ALLEGATIONS

### II.

On August 6, 2018, patient C.G. saw her dentist Dr. G. who prescribed thirty (30) Amoxicillin 500 mg. capsules with instructions to take two (2) capsules now, then one (1) capsule every six hours until gone.

### III.

The dentist's office phoned the prescription in to Walmart the same day where pharmaceutical technician Robert White (White) performed data entry in Walmart's computer system.

### IV.

The computer system designated the prescription as No. 7927675.

### V.

During data entry, White mistakenly entered the prescriber's instructions as "*take 2 capsules by mouth now then every 6 hours until gone*", rather than *take 2 capsules now, then 1 capsule every six hours until gone*, as prescribed.

### VI.

C.G. picked up Prescription No. 7927675 later that day.

### VII.

For the next several days, C.G. ingested 2 capsules every six hours as directed on the prescription label.

### VIII.

C.G. began to experience abdominal pain, nausea, vomiting and dehydration.

### IX.

C.G. presented at an urgent care facility where she was examined and prescribed Zofran for nausea.

## X.

C.G. contacted Dr. G.'s office and learned that the patient instructions on the prescription label were incorrect.

## XI.

C.G. ingested twenty-six (26) capsules before the error was discovered.

## XII.

Sy is on record as the pharmacist who performed data entry verification for Prescription No. 7927675. She failed to detect the transcription error when she verified data entry as accurate and sent it back to White to fill the prescription.

## XIII.

Sy is on record as the counseling pharmacist for Prescription No. 7927675. Walmart's records indicate that counseling was provided.

**FIRST CAUSE OF ACTION**

**Unprofessional Conduct, Failure to Accurately Verify Prescription Data  
(Respondent Sy)**

## XIV.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when labeling and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Additionally, NAC 639.252 states in relevant part:

If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, *the pharmacist supervising the pharmaceutical technician* is responsible for the filled prescription, including, but not limited to, verifying:

- (a) The selection and strength of the drug;
- (b) The dosage form; and
- (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Respondent Sy violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified the data entered on Prescription No. 7927675 as accurate when it was not, which resulted in Walmart dispensing thirty (30) Amoxicillin 500 mg. capsules with incorrect instructions to “*take 2 capsules by mouth now then every 6 hours until gone*”, rather than *take 2 capsules now, then 1 capsule every six hours until gone*, as prescribed. Sy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

**SECOND CAUSE OF ACTION**  
**Pharmacy/Pharmacy Owner Responsibility**  
 (Respondent Walmart Pharmacy #10-2106)

XV.

NRS 639.230(5) provides: “Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board.”

Additionally, “[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.” NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walmart Pharmacy #10-2106 is responsible for those violations, including those of Respondent Sy pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). Walmart Pharmacy #10-2106 is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

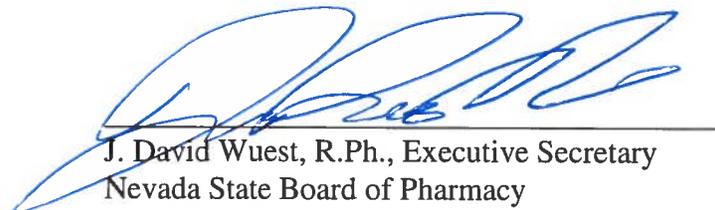
XVI.

For the errors, misconduct and violations alleged above in the First and Second Causes of Action, Respondents, and each of them, are subject to discipline pursuant to NRS 639.210, as well as NRS 639.230(5) and/or NRS 639.255.

XVII.

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

Signed this 23<sup>rd</sup> day of January 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.



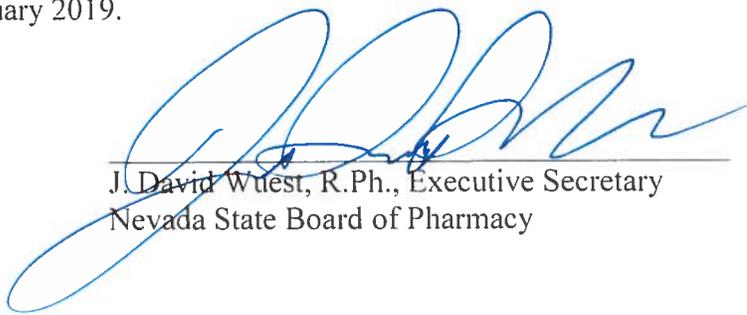
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 23<sup>rd</sup> day of January 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

MAR 07 2019

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy	)	Case No. 18-092-PH-N
Petitioner	)	
	)	
v.	)	ANSWER AND NOTICE OF DEFENSE
	)	
JOSIELYN SY, RPH	)	
Certificate of Registration No. 17094, and	)	
	)	
WALMART PHARMACY #10-2106	)	
Certificate of Registration No. PH00944,	)	
	)	
Respondents	)	
_____	)	

Respondents above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declare:

1. That their objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against it, is hereby interposed on the following grounds and that, in answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

- A. Admits the Board has jurisdiction over the Respondents as described in Paragraph I.
- B. Admits the portion of Paragraph II to the extent that the prescriber prescribed thirty Amoxicillin 500 mg. capsules with instructions to take two capsules now, then one capsule every six hours. Respondents deny knowledge or information sufficient to form a belief as to the truth of the remainder of Paragraph II.
- C. Admit the Allegations in Paragraph III - VI.
- D. Denies knowledge or information sufficient to form a belief as to the truth of Paragraphs VII - XI.
- E. To the extent that the statements reflects what is in Respondent Walmart's pharmacy records, Respondent Walmart admits the allegations in Paragraphs XII and XIII. Respondent Sy admits the allegations in Paragraphs XII and XIII.
- F. Respondents neither admit nor deny the allegations set forth in Paragraph XIV of the Notice of Intended Action and Accusation, the First Cause of Action.
- G. Respondents admit that the citations to Nevada Revised Statutes and the Nevada Administrative Code in Paragraph XV are accurate to the extent they refer to the language quoted therein.

Respondent Walmart denies any allegation of a violation of NAC 639.702 to the extent that it alleges Respondent Walmart knew or reasonably should have known of any errors committed, as this prescription was within normal parameters for this drug and would not have flagged in Respondent Walmart's system as erroneous.

Respondent Walmart affirmatively alleges that Respondent Sy all times material to the Board's Accusation was a registered pharmacist, approved by the Board, who was responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy.

Respondents neither admit nor deny any remaining allegations set forth in Paragraphs XV and XVI as the allegations contain legal conclusions to which no response is required.

H. Denies any and all allegations not heretofore previously admitted or denied.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein state, are true and correct to the best of my knowledge.

DATED this 7<sup>th</sup> day of March, 2019.

  
Lyn Beggs, Counsel for Respondent

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of January, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Josielyn Sy, R.Ph.  
10765 Clear Vista Drive  
Reno, NV 89521

Walmart Pharmacy #10-2106  
2425 E. 2nd Street  
Reno, NV 89502

  
SHIRLEY HUNTING

**4K**



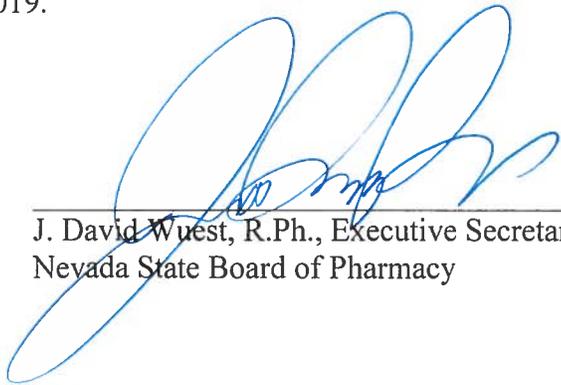
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 23<sup>rd</sup> day of January 2019.



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J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

MAR 07 2019

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy	)	Case No. 18-092-PH-N
Petitioner	)	
	)	
v.	)	ANSWER AND NOTICE OF DEFENSE
	)	
JOSIELYN SY, RPH	)	
Certificate of Registration No. 17094, and	)	
	)	
WALMART PHARMACY #10-2106	)	
Certificate of Registration No. PH00944,	)	
	)	
Respondents	)	
_____	)	

Respondents above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declare:

1. That their objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against it, is hereby interposed on the following grounds and that, in answer to the Notice of Intended Action and Accusation, Respondents admit, deny, and allege as follows:

- A. Admits the Board has jurisdiction over the Respondents as described in Paragraph I.
- B. Admits the portion of Paragraph II to the extent that the prescriber prescribed thirty Amoxicillin 500 mg. capsules with instructions to take two capsules now, then one capsule every six hours. Respondents deny knowledge or information sufficient to form a belief as to the truth of the remainder of Paragraph II.
- C. Admit the Allegations in Paragraph III - VI.
- D. Denies knowledge or information sufficient to form a belief as to the truth of Paragraphs VII - XI.
- E. To the extent that the statements reflects what is in Respondent Walmart's pharmacy records, Respondent Walmart admits the allegations in Paragraphs XII and XIII. Respondent Sy admits the allegations in Paragraphs XII and XIII.
- F. Respondents neither admit nor deny the allegations set forth in Paragraph XIV of the Notice of Intended Action and Accusation, the First Cause of Action.
- G. Respondents admit that the citations to Nevada Revised Statutes and the Nevada Administrative Code in Paragraph XV are accurate to the extent they refer to the language quoted therein.

Respondent Walmart denies any allegation of a violation of NAC 639.702 to the extent that it alleges Respondent Walmart knew or reasonably should have known of any errors committed, as this prescription was within normal parameters for this drug and would not have flagged in Respondent Walmart's system as erroneous.

Respondent Walmart affirmatively alleges that Respondent Sy all times material to the Board's Accusation was a registered pharmacist, approved by the Board, who was responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy.

Respondents neither admit nor deny any remaining allegations set forth in Paragraphs XV and XVI as the allegations contain legal conclusions to which no response is required.

H. Denies any and all allegations not heretofore previously admitted or denied.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein sate, are true and correct to the best of my knowledge.

DATED this 7<sup>th</sup> day of March, 2019.

  
Lyn Beggs, Counsel for Respondent

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of January, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Josielyn Sy, R.Ph.  
10765 Clear Vista Drive  
Reno, NV 89521

Walmart Pharmacy #10-2106  
2425 E. 2nd Street  
Reno, NV 89502

  
SHIRLEY HUNTING

**4L**

MAR 08 2019

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 19-002-RPH-S
	)	19-002-PH-S
Petitioner,	)	
v.	)	
	)	
SEAN BARCLAY, R.PH.,	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17303,	)	AND ACCUSATION
	)	
and	)	
	)	
META PHARMACY SERVICES,	)	
Certificate of Registration No. PH03433	)	
	)	
Respondents.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Sean Barclay, Certificate of Registration No.17303 (Barclay), was a registered pharmacist with the Board, and Respondent Meta Pharmacy Services, Certificate of Registration No. PH03433 (Meta Pharmacy), was a pharmacy registered with the Board.

II.

On or about November 27, 2018, Board Staff and the Food and Drug Administration (FDA) conducted a joint inspection of Meta Pharmacy.

III.

During that inspection, Board Staff discovered that Barclay’s Nevada pharmacist registration, Certificate of Registration No. 17303, expired on October 31, 2017, and that Barclay did not hold a current pharmacist registration.

## IV.

Board Staff obtained Barclay's work schedule from November 2017, through November 2018, from Meta Pharmacy.

## V.

From the records Meta Pharmacy provided, Board Staff ascertained that Barclay had worked at Meta Pharmacy approximately two-hundred and twenty-four (224) days from November 1, 2017, through November 29, 2018, without a license or registration with the Board.

## VI.

Barclay's work history also revealed that he was employed as the managing pharmacist of Meta Pharmacy during the time period that his pharmacist registration was expired.

## VII.

On the days that Barclay worked without a current pharmacist registration, Meta Pharmacy operated without a managing pharmacist who was registered with the Board and without a registered staff pharmacist on site.

## VIII.

On November 29, 2018, Board Staff served Barclay with a Cease and Desist Order and Citation for the Unregistered Practice of Pharmacy.

## IX.

On January 11, 2019, Board Staff served Barclay with a Citation for the Unregistered Practice of Pharmacy and fined him \$5,000.00 for working approximately two-hundred and twenty-four (224) days without a current pharmacist registration. Barclay did not seek a hearing to oppose that citation.

**FIRST CAUSE OF ACTION**

## X.

As the pharmacist in charge of a pharmacy that operated without a registered pharmacist on site, Sean Barclay violated Nevada Revised Statute (NRS) 639.220(1) and NRS 639.284(2), as well as Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are

grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15) and NAC 639.702, or alternatively, under NRS 639.255, as well as NAC 639.955.

**SECOND CAUSE OF ACTION**

XI.

As the owner and operator of the pharmacy in which Barclay violated Nevada law, as alleged above, including in the First Cause of Action, Meta Pharmacy Services is responsible for those violations pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(11) and/or (12), NRS 639.230(5), NRS 639.255, and NAC 639.955.

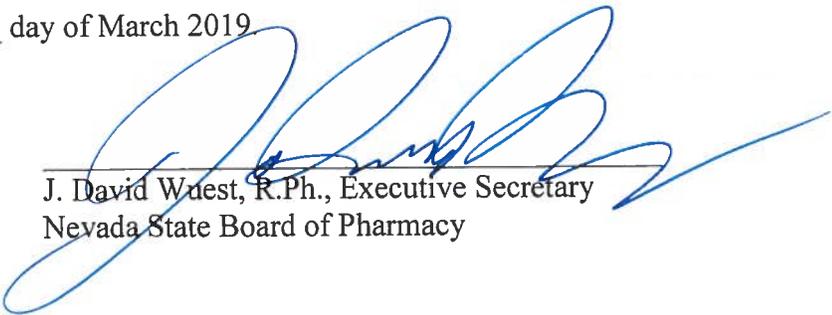
**THIRD CAUSE OF ACTION**

XII.

In owning and operating a pharmacy without a registered pharmacist acting as the pharmacist in charge, Meta Pharmacy Services violated NRS 639.220(1) and NRS 639.284(1), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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

Signed this 8<sup>th</sup> day of March 2019

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your license and/or certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.



## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 3<sup>rd</sup> day of March 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>SEAN BARCLAY, R.PH.,</b>	)	<b>CASE NO. 19-002-RPH-S</b>
<b>Certificate of Registration No. 17303</b>	)	
	)	
<b>Respondent.</b>	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_ day of March 2019.

---

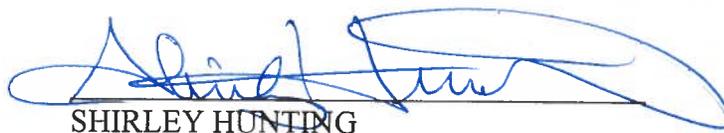
SEAN BARCLAY, RPH

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8<sup>th</sup> day of March, 2019 , I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

**Sean Barclay, R.Ph.  
520 Summer Mesa Drive  
Las Vegas, NV 89144**



SHIRLEY HUNTING



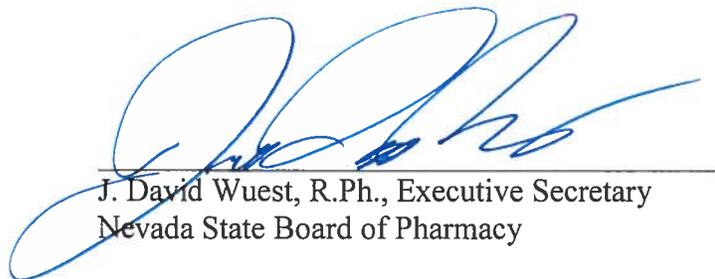
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

## V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 8<sup>th</sup> day of March 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>META PHARMACY SERVICES,</b>	)	<b>CASE NO. 19-002-PH-S</b>
<b>Certificate of Registration No. PH03433</b>	)	
	)	
<b>Respondent.</b>	/	

---

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none")

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_ day of March 2019.

---

Type or print name

---

AUTHORIZED REPRESENTATIVE FOR  
META PHARMACY SERVICES

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8<sup>th</sup> day of March, 2019 , I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Meta Pharmacy  
8352 Warm Springs Road  
Las Vegas, NV 89113**

  
SHIRLEY HUNTING

**4M**



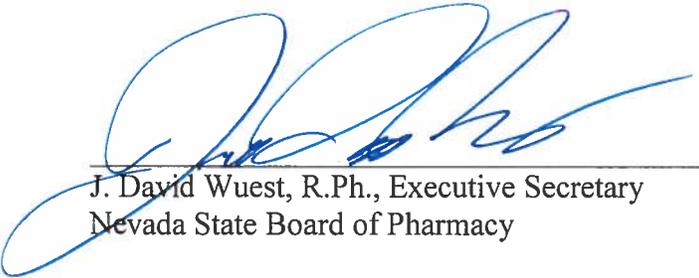
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DATED this 8<sup>th</sup> day of March 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>ANSWER AND</b>
	)	<b>NOTICE OF DEFENSE</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>META PHARMACY SERVICES,</b>	)	<b>CASE NO. 19-002-PH-S</b>
<b>Certificate of Registration No. PH03433</b>	)	
	)	
<b>Respondent.</b>	/	

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Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none")

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_ day of March 2019.

---

Type or print name

---

AUTHORIZED REPRESENTATIVE FOR  
META PHARMACY SERVICES

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8<sup>th</sup> day of March, 2019 , I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

**Meta Pharmacy  
8352 Warm Springs Road  
Las Vegas, NV 89113**

  
SHIRLEY HUNTING

**4N**

FILED

MAR 08 2019

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-019-PT-S
	)	
Petitioner,	)	
	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
MELINA CRUZ, PT	)	AND ACCUSATION
Certificate of Registration No. PT18733,	)	
	)	
Respondent.	/	

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

**JURISDICTION**

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Melina Cruz, PT (Cruz) held a Nevada Pharmaceutical Technician Registration, Certificate No. PT18733, issued by the Board.

**FACTUAL ALLEGATIONS**

II.

In February 2019, a Drug Loss Program Lead Coordinator from CVS Pharmacy notified Board Staff that Cruz was terminated from her employment as a pharmaceutical technician at CVS Pharmacy #08803 (CVS) for diversion of controlled substances.

III.

Cruz admitted to diverting controlled substances from CVS in a written statement and verbally during an interview conducted by a district asset protection leader for CVS health. A district leader for CVS Health witnessed the interview.

## IV.

Cruz admitted that in December 2018, she diverted approximately two (2) Alprazolam 1 mg. tablets from CVS for self-use.

## V.

CVS reported the theft to law enforcement.

**FIRST CAUSE OF ACTION**

## VI.

NRS 453.331(d) states, in relevant part, that “[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration.” NRS 639.210(12) states that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Cruz violated NRS 453.331(1)(d), and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

**SECOND CAUSE OF ACTION**

## VII.

NRS 453.336(1) states, in relevant part, that “a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]”. NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Cruz violated NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

**THIRD CAUSE OF ACTION**

VIII.

NAC 639.945(1)(g) states that “[s]upplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Cruz has engaged in unprofessional conduct in violation of NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

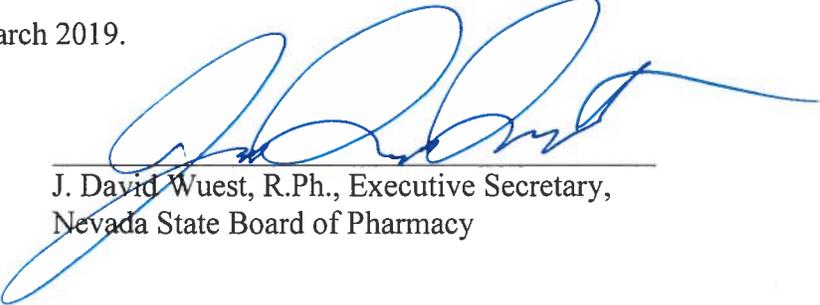
**FOURTH CAUSE OF ACTION**

IX.

NAC 639.945(1)(h) states that “[p]erforming or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. By diverting controlled substances as alleged herein, Cruz has engaged in unprofessional conduct in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 8<sup>th</sup> day of March 2019.

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary,  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-019-PT-S
	)	
Petitioner,	)	
	)	
v.	)	
	)	STATEMENT TO THE
MELINA CRUZ, PT	)	RESPONDENT AND
Certificate of Registration No. PT18733,	)	NOTICE OF HEARING
	)	
Respondent.	)	
	/	

---

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

**The Board has scheduled your hearing on this matter for Wednesday, April 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

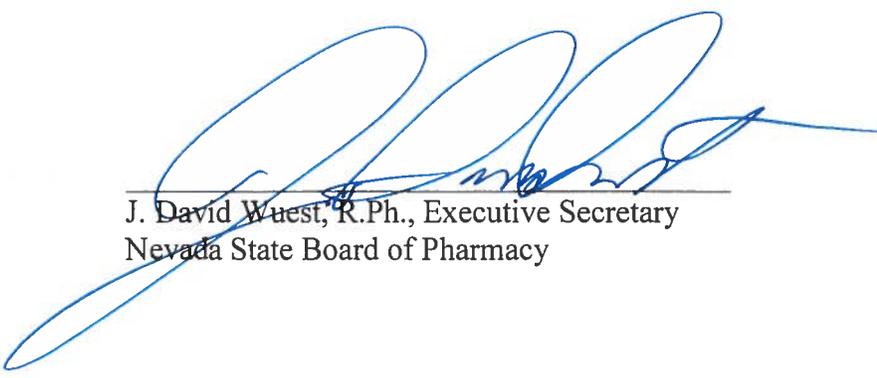
## IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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DATED this 8<sup>th</sup> day of March 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-019-PT-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	
<b>MELINA CRUZ, PT</b>	)	<b>ANSWER AND NOTICE</b>
<b>Certificate of Registration No. PT18733,</b>	)	<b>OF DEFENSE</b>
	)	
<b>Respondent.</b>	)	
	/	

---

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

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this \_\_\_ day of March 2019.

---

MELINA CRUZ, PT

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8<sup>th</sup> day of March, 2019 , I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

**Melina Cruz  
5822 Allegro Avenue  
Las Vegas, NV 89110**



SHIRLEY HUNTING

**5**

**5A**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: **PH** \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.  
 Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: AZBDBR, LLC dba AvasaRx Pharmacy

Physical Address: 816 N. 6th Ave.

Mailing Address: 816 N. 6th Ave.

City: Phoenix State: AZ Zip Code: 85003

Telephone: 480-900-7450 Fax: 833 437-2301

Toll Free Number: 844-482-2005 (Required per NAC 639.708)

E-mail: info@avasarx.com Website: AVASARX.COM

Managing Pharmacist: Ronak Modi License Number: S023110

**TYPE OF PHARMACY AND SERVICES PROVIDED**

<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Independent</u></p> <p>All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>Home Infusion</u></p>
---	--

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

### APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

CHAITANYA GADDE  
Print Name of Authorized Person

11/1/2018  
Date

<b>Board Use Only</b>	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_ Limited L

Partnership Name: AZBDBR, LLC

Mailing Address: 816 N. 6th Ave.

City: Phoenix State: AZ Zip Code: 85003

Telephone Number: 480-900-7450 Fax Number: 833-437-2301

Contact Person: Ronak Modi

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Arizona Hemophilia Association</u>	<u>L</u>	<u>51%</u>
<u>Bio Tek reMEDys, Inc.</u>	<u>L</u>	<u>49%</u>

List names of 4 largest partners and percentage of ownership:

Name: Arizona Hemophilia Association %: 51%

Name: Bio Tek reMEDys, Inc. %: 49%

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00 am 5:00 pm MST Saturday x am x pm  
Sunday x am x pm 24 Hours ON CALL

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,           CHAITANYA GADDE          

Responsible Person of           AZBDBR, LLC dba AvasaRx Pharmacy          

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



\_\_\_\_\_  
Original Signature of Person Authorized to Submit Application, no copies or stamps

          CHAITANYA GADDE          

Print Name of Authorized Person

          11 | 1 | 2018          

Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF DELAWARE )  
 ) ss.  
NEW CASTLE COUNTY )

I, Chaitanya Gadde, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Authorized Signer for AZBDBR, LLC dba Avasa Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Chaitanya Gadde, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

*Chaitanya Gadde*

\_\_\_\_\_  
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 1<sup>st</sup> day of November, 2018.

*Sharna*

\_\_\_\_\_  
NOTARY PUBLIC





**OWNERS**

- AZ Hemophilia Assoc. 826 N. 5<sup>th</sup> Ave, Phoenix, AZ 85003 602-955-3947
- Bio Tek reMEDys, Inc. 2 Penns Way, Suite #404,  
New Castle, DE 19720 302-544-5138

- |              | <b><u>Pharmacist</u></b>              | <b><u>License #</u></b> |
|--------------|---------------------------------------|-------------------------|
| • Ronak Modi | W. Portland Street, Phoenix, AZ 85003 | S023110                 |

- |                         | <b><u>Pharmacy Technician</u></b>            | <b><u>License #</u></b> |
|-------------------------|--|-------------------------|
| • Shelomith Adina David | 7 N. 47 <sup>th</sup> Dr., Phoenix, AZ 85031 | 10049494                |

**AvasaRX**  
 816 N. 6<sup>th</sup> Ave. Phoenix, AZ 85003  
 Tel: 844-482-2005  
 Fax: 833-437-2301  
[www.avasarx.com](http://www.avasarx.com)



ARIZONA STATE BOARD OF PHARMACY  
P.O. Box 18520 Phoenix, AZ 85005  
602-771-ASBP (2727)  
FAX: 602-771-2749  
<http://www.azpharmacy.gov>

Receipt Date: 10/02/2018  
Receipt Number: 201843721  
Receipt Amount \$: 240.00

# Resident Pharmacy/Limited Service

Retail

Issued to :

PERMIT NO  
Y007409  
AZBDBR, LLC  
816 N. 6TH AVE.  
PHOENIX, AZ 85003

EXPIRES  
10/31/2019  
AvasaRx Pharmacy  
816 N 6TH AVENUE  
PHOENIX, AZ 85003

*Kam Gandhi*  
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY  
P.O. Box 18520  
Phoenix, AZ 85005  
602-771-ASBP (2727)  
FAX: 602-771-2749



- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

## WALLET CARD

JAME : AZBDBR, LLC  
LICENSE NUMBER : Y007409  
EXPIRES : 10/31/2019

<http://www.azpharmacy.gov>

## Important Information

### LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

### PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-01 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

**5B**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: One Choice Pharmacy

Physical Address: 2503 S. Main, Ste. D Stafford TX 77477

Mailing Address: 2503 S. Main Ste. D

City: Stafford State: TX Zip Code: 77477

Telephone: 281-969-7899 Fax: 346-341-7968

Toll Free Number: 800-505-1327 (Required per NAC 639.708)

E-mail: onechoicepharmacy@gmail.com Website: N/A

Managing Pharmacist: Gerald E. Zimmerman License Number: 30404

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>NON-RESIDENT</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

### APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

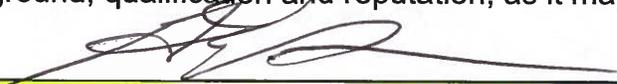
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

**If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Gerald E. Zimmerman / PIC  
Print Name of Authorized Person

2/2/2019  
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Universal Healthcare Network, LLC

Business Name: One Choice Pharmacy

Current Business Address: 2503 S. Main, Ste. 0

City: Stafford State: TX Zip Code: 77477

Telephone: 281-969-7899 Fax: 346-341-7968

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 5 pm

Saturday 9 am 3 pm

Sunday closed am \_\_\_\_\_ pm

24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Gerald E. Zimmerman

Responsible Person of ONE CHOICE PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Gerald E. Zimmerman / PIC  
Print Name of Authorized Person

2/7/2019  
Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF TEXAS )  
HARRIS ) ss.  
COUNTY )

I, Gerald E. Zimmerman, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge for one choice Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

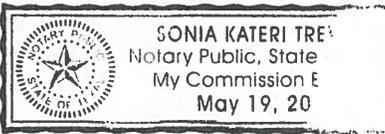
FURTHER AFFIANT SAYETH NOT.

I, Gerald E. Zimmerman, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

  
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 7th day of February, 2019.

Sonia K Trevino  
NOTARY PUBLIC EXP: 5/19/19





RE: Pharmacy Staff List

**Owned by Entity:**

Universal Healthcare Network LLC  
2503 S. Main Street, Ste O  
Stafford, TX 77477  
FEIN: 82-190548

**Corporate Officer:**

Fathy ElSafty  
Windsor Lakes Dr.  
Houston, TX 77094  
DOB: \_\_\_\_\_, 9  
SSN: \_\_\_\_\_

**Pharmacist In Charge**

Gerald Zimmerman  
----- Gondola Dr  
Stafford, TX 77477  
DOB: : . . . .

# **ONE CHOICE** **Pharmacy**

Re: Non-Resident Pharmacy License Application

Universal Healthcare Network LLC (dba) One Choice Pharmacy is a retail/non-resident pharmacy that dispenses diabetic testing supplies and a handful of topical ointments, creams & gels. One Choice Pharmacy does not participate in Compounding Medications and does not dispense any Controlled Substances. If the pharmacy dispensing should change in any manner, all state board of pharmacies will be immediately notified.

For additional questions or concerns please email:

[Onechoicepharmacy@gmail.com](mailto:Onechoicepharmacy@gmail.com)



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **31986**

Expiration Date: **4/30/2020**

Balances: **0**

**ONE CHOICE PHARMACY  
2503 S MAIN STE O  
STAFFORD TX 77477**



**Allison Vordenbaumen Benz, R.Ph., M.S.  
Executive Director/Secretary**

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**

**5C**

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509

**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: **PH** \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.  
 **Publicly Traded Corporation** – Pages 1,2,3,7       **Partnership** - Pages 1,2,5,7  
 **Non Publicly Traded Corporation** – Pages 1,2,4,7       **Sole Owner** – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Soleo Health Inc.

Physical Address: 10210 Werch Drive, Suite 202

Mailing Address: Same

City: Woodridge State: IL Zip Code: 60517-4809

Telephone: (630) 589-8054 Fax: (877) 393-1616

Toll Free Number: (844) 575-1515 (Required per NAC 639.708)

E-mail: licensure@soleohealth.com Website: www.soleohealth.com

Managing Pharmacist: Jason Howard, PharmD License Number: 051.293255

**TYPE OF PHARMACY    **AND**    SERVICES PROVIDED**

<p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Community</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Specialty</u></p> <p style="color: red;">All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>Off-site Cognitive Services</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>Parenteral **</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>Sterile Compounding **</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>Mail Service Sterile Compounding **</b></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>IVIg, Factor</u></p>
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**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

**APPLICATION FOR OUT-OF STATE PHARMACY LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

**If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

John Ginzler  
Print Name of Authorized Person

January 30, 2019  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: NA

Mailing Address: 11 Trafalgar Square, Suite 101

City: Nashua State: NH Zip: 03063-1991

Telephone: (833) 765-3648 Fax: (603) 718-3824

Contact Person: Christine Belanger

For any corporation non publicly traded, disclose the following:

\*\*\*No persons

1) List top 4 persons to whom the shares were issued by the corporation?

a) Soleo Health Holdings, Inc. 100%  
Name Address

b) \_\_\_\_\_  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? \$0.01/share par value

4) What date did the corporation actually receive the cash assets? 2/14/2014

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: N/A %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:00 am 5:00 pm Saturday On call am \_\_\_\_\_ pm  
Sunday On call am \_\_\_\_\_ pm 24 Hours 24/7

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, John Ginzler

Responsible Person of Soleo Health Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



\_\_\_\_\_  
Original Signature of Person Authorized to Submit Application, no copies or stamps

John Ginzler  
Print Name of Authorized Person

January 30, 2019  
Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF New Hampshire )  
 ) ss.  
Hillsborough COUNTY )

I, John Ginzler, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Financial Officer for Soleo Health Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, John Ginzler, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name 

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
30th day of January, 2019.

  
NOTARY PUBLIC



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLEO HEALTH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLEO HEALTH INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5486590 8300

SR# 20182683263

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202511191

Date: 04-13-18

1/29/2019

Print Lookup Details



Illinois Department of Financial and  
Professional Regulation

## Lookup Detail View

### Contact

#### Contact Information

Name	City/State/Zip	DBA
SOLEO HEALTH INC	Woodridge, IL 60517	

### License

#### License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054020894	LICENSED PHARMACY	ACTIVE	11/14/2018	11/14/2018	03/31/2020	N

Generated on: 1/29/2019 12:37:22 PM



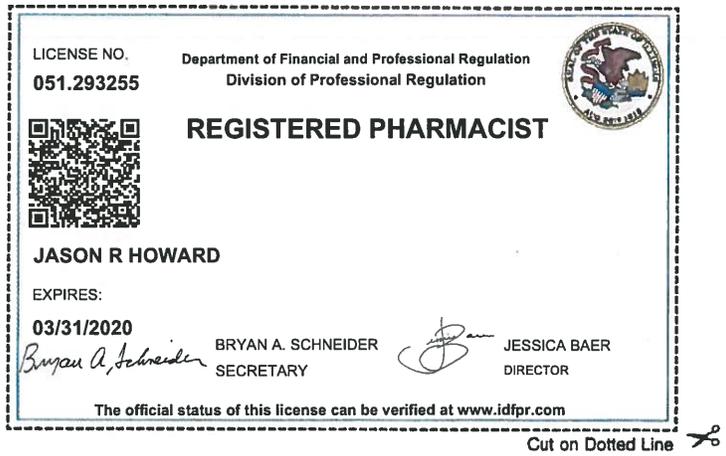
Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4169695



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 375123



Cut on Dotted Line ✂

# Soleo Health

Sharon Hill, PA

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
**Home Care Accreditation Program**

**August 25, 2018**

Accreditation is customarily valid for up to 36 months.

  
Craig W. Jones, FACHE  
Chair, Board of Commissioners

ID #574329  
Print/Reprint Date: 10/19/2018

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



**6**

**6A**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_  
 Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.
- Publicly Traded Corporation – Pages 1,2,3,10,11a&b                       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b                       Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: BAM HEALTHCARE LVIC LLC

Physical Address: 8930 SUNSET RD. SUITE 120

City: LAS VEGAS                      State: NEVADA                      Zip Code: 89148

Telephone: 646-732-1818                      Fax: 833-230-7501

Toll Free Number: \_\_\_\_\_ E-mail: RWIDROFF@BAMHEALTHCARE.COM

Website: BAMHEALTHCARE.COM

Managing Pharmacist: JARED KOHN                      License Number: 19641

**TYPE OF PHARMACY                      AND                      SERVICES PROVIDED**

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>Infusion Pharmacy</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding
		<input checked="" type="checkbox"/>	<input type="checkbox"/> Other Services: <u>Infusion Pharmacy</u>

All boxes must be checked  
 For the application to be complete

### APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

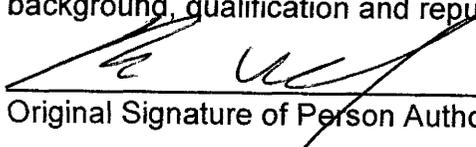
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

ROBIN WIDROFF  
Print Name of Authorized Person

2-20-19  
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: DELAWARE

Parent Company if any: \_\_\_\_\_

Mailing Address: 180 RARITAN CENTER PARKWAY SUITE 204

City: EDISON State: NJ Zip: 08837

Telephone: 646-732-1818 Fax: 833-230-7501

Contact Person: ROBIN WIDROFF

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) <u>ELAN YAISH</u>	<u>180 RARITAN CENTER SUITE 204, EDISON, NJ 08837</u>
Name	Business Address

b) <u>ETHAN B WELWART</u>	<u>180 RARITAN CENTER SUITE 204, EDISON, NJ 08837</u>
Name	Business Address

c) _____	_____
Name	Business Address

d) _____	_____
Name	Business Address

2) Provide the number of shares issued by the corporation. \_\_\_\_\_

3) What was the price paid per share? \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9</u> am	<u>6</u> pm	Saturday	_____ am	_____ pm
Sunday	_____ am	_____ pm	24 Hours	_____	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, ROBIN WIDROFF

Responsible Person of BAM HEALTHCARE LVIC LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

ROBIN WIDROFF

Print Name of Authorized Person

2-26-19

Date

### Managing Pharmacist

Pharmacist Name: Tared Kohn License #: 19641

Pharmacy Name: BAM Healthcare CVIC LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	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 any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. 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 above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____ County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

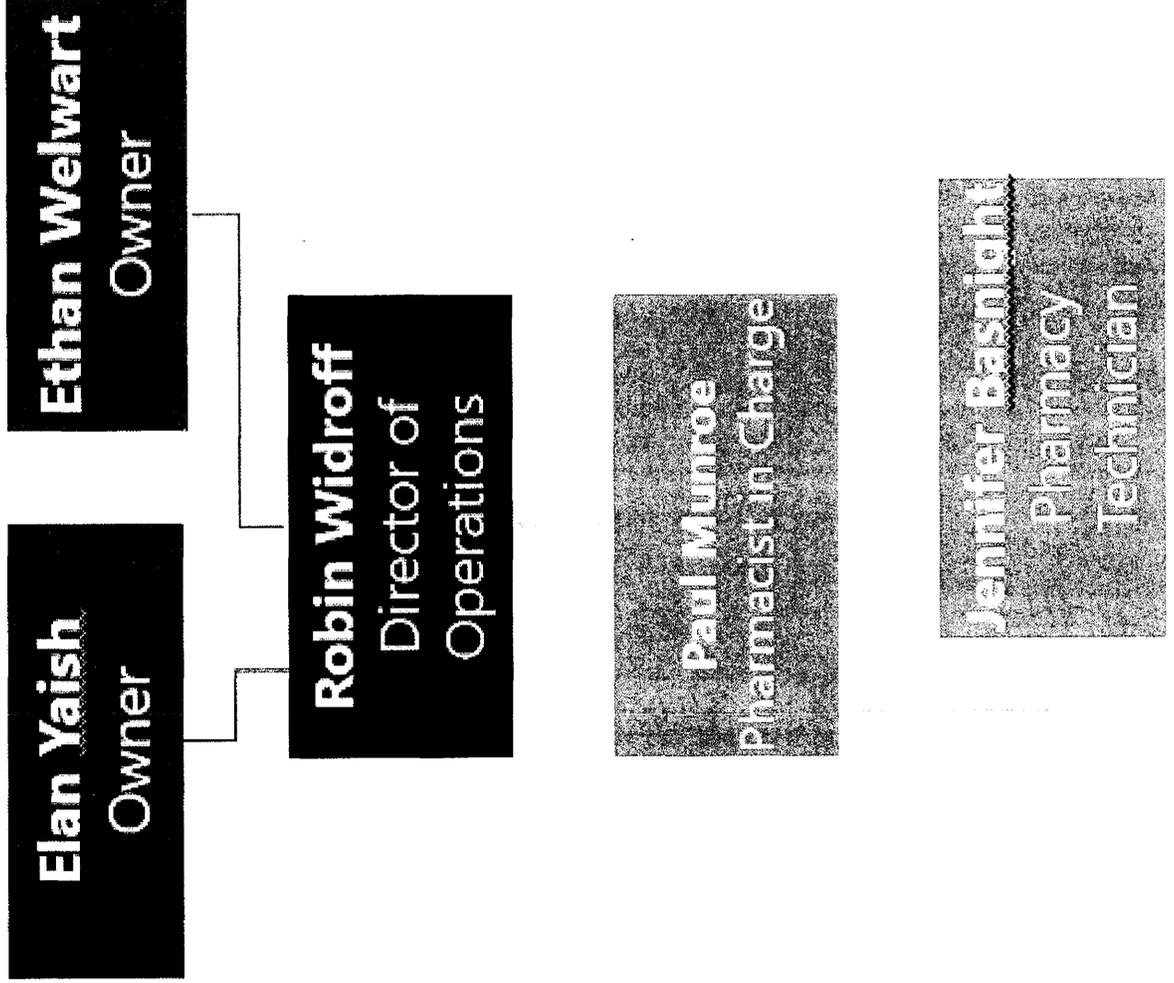
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

  
\_\_\_\_\_  
Signature

2/27/2019  
Date

# Organization Structure



Date 2/20/15

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License
RAM HEALTHCARE LVIC LLC
Name and Address of Establishment for Which License Is Requested
8930 Sunset Rd Suite 120 Las Vegas Nevada 89148
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Wehgart, First Name: Ethan, Middle Name: B

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address: Joseph Ave, Staten Island, NY 10314

Present Business Address: 180 Karitan Center Pkwy Ste 204, Edison, NJ 08837

Occupation: Director, Dates: 11/17, current

Phone: Residence, Business: 732 902 6575 ext 2020

Date of Birth, Place of Birth: Brooklyn, Kings, NY

Age: 30, Social Security Number, Sex: Male

Color of Eyes: Hazel, Color of Hair: Brown, Complexion: White, Weight: 250, Build, Height: 5'6"

Scars, tattoos or distinguishing marks and/or characteristics: N/A

Are you a citizen of the United States? Yes [X] No [ ] If alien, registration No

If naturalized, certificate No, Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [X] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Engaged [ ]

Applicant's initial: [Signature]

A. Current Marriage

Spouse's full name (Maiden) \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 \_\_\_\_\_ S.S. No \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Resident address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address of employer \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AM \_\_\_\_\_  
Page 2

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact person \_\_\_\_\_

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father William Welwart		Joseph Ave Staten Island NY 10314	Proprietor
Mother Judith Welwart		Joseph Ave Staten Island NY 10314	Proprietor
Father-in-Law N/A			
Mother-in-Law N/A			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse Nadine Welwart		Lerington Ave	Pharmacist
Jonathan Teitelbaum		Edison NJ, 08817	Director
Spouse			
Spouse Jeremy Welwart		Chatsford Circuit St	Doctor
Lesley <del>Teitelbaum</del> Patterson		Southfield MI 48034	Lawyer
Spouse			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	JFS	Staten Island, NY	9/1995 - 6/2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	RKYHS	Livingston, NJ	9/2003 - 5/2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University at Buffalo	Buffalo, NY	9/2007 - 5/2011	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any: Business Administration  
 College or university where obtained: University at Buffalo

Applicant's initial CW  
 Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County \_\_\_\_\_ State \_\_\_\_\_ Date registered \_\_\_\_\_

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4



**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2016	Apesce Bio-Pharm 180 Raritan Center Pkwy Ste 101	N/A

Title	Description of Duties	Name of Supervisor
Director of Ops	Oversee Day to Day Operations	William Wehwart

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2013	Sushik Express II 627 Kings Hwy Brooklyn NY	Compensation

Title	Description of Duties	Name of Supervisor
Manager	Oversee Day to Day Operations	Michael Belcz

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2007	Simply Sushi 33 Curtis Ave West Orange NJ	Compensation

Title	Description of Duties	Name of Supervisor
Manager	Oversee Day to Day Operations	Chaim Goldman

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial *RW*

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Jon Lambarti</u> Home	<u>Victorian Dr</u>	<u>Old Bridge</u>	<u>NJ</u>	<u>08857</u>		<u>5 years</u>
Employer <u>Self-Employed</u> Business						
Name <u>Jeremy Blumenthal</u> Home	<u>Caulfield Dr</u>	<u>San Diego</u>	<u>CA</u>	<u>92154</u>		<u>6 years</u>
Employer <u>Self-Employed</u> Business						
Name <u>David Hirsch</u> Home	<u>117 57<sup>th</sup> Street</u>	<u>Brooklyn</u>	<u>NY</u>	<u>11219</u>	<u>3476610703</u>	<u>5 years</u>
Employer <u>Self-Employed</u> Business						
Name <u>Kenneth Larimer</u> Home	<u>1640 2nd Ave</u>	<u>New York</u>	<u>NY</u>	<u>10028</u>	<u>5612523663</u>	<u>5 year</u>
Employer <u>Five Mile Stone</u> Business						
Name <u>Garry Takha</u> Home	<u>Albury Way</u>	<u>North Brunswick</u>	<u>NJ</u>	<u>08902</u>		
Employer <u>Self-Employed</u> Business						

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes  No   
 If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial AW

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

My father William Welwart owns a pharmacy.  
My sister is a pharmacist and my brother is a doctor.



Date of photograph \_\_\_\_\_

Applicant's initial EW

STATE OF NEW JERSEY

ss.

COUNTY OF MIDDLESEX

I, Ethan Welwart

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

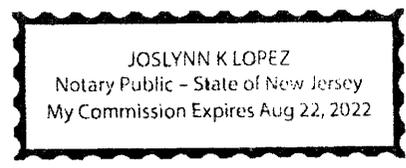


Original Signature of Applicant

Subscribed and Sworn to before me this 1st day of

MARCH 2019

Joslynn K Lopez  
Notary Public



(seal)

Applicant's initial ew



# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 2/27/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for PHARMACY  
Nature of Pharmacy or Wholesaler  
BAM Healthcare LVLC LLC  
Name and Address of Business for Which Designated Representative Is Requested  
8930 Sunset Rd Suite 120 Las Vegas Nevada  
If applicable, Name Under Which It Is Now Operated 89148

### 1. PERSONAL INFORMATION:

Last Name Kohn First Name Jared Middle Name Scott  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD Gabriel Drive City Las Vegas State/Zip NV 89119  
Dates 01/2017 - Present

Present Business Address PIC City Las Vegas State/Zip NV 89119  
Dates 2/27/19

Present Position with the Pharmacy or Wholesaler  
Phone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Date of Birth 10/10/87 Place of Birth (City, County, State) St. Louis, St. Louis County, Missouri

Age 31 y.o. Social Security Number \_\_\_\_\_ Sex Male

Color of Eyes Brown Color of Hair Black Complexion Fair Weight 155 lbs Build Athletic Slim Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics 1 inch scar on inside of right elbow

Are you a citizen of the United States? Yes  No  If alien, registration No. \_\_\_\_\_

If naturalized, certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial JK

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/18/2016 Las Vegas, Clark County, Nevada  
Date City, County and State  
 Spouse's full name (Maiden) Ana Rosalia Salinas Flores   
S.S. No.  
 Date of Birth 4  Place of Birth Salinas, Coahuila, Mexico  
 Resident address 6666 El Dorado Las Vegas NV 89119  
Street City State Zip  
 Telephone: Residence  Business   
 Spouse's employer Macabae Task Force Occupation Office Manager  
 Address of employer P.O. Box 19698 Las Vegas NV 89132  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

**B. Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial: AK

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name.....  
 Address.....  
 Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Leonard Kohn</u>		<u>Clinton Rd. Chesterfield, Mo.</u>	<u>Business Owner</u>
Mother <u>Renee Lanberg Kohn</u>		<u>Clinton Rd Chesterfield, Mo.</u>	<u>Teacher</u>
Father-in-Law <u>Etraim Salinas (Deceased)</u>		<u>Reforma Sabines, Mexico</u>	<u>Field Manager</u>
Mother-in-Law <u>Santa Velaz Flores</u>		<u>Reforma Sabines Mexico</u>	<u>Self-employed</u>

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Dorelle Kohn</u>		<u>4011 St. Newport Beach, CA</u>	<u>Real estate agent</u>
Spouse <u>NA</u>			
Spouse <u>Jacob Kohn</u>		<u>Tel Aviv, Israel</u>	<u>Economist</u>
Spouse <u>NA</u>			
Spouse			
Spouse			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Solomon Schechter Day School</u>	<u>Chesterfield, Mo.</u>	<u>1993-1999</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Parkway Central Middle &amp; High School</u>		<u>1999-2006</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>University Missouri St. Louis</u>	<u>St. Louis, MO</u>	<u>2009-2013</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>Roseman University</u>	<u>Henderson NV</u>	<u>2014-2017</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm D.

College or university where obtained Roseman University of Health Sciences

Applicant's initial JK

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County St. Louis County State Missouri Date registered 2006

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes  No  (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
01/2019 - Present	Gebret Drive	Las Vegas	NV
05/2016 - 01/2019	1500 Cardinal Peak Lane Unit 202	Las Vegas	NV
8/2015 - 5/2016	2096 Rownd Ave # 1021	Las Vegas	NV
8/2014 - 8/2015	6275 Boulder HWY # 2032	Las Vegas	NV
1/1993 - 8/2014	13650 Clayton Rd	Chesterfield	Missouri

8. EMPLOYMENT:

N/A

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

This rule does not apply to Registered Pharmacists

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial *JK*

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Robin Pickerman	Home	St. Louis	Missouri			10
Employer Jewish Community Center	Business	St. Louis	Missouri			
Name Aaron Boca	Home	Las Vegas	NV			5
Employer Penny Mac	Business	Las Vegas	NV			
Name Ernie Eita	Home	Las Vegas	NV			5
Employer MGM	Business	Las Vegas	NV			
Name Shalom Gago	Home	St. Louis	Missouri			10
Employer Self-employed	Business	St. Louis	Missouri			
Name Karen Feldman	Home	Las Vegas	NV			5
Employer Real estate agent	Business	Las Vegas	NV			

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

Pharmacist in Nevada # 19641 Licensed date: 7/31/2017

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

Applicant's initial JK

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes  No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes  No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes  No



Date of photograph 2/27/19

Applicant's initial JK

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jared Kehn, being duly sworn, depose and say I have read the

foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Jared Kehn

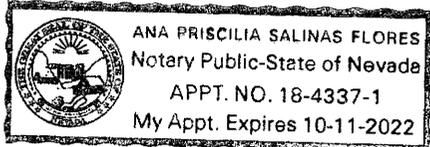
Original Signature of Applicant

Subscribed and Sworn to before me this 27 day of

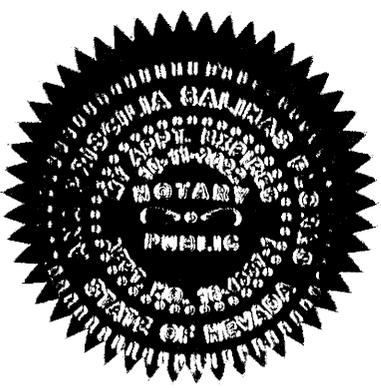
February 2019

Ana Priscilia Salinas Flores  
Notary Public

[Signature]



(seal)



Applicant's initial JK



# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/20/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy  
Nature of License  
BAM HEALTHCARE LVIC LLC  
Name and Address of Establishment for Which License Is Requested  
8930 SUNSET RD SUITE 120 LAS VEGAS NEVADA 89148  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name VASH First Name ELAN Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD SUNRISE HIGHWAY #1-315 ROCKVILLE CENTER NY 11570  
City State/Zip

Present Business Address 180 RARITAN CENTER PARKWAY SUITE 204 EDISON NJ 08837  
City State/Zip

Occupation PRESIDENT Dates SEPTEMBER 2017 - PRESENT

Phone: Residence Business 631-793-9851

Date of Birth 11/11/49 Place of Birth (City, County, State) BROOKLYN NY

Age 49 Social Security Number Sex Male

Color of Eyes Brown Color of Hair BLACK Complexion OLIVE Weight 185 Build medium Height 5'8"

Scars, tattoos or distinguishing marks and/or characteristics None

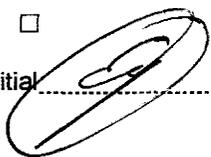
Are you a citizen of the United States? Yes  No  If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial 

MARITAL INFORMATION-Continued

A. **Current Marriage** JUNE 22 1997 NEWARK NJ  
 Date City, County and State  
 Spouse's full name (Maiden) RAHEL SHARONE DANZON S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth ISRAEL  
 Resident address SUNRISE HIGHWAY 1-315 ROCKVILLE CENTER NY 11570  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business HOMEMAKER N/A  
 Spouse's employer HOMEMAKER Occupation HOMEMAKER  
 Address of employer N/A  
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

<u>SHARON YASH</u>	<u>'8</u>	<u>NY</u>	<u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</u>
<u>NETANEL YASH</u>	<u>'</u>	<u>NY</u>	<u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</u>
<u>ELI YASH</u>	<u>'</u>	<u>NY</u>	<u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</u>
<u>ELIANA YASH</u>	<u>'</u>	<u>NY</u>	<u>SUNRISE HIGHWAY ROCKVILLE CTR 11570</u>

B. **Child Support Information...**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial





5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes  No

Branch \_\_\_\_\_ Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes  No

County KINGS State NY Date registered 1987

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No

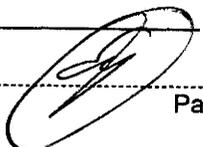
E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial 

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

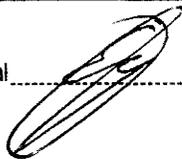
J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2010 - Present	SUNRISE HIGHWAY 1-315	ROCKVILLE CENTER	NY 11570
2006 - Present	SOUTHWOODS DRIVE, UNIT E-10	MONTICELLO	NY 12701
2009 - Present	Ha'arzel Street	HARMONAIM	ISRAEL 7312700
1999-2010	515 CEDARWOOD DRIVE	CEDARHURST	NY 11516
1997-1999	3555 OXFORD AVENUE	BRONX	NY
1979-1997	441 FOSTER AVENUE	BROOKLYN	NY 11230

Applicant's initial 

## 8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/17- Present	APOGEE BIO-PHARM 180 RARITAN CENTER PARKWAY EDISON NJ	CURRENTLY EMPLOYED
Title	Description of Duties	Name of Supervisor
PRESIDENT	EXECUTIVE	BEN WELWART
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUN 15 - SEPT 2017	SUNDAYSEY 229 WEST 36 <sup>th</sup> STREET	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
CFO	FINANCIAL EXECUTIVE	SHMUEL WELER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
OCT 2012 - JAN 2015	RIT TECHNOLOGIES HABARZEL STREET ISRAEL	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
CFO	FINANCIAL EXECUTIVE	VARIM LEDERMAN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2010 - 9/2012	GOTI LTD. 7 APIR YEDA, KEFAR SABA ISRAEL	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
CFO	FINANCIAL EXECUTIVE	SHLOMO BEN HAIM
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 2006 - MAY 2010	ERS ASSOCIATES LTD 515 CEDARWOOD DRIVE	SELF EMPLOYED
Title	Description of Duties	Name of Supervisor
PRESIDENT	FINANCIAL ADVISOR	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2002 - DEC 2005	MANCHESTER TECHNOLOGIES HAUPPAUGE NY	BUSINESS SOLD
Title	Description of Duties	Name of Supervisor
CFO/VP FINANCE/ASST SECRETARY -	FINANCIAL EXECUTIVE	BARRY STEINBERG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
FEB 2000 - SEP 2002	CONVERSE TECHNOLOGY WOODBURY NY	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
ASST VP FINANCE	FINANCIAL EXECUTIVE	DAVID KREINBERG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEPT 1996 - JAN 2000	TRANS-RESOURCES INC. 9 WEST 57 STREET NY	LARGER COMPANY
Title	Description of Duties	Name of Supervisor
VP FINANCE/CONTROLLER	FINANCIAL EXECUTIVE	LES YOUNER

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



Page 6

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>ROBERT HIMBER</u> Home	<u>PERRY ROAD</u>	<u>EDISON</u>	<u>NY</u>	<u>08817</u>		<u>40 yrs.</u>
Employer <u>HIS SALES</u> Business	<u>INSURANCE</u>	<u>ADVISOR</u>				
Name <u>MICHAEL PINTER</u> Home	<u>MARGARET AVENUE</u>	<u>LAWRENCE</u>	<u>NY</u>	<u>11559</u>		<u>35 yrs.</u>
Employer <u>LMP Properties</u> Business	<u>REAL ESTATE</u>	<u>OWNER &amp; MANAGER</u>				
Name <u>JOSHUA SCHNEIDER</u> Home	<u>LOCUST TERRACE</u>	<u>WEST HEAMPSTEAD</u>	<u>NY</u>	<u>11552</u>		<u>35 yrs.</u>
Employer <u>FMR</u> Business	<u>OPERATIONAL</u>	<u>MANAGEMENT</u>				
Name <u>LAIZER KOANMANN</u> Home	<u>EDENWOOD AVENUE</u>	<u>TEANECK</u>	<u>NY</u>	<u>07666</u>		<u>25 yrs.</u>
Employer <u>CARGENTRIX</u> Business	<u>HOME HEALTH</u>	<u>CARE</u>				<u>40 yrs.</u>
Name <u>JOEL SCHINDLER</u> Home	<u>PARTMOUTH LANE</u>	<u>WOODMERE</u>	<u>NY</u>	<u>11598</u>		
Employer <u>SELF EMPLOYED</u> Business	<u>ATTORNEY</u>					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No   
 If yes, state type, where and years held

I AM A LICENSED CPA FROM THE STATE OF NEW YORK  
FROM 1994- PRESENT

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial



13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

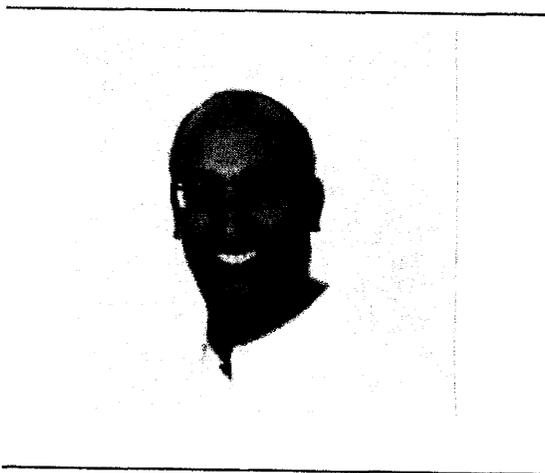
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No



Date of photograph \_\_\_\_\_

Applicant's initial 

STATE OF Florida

ss.

COUNTY OF Palm Beach

I, Elan Yaish, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

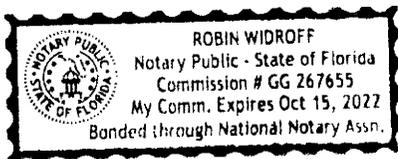
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20<sup>th</sup> day of February 2019

Notary Public

(seal)



Applicant's initial

ADDITIONAL INFORMATION

SECTION 6.D.

I was subpoenaed to testify before a grand jury with respect to a potential case against the CEO of CONVERSE TECHNOLOGIES where I worked from 2000-2002. The subpoena was revoked and I was not needed to testify and never appeared before the grand jury.

SECTION 8

SEPT 2002 - AUG 2006 DELOITTE & TOUCHE 1 WORLD TRADE CTR BETTER OPPY  
SENIOR ACCOUNTANT AUDITING SERVICES NOEC SPIEGEL

2007 - 2009 CHINA BROADBAND  
DIRECTOR BOARD ACTIVITIES

2007 - 2011 SONGZAI INTERNATIONAL HOLDING GROUP  
DIRECTOR BOARD ACTIVITIES

~~201~~

Applicant's initial

**6B**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH____ Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: EastSide Pharmacy LLC

Physical Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip Code: 89119

Telephone: 844-334-1010 Fax: 833-861-0249

Toll Free Number: 844-334-1010 E-mail: RYAN@EASTSIDERXLV.COM

Website: N/A

Managing Pharmacist: Jeffery Lang License Number: 17503

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding
		<input checked="" type="checkbox"/>	<input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

**APPLICATION FOR NEVADA PHARMACY LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

*Ryan L Ross*

Original Signature of Person Authorized to Submit Application, no copies or stamps

Ryan L Ross

Print Name of Authorized Person

12/11/18

Date

**Board Use Only**

Date Processed: \_\_\_\_\_

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip: 89119

Telephone: 844-334-1010 Fax: 833-861-0249

Contact Person: Ryan L Ross

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Ryan L Ross 5835 S Eastern Ave ste 100  
Name Business Address

b) \_\_\_\_\_  
Name Business Address

c) \_\_\_\_\_  
Name Business Address

d) \_\_\_\_\_  
Name Business Address

2) Provide the number of shares issued by the <sup>LLC</sup> corporation. 100%

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, Ryan L Ross

Responsible Person of Eastside Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Ryan L Ross  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Ryan L Ross  
Print Name of Authorized Person

12/11/18  
Date

**Managing Pharmacist**

Pharmacist Name: Jeffrey S Lamy

License #: 17503

Pharmacy Name: Eastside Rx

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

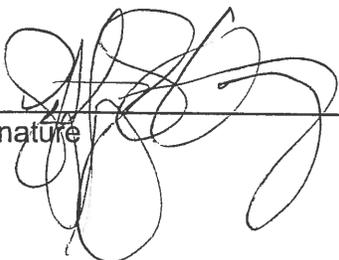
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. 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 above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

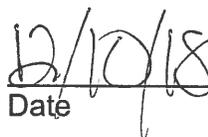
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date



Eastside Pharmacy List of Managing members

Ryan Ross Managing member 100%



MARITAL INFORMATION-Continued

A. **Current Marriage** 3/17/07 Santa Rita, Gu  
Date City, County  
 Spouse's full name (Maiden) Ayleen Martinez S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth Bronx, NY  
 Resident address Calle Adolfo Sanchez Las Piedras, PR 00771  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business N/A  
 Spouse's employer N/A Occupation Homemaker  
 Address of employer N/A  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Mertina Westerman</u>	<u>12/05</u>	<u>12/99</u>	<u>Dissolution</u>	<u>San Diego, CA</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>Mertina Westerman</u>	<u>Clements Way</u>	<u>Murrieta</u>	<u>CA</u>	<u>92563</u>	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Rosalina Hammack</u>		<u>Lemoore, CA</u>	<u>Spiracle Ave Henderson, NV 89002</u>
<u>Marianne Ross</u>		<u>Portland, OR</u>	<u>Clements Way Murrieta, CA 92563</u>
<u>Gabriella Ross</u>		<u>Calle Adolfo Sanchez</u>	<u>Las Piedras, PR 00771</u>

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial RJR

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name California Department of Child Support Services  
 Address P.O. Box 49064 Rancho Cordova, CA 95741  
 Contact person Clerk of the Court

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
<u>Delbert Ross</u>		<u>unknown</u>	
Mother			<u>clerk</u>
<u>Kathleen Shrauger</u>		<u>25<sup>th</sup> M St NW Arnegard, ND</u>	<u>58835</u>
Father-in-Law			
<u>Raymond Martinez</u>		<u>Las Piedras, PR</u>	<u>Retired</u>
Mother-in-Law			
<u>Maria Diaz</u>		<u>Las Piedras, PR</u>	<u>Retired</u>

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>Eric Ross</u>		<u>NE Hickory St Vancouver, WA</u>	<u>98082</u> <u>Contractor</u>
Spouse			
<u>Janice Thorildson</u>			
<u>Clifford Ross</u>		<u>Watford City, ND</u>	<u>Clerk</u>
Spouse			
<u>Cynthia Ross</u>		<u>Glendale, AZ</u>	<u>Nurse</u>
Spouse			
<u>Keneth Dame</u>			
Spouse			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Rangel Elementary</u>	<u>Rangel, CO</u>	<u>8/83-6/88</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Rangel High</u>	<u>Rangel, CO</u>	<u>8/91-5/94</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University	<u>Grantham University</u>	<u>Lenexa, KS</u>	<u>8/12-4/15</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS Business management  
 College or university where obtained Grantham university

Applicant's initial RLR

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No   
 Branch Navy Date of entry-active service 7/31/95  
 Date of separation 4/21/11 Type of discharge Honorable  
 Rating at separation MA<sup>2</sup> Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No   
 County Clark State WA Date registered 6/18/94

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial RAC Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
9/18 - present	Spiracle Ave	Henderson, NV	89002
6/18 - 9/18	163 Afternoon Rain Ave	Henderson, NV	89002
7/16 - 6/18	3907 SE 30th St	Gresham, OR	97080
3/13 - 7/16	11645 SE Fuller rd	Portland, OR	97222
3/12 - 3/13	8640 SE Causey Ave	APT 10303	Happy Valley, OR 97086
2/11 - 3/12	15258 SW Millikan Way	APT 616	Beaverton, OR 97006
<del>7/67 - 2/11</del>	<del>U.S. Navy</del>		
6/08 - 2/11	8760 Redwood Dr	unit 144	Santee, CA 92071
5/05 - 6/08	2229A McMillen Dr	Santa Rita, GU	96915
4/02 - 5/05	San Diego, CA		
2/98 - 4/02	Manama, Bahrain		

Applicant's initial   DK   Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/18 - Present	Sunrise Pharmacy 2500 E Sunset Rd Las Vegas, NV 89120	

Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Compounding Lab Manager	Tamara Angeles

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/12 - 7/18	Professional Center 205 Pharmacy 10000 SE Main St Portland, OR 97216	moved to vegas

Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Compounding Lab Manager	Krissy Bray

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/12 - 6/12	Fred Meyer Pharmacy Portland, OR	Better Position

Title	Description of Duties	Name of Supervisor
Pharmacy Tech	fill prescriptions	JOE

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/97 - 3/11	U.S Navy	Tenure

Title	Description of Duties	Name of Supervisor
MA <sup>2</sup>	Police Officer	Jake Englander

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RE Page 6

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Josh Dillinger</u>	Home	<u>1 NW 291<sup>st</sup> St Ridgefield WA 98442</u>				<u>9 years</u>
Employer	Business					
Name <u>Kristy Tera</u>	Home	<u>SW 5<sup>th</sup> St Gresham, OR 97030</u>				<u>8 years</u>
Employer <u>prestige Pharmacy</u>	Business	<u>Portland, OR 97220</u>				
Name <u>Rose Chen</u>	Home	<u>3 SE 89<sup>th</sup> Ave Portland, OR 97264</u>				<u>6 years</u>
Employer <u>prestige Pharmacy</u>	Business	<u>Portland, OR 97220</u>				
Name <u>Karen Northrop</u>	Home	<u>5134 Ave Henderson, NV 89002</u>				<u>6 years</u>
Employer <u>JSMN</u>	Business	<u>Las Vegas, NV</u>				
Name <u>Merline Westerman</u>	Home	<u>3 Clements Way Murrieta, CA 92563</u>				<u>21 years</u>
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes  No   
 If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No



Date of photograph 12/11/18

Applicant's initial BR

STATE OF Nevada.....

ss.

COUNTY OF Clark.....

I, Ryan L Ross....., being duly sworn, depose and say I have read the

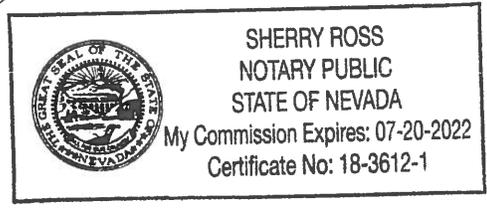
foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Ryan L Ross  
.....  
Original Signature of Applicant

Subscribed and Sworn to before me this 12<sup>th</sup> day of

December, 2018  
Sherry Ross  
.....  
Notary Public



(seal)

Applicant's initial RLR  
.....  
Page 9

ADDITIONAL INFORMATION

Area with horizontal dashed lines for writing additional information.

Applicant's initial     *RJR*      
Page 10

Date .....

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for .....

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Lang; First Name: Jeffrey; Middle Name: Scott

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD: Villa De Conde Way, Las Vegas, NV 89102

Present Business Address: 5835 S. Eastern Ave, Las Vegas, NV 89119

Occupation: Pharmacist; Dates: 5/08 - Present

Phone: Residence: ; Business: 702.791.3800

Date of Birth: 4/1; Place of Birth (City, County, State): Greensburg PA Westmoreland County

Age: 41; Social Security Number: ; Sex: M; Color of Eyes: Brown; Color of Hair: Black; Complexion: Light; Weight: 190; Build: Medium; Height: 6'0"

Scars, tattoos or distinguishing marks and/or characteristics: None Right elbow scar

Are you a citizen of the United States? Yes [checked] No [ ] If alien, registration No .....

If naturalized, certificate No ..... Date .....

Place ..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [ ] Married [checked] Separated [ ] Divorced [ ] Widowed [ ] Engaged [ ]

Applicant's initial: [Signature]

A. **Current Marriage** 7/15/13 Las Vegas, Clark County, NV  
 Spouse's full name (Maiden) Holly C. Andrews Date City, County and State S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth Panorama, CA  
 Resident address Villa De Cande Way Las Vegas NV 89102  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 877 880 0880  
 Spouse's employer MGM Grand Occupation Beverage Dept.  
 Address of employer 3799 S. Las Vegas Blvd Las Vegas NV 89109  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Jennifer Lang	1/15/10	4/1/04	Divorce	Newton, NC

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Jennifer Lang		Newton	NC	28613	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Jophie Lang		Las Vegas, NV	Newton, NC
Jefferson Lang		Rogers, AR	Las Vegas, NV
Ruby Lang		Rogers, AR	Las Vegas, NV
Hages Lang		Las Vegas, NV	Las Vegas, NV
Gregory Lang		Las Vegas, NV	Las Vegas, NV

B. **Child Support Information:**

Please mark the appropriate response

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [Signature]

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name Benton County Arkansas Family Court  
 Address 102 NE W St #203 Bentonville, AR 72712  
 Contact person Clerk of the Court

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>James Roy Lang</u>	<u>Unknown</u>	<u>Last known Greensburg PA</u>	<u>Unknown</u>
Mother <u>Marce Taylor</u>	<u>"</u>	<u>1000 <sup>Ben Villa Way</sup> Cedar Cove SC 29708</u>	<u>Retired</u>
Father-in-Law <u>James Taylor</u>	<u>"</u>	<u>1000 <sup>Ben Villa Way</sup> Cedar Cove SC 29708</u>	<u>Retired</u>
Mother-in-Law			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Ryan Taylor</u>	<u>"</u>	<u>Atlanta, GA</u>	<u>Engineer</u>
Spouse <u>Dawn Lang</u>	<u>"</u>	<u>Charlotte, NC</u>	<u>Engineer</u>
Spouse			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate	
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School	<u>Orange County</u>	<u>Orange, VA</u>	<u>8/88 - 6/92</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>North Carolina @ Charlotte</u>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>University of Southern Nevada</u>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Type of degree obtained, if any	<u>BS Biochemistry</u>		<u>Pharm D</u>	
College or university where obtained	<u>UNCC</u>		<u>USN</u>	

Applicant's initial [Signature]

A. Have you ever served in any armed forces? Yes  No   
 Branch OSAF Date of entry-active service 7/92-6/96  
 Date of separation OSAF Type of discharge Honorable  
 Rating at separation E4 Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No   
 County Orange State VA Date registered 6/92

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No

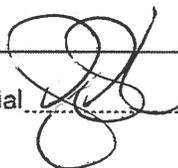
E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
 If yes, when? \_\_\_\_\_ city, county and state \_\_\_\_\_

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
 If yes when? \_\_\_\_\_ city, county and state \_\_\_\_\_

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
 If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes  No  (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
12/17-Current	Villa De Cardeley	Las Vegas	NV
<del>6/11</del> 12/17	3 Dunein Lane	Bella Vista	AR
6/12-6/14	4 Alaboy Circle	Bella Vista	AR
1/10-6/11	6 Elmore Lane	Bella Vista	AR
5/8-1/10	5 Rollman Lane	Bella Vista	AR
<del>2/08</del> 5/08	3172 Moderna Circle	Las Vegas	NV
<del>8/01</del> 2/02	Edgefield Dr	North Augusta	SC
8/01-8/01	Atlanta, GA	Atlanta	GA
9/96-5/01	Sh	Charlotte	NC
3/94-9/96		Wichita	KS
8/92-3/94	Monterey, CA	Monterey	CA

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72761	No longer needed on job
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72761	No longer needed on job
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72761	No longer needed on job
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
9/96-5/00	Circle K Charlotte, NC	Graduated College
9/96-5/00	Circle K Charlotte, NC	Graduated College
9/96-5/00	Circle K Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/92-7/96	USAF Texas, California, Kansas	4 years ended
8/92-7/96	USAF Texas, California, Kansas	4 years ended
8/92-7/96	USAF Texas, California, Kansas	4 years ended

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name: Karen Dalton	Home	Jane	MO	64856		5
Employer: Premier Pharmacy	Business	Springdale	AR	72762		
Name: Marc Barbose	Home	Las Vegas	NV			7
Employer: NS Pharmacy	Business	Las Vegas	NV			
Name: <del>George Andrews</del>	Home	Las Vegas	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: George Andrews	Home	Boulder City	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: Am Sparacio	Home	Las Vegas	NV			8
Employer: MSM	Business	Las Vegas	NV			

Tina  
aga

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor                      Lawyer                      Race horse/race dog owner                      Securities dealer                      Insurance
- Doctor                      Contractor                      Real estate broker or salesman                      Barber/Cosmetologist                      Gaming
- Accountant                      Pilot                      Sports promoter                      Trainer or manager                      Educator

Yes  No

If yes, state type, where and years held

Las Vegas, Gaming license, 6 years

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial 

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No



Date of photograph 12/11/18

Applicant's initial [Signature]

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jeffrey S Lang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

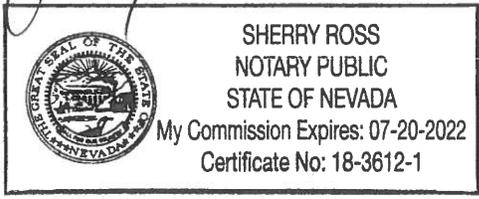
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

  
Original Signature of Applicant

Subscribed and Sworn to before me this 12<sup>th</sup> day of

December, 2018

Sherry Ross  
Notary Public



(seal)

Applicant's initial  Page 9



**6C**

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  Ownership Change (Provide current license number if making changes: PH\_\_\_\_)  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.  
 Publicly Traded Corporation – Pages 1,2,3,10,11a&b       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b       Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Modern Rx

Physical Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip Code: 89119

Telephone: 800-959-3457 Fax: 800-376-5441

Toll Free Number: \_\_\_\_\_ E-mail: info@modernrxpharmacy.com

Website: Not Applicable

Managing Pharmacist: THUHO NGUYEN License Number: 14869

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- Retail  
  Hospital (# beds \_\_\_\_\_)  
  Internet  
  Nuclear  
  Ambulatory Surgery Center  
  Community  
  Other: Specialty

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services  
  Parenteral  
  Parenteral (outpatient)  
  Outpatient/Discharge  
  Mail Service  
  Long Term Care  
  Sterile Compounding  
  Non Sterile Compounding  
  Mail Service Sterile Compounding  
  Other Services: Local Delivery

**APPLICATION FOR NEVADA PHARMACY LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Aimee Brown

Print Name of Authorized Person

09/09/2018

Date

**Board Use Only**

Date Processed: \_\_\_\_\_

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: \_\_\_\_\_

Mailing Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip: 89119

Telephone: 800-959-3657 Fax: 800-376-5441

Contact Person: Aimee Brown

For any <sup>LLC</sup> ~~corporation~~ non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the <sup>LLC</sup> ~~corporation~~?

a) Aimee Brown - 100% owner 6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119  
Name Business Address

b) \_\_\_\_\_  
Name Business Address

c) \_\_\_\_\_  
Name Business Address

d) \_\_\_\_\_  
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00 am 5:30 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

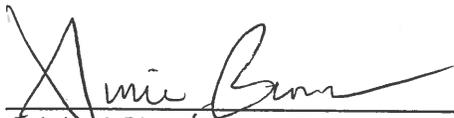
I, Aimee Brown

Responsible Person of Modern Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Aimee Brown  
Print Name of Authorized Person

9/12/2018  
Date

## Managing Pharmacist

 Pharmacist Name: THUHO NGUYEN

 License #: 14009

 Pharmacy Name: Modern Rx

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	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 any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. 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 above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____ County: _____ Court: _____		

**PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)**

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

\_\_\_\_\_  
Signature

10/1/18  
\_\_\_\_\_  
Date

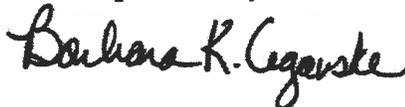
## SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MODERN RX LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 12, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 28, 2018.

A handwritten signature in black ink that reads "Barbara K. Cegavske".

Barbara K. Cegavske  
Secretary of State



Electronic Certificate  
Certificate Number: C20180928-1256

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 10/2/2018

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy Licence  
 Nature of License  
Modern Rx Pharmacy 6330 S EASTERN AVE., LAS VEGAS, NEVADA 89119  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name	<u>Brown</u>	First Name	<u>Aimee</u>	Middle Name	<u>Elizabeth</u>
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>Mansbury St.</u>	<u>Fremont</u>	<u>California, 94538</u>			
Present Residence Address-Street or RFD	City	State/Zip			
<u>6330 S EASTERN AVE.,</u>	<u>Dates 10/1/2018</u>	<u>LAS VEGAS,</u>	<u>NEVADA, 89119</u>		
Present Business Address	City	State/Zip			
Owner/ Operations	<u>Dates TBD</u>				
Occupation					Phone: Residence .....
	<u>Livonia, Michigan</u>				Business <u>TBD</u>
Date of Birth	Place of Birth (City, County, State)				
<u>49</u>					<u>Female</u>
Age	Social Security Number				Sex
<u>Hazel</u>	<u>Blonde</u>	<u>caucasian</u>	<u>140</u>	<u>Average</u>	<u>5' 7"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Small mole on chin right side

Are you a citizen of the United States? Yes  No  If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial AB

MARITAL INFORMATION-Continued

A. **Current Marriage**..... N/A

Spouse's full name (Maiden)..... Date N/A City, County and State S.S. No.....

Date of Birth..... Place of Birth.....

Resident address..... Street City State Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer..... Street City State Zip.....

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Paul Brown	1/26/2018	9/19/1992	Divorce	Alameda County, Fremont, Ca.

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Paul Brown	Beethoven Common Apt 306	Fremont	Ca.	94538	

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

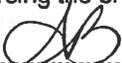
List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Haley Brown		San Mateo	Mansbury St. Fremont, Ca. 94538

**B. Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial..... 

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name..... N/A.....  
 Address.....  
 Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Jerry Baird	)	Yonder Drive Lake Havasu, AZ 86406	Retired
Mother			
Sandra Baird		Yonder Drive Lake Havasu, AZ 86406	Retired
Father-in-Law			
None			
Mother-in-Law			
None			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Jerry Baird		Alameda De Las Pulgas, Belmont, CA 94002	IT Manager
Spouse			
Cherrise Baird		Alameda De Las Pulgas, Belmont, CA 94002	Accountant
Junko Droesher	I	Germany	Retired
Spouse			
Raik Droesher		Germany	Sales
Spouse			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School Red Rocks Elementary	Morrison, CO	1980-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Bear Creek High School	Colorado	1984-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University College of San Mateo	San Mateo, CA	1987-2014	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... High School , AA Degree in Accounting.....

College or university where obtained..... College of San Mateo.....

Applicant's initial..... 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial 



**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2011	Envia Systems 3390 Gateway Blvd Fremont Ca. 94538	Laid off
Title	Description of Duties	Name of Supervisor
Senior Accountant	Accounting	Mary McGregor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2008	Tioga	Went to Envia Systems
Title	Description of Duties	Name of Supervisor
EA, Accounting	Office and Accounting	Ruby
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2000	GoTo Foster City, CA	Stayed at home with child
Title	Description of Duties	Name of Supervisor
Office Manger/Accounting	Office and Accounting	Narinder Singh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....



Page 6

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Dyan Vassallo	Brecon Court Home	Redwood City	CA	94062		30
Employer Splunk	Business	270 Breannan Street, San Francisco, CA			415-848-8400	
Name Christina Valdez	Home	Pennsylvania Ave., #15 Fremont, CA		94536		2 9
Employer Praxair	Business	41446 Christy Street, Fremont, CA		94538	510-438-6734	
Name Leah Gregg	Home	Calico Ct, Morgan Hill, CA		95037		22
Employer Student	Business					
Name Linda Folan	Home	Clifton Avenue, San Carlos, CA		94070		26
Employer Retired	Business					
Name Judy Weber	Home	Mansbury Street, Fremont, CA		94538		24
Employer Stay at home mom	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
**If yes, complete the following:**

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |
- Yes  No   
 If yes, state type, where and years held

Real Estate in the state of California 2006-2010

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial 

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No



Date of photograph 10/3/18

Applicant's initial JB

STATE OF California

SS.

COUNTY OF Alameda

I, Aimee Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Aimee Brown  
Original Signature of Applicant

Subscribed and Sworn to before me this 3<sup>rd</sup> day of

October 2018

Jvana Nichkawde  
Notary Public

(seal)



Applicant's initial AB



# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 11/2/18

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Modern Rx  
6330 S Eastern Suite 1A Las Vegas, NV 89119  
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

NGUYEN THUHO  
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Melrose Abbey pl Las Vegas NV 89141  
Present Residence Address-Street or RFD City State/Zip

NA NA  
Present Business Address Dates City State/Zip

NA NA  
Present Position with the Pharmacy or Wholesaler Dates

Phone:  
Residence \_\_\_\_\_  
Business \_\_\_\_\_

1-1-1988 DANANG, VIETNAM  
Date of Birth Place of Birth (City, County, State)

45 \_\_\_\_\_ M  
Age Social Security Number Sex

Brown Black Medium Tan 147 lbs Medium 5'8  
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes  No  If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date 9/14/2001

Place Las Vegas, NV (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial TH

MARITAL INFORMATION-Continued

A. **Current Marriage** ..... 5/2008 ..... Las Vegas, Clark, NV  
Date City, County and State  
 Spouse's full name (Maiden) ..... THUY NGUYEN .....  
S.S. No.  
 Date of Birth ..... 11-1-41 ..... Place of Birth ..... SAIGON - VIETNAM  
 Resident address ..... Melrose Abbey Pl Las Vegas NV 89141  
Street City State Zip  
 Telephone: Residence ..... 5 ..... Business ..... N/A  
 Spouse's employer ..... Walgreen ..... Occupation ..... pharmacist  
 Address of employer ..... 6650 E Lake mead Blvd Las Vegas NV 89156  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
THUY NGUYEN	3/2003	Las Vegas, NV	Divorced	Las Vegas, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
THUY NGUYEN	Melrose Abbey Pl	LV	NV	89141	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
XENA NGUYEN		Las Vegas, NV	Melrose Abbey Pl, LV, NV 89141
STAR NGUYEN		Las Vegas, NV	Melrose Abbey Pl LV, NV 89141

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial ..... TA .....

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name \_\_\_\_\_  
 Address N/A  
 Contact person \_\_\_\_\_

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father GIAO NGUYEN	- / /	Deceased	Pharmacist
Mother HANH VO	/ /	Gaelic Hills Ln, NV 89141	Retired
Father-in-Law LIEUCAO	- / -	Deceased	
Mother-in-Law			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
THUNHI Duncan	/ /	Moody ave Fullerton, CA	Pharmacist
Spouse Kent Duncan	/ /	Moody ave Fullerton, CA	Pharmacist
TRAC NGUYEN	/ /	Dogwood St, Westminster, CA	Pharmacist
Spouse Victoria NGUYEN	/ /	Dogwood St, Westminster, CA	Registered Nurse
LUONG NGUYEN	/ /	Patch Dr, Huntington Beach, CA	Pharmacist
Spouse VY NGUYEN	/ /	Patch Dr, Huntington Beach, CA	Pharmacist
NGAN NGUYEN	/ /	Southern Highland, Las Vegas, NV Loggetta Way, LV, NV 89141	Registered Nurse
Spouse Katerina NGUYEN	/ /	Loggetta Way, LV, NV 89141	Dental Assistant

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Pham Chan Trinh Danang, Vietnam	8/1988 - 5/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	The University of New Mexico Albuquerque, NM	5/94 - 5/99	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharmacist

College or university where obtained Bachelor of ~~Pharmacy~~ Science at University of New Mexico

Applicant's initial TD

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when? ..... city, county and state .....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
If yes when? ..... city, county and state .....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial DM Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
5/2011 - present	Melrose Abbey pl	Las Vegas,	NV 89141
6/2010 - 5/2011	1425 Corral Dr	Las Vegas	NV
3/2007 - 6/2010	7903 Sleeping Lily Dr	Las Vegas, NV	89178

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

5/2008-present	CVS Pharmacy - Las Vegas, NV	over 10,000 hours
pharmacist	All Duties of a pharmacist	Jody Lewis
5/2006-5/2008	Walgreen, Las Vegas, NV	about 3000 hours
pharmacist in charge	All of Duties of a pharmacist & PIC	Matt Forster
12/2008-12/2009	AMex pharmacy, Las Vegas, NV	about 800 hours
Owner	All duties of owner of pharmacy	Owner
3/2004-5/2006	CVS pharmacy, Las Vegas, NV	about 3000 hours
pharmacist in charge	Typing, production, Inventory....	Chad Luebski
6/2002-3/2004	Walgreen, Chico, CA	about 2000 hours
pharmacist	All duties of a full time pharmacist	Collins Bogg
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Sam Labib</u>	Home	<u>3 Nordland Dr, Corona, CA 92880</u>				<u>10 years</u>
Employer <u>Kaiser</u>	Business	<u>Kaiser permanente, California</u>				
Name <u>Hoa Leu</u>	Home	<u>1 Inverlocky Ct, Las Vegas, NV 89161</u>				<u>6 years</u>
Employer <u>Tiger soft</u>	Business	<u>Tiger soft computer 702-808-0033</u>				
Name <u>Trinh Huu</u>	Home	<u>5 Muscarel way, Las Vegas, NV 89141</u>				<u>10 years</u>
Employer <u>unemployment</u>	Business	<u>unemployment</u>				
Name <u>Tony chiu</u>	Home	<u>E camelia Dr, Alhambra, CA 91801</u>				<u>10 years</u>
Employer <u>Walgreen</u>	Business	<u>working for Walgreen in California</u>				
Name <u>TRUNG NGUYEN</u>	Home	<u>Henderson, NV</u>				<u>11 years</u>
Employer <u>CVS pharmacy</u>	Business	<u>work for CVS at 1825 E warm spring LV, NV 89119</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

.....

.....

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

.....

.....

.....

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes  No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes  No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes  No



ATTACH PHOTOGRAPH  
TAKEN WITHIN LAST  
30 DAYS HERE

Date of photograph 11/1/18

Applicant's initial JM

STATE OF Nevada

SS.

COUNTY OF Clark

I, THUHO NGUYEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Handwritten Signature]  
Original Signature of Applicant

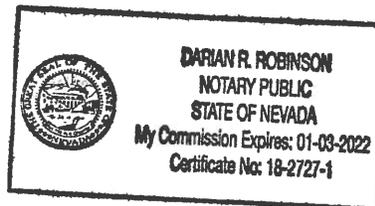
Subscribed and Sworn to before me this 2nd day of

November 2018

DARRYL

Notary Public

(seal)



Applicant's initial TH

ADDITIONAL INFORMATION

N/A

Applicant's initial PH

**7**

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ☐ Reno, NV 89509 ☐ (775) 850-1440

### APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation ☐ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner ☐ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: USOC EQUIPMENT, LLC

Physical Address: 3111 S. Valley View Blvd., Suite L109 89102  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20 Morgan

City: Irvine State: CA Zip Code: 92618

Telephone: 1.855.888.8762 Fax: 949-243-9113

E-mail: duane@usocmedical.com Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to \_\_\_\_\_ See explanation attached

Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Duane Gilmore

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                  |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**   |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis             |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Patient Monitoring Equipment and Infusion Pumps</u> |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

## APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes  No
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- |   |                  |
|---|------------------|
| <input type="checkbox"/> Practitioner                     | Name: <u>N/A</u> |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: <u>N/A</u> |
| <input type="checkbox"/> Physician's Assistant            | Name: <u>N/A</u> |
| <input type="checkbox"/> Physical Therapist               | Name: <u>N/A</u> |
| <input type="checkbox"/> Occupational Therapist           | Name: <u>N/A</u> |
| <input type="checkbox"/> Registered Nurse                 | Name: <u>N/A</u> |
| <input type="checkbox"/> Respiratory Therapist            | Name: <u>N/A</u> |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

### APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

**If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Duane Gilmore

2/24/19

Print Name of Authorized Person

Date

<b>Board Use Only</b>	Received: _____	Amount: <u>500.00</u>
-----------------------	-----------------	-----------------------

**APPLICATION FOR NEVADA MDEG LICENSE**

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Ali Youssef

Business Name: USOC Equipment LLC

Current Business Address: 20 Morgan

City: Irvine State: CA Zip: 92618

Telephone: 949-243-9113 Fax: 949-243-9113

**SOLE OWNER****Include with the application for a sole owner**

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the New Applicationstab. The forms are available under the *documents for all types of businesses*.

## APPLICATION TO BE THE MDEG ADMINISTRATOR

### Person who runs the facility on a daily basis

Date 2/25/19 .....

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

## GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesalers of Patient monitoring equipment .....

Nature of MDEG

USOC Equipment, LLC 3111 S. Valley View Blvd., Suite L109 Las Vegas, NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

.....  
If applicable, Name Under Which It Is Now Operated



**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

<b>9/2013</b>	<b>USOC BioMedical, Inc</b>	<b>11,440</b>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
<b>Vice President</b>	<b>Operations Policy and Controls</b>	<b>Ali Youssef</b>
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have  I have not  been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have  I have not  been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have  I have not  been the subject of an administrative action whether completed or pending.
- 3. I have  I have not  had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked  I have  to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A

b) Date: N/A

Case Number: N/A

c) Criminal Action: State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes  No

5 .Will you be employed fulltime with the MDEG? Yes  No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes  No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH  
TAKEN WITHIN LAST  
30 DAYS HERE

Date of photograph 3/4/19

I, **Duane Gilmore**, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant  Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent,  and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

.....  
Original Signature of Applicant

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/4/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Whole Salers of Patient Monitoring Equipment  
 Nature of License  
USOC Equipment, LLC 3111 S. Valley View Blvd., STE L109, Las Vegas, NV, 89102  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name YOUSSEF First Name ALI Middle Name NAZEM

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD NAVTIME TRAILS City IRVINE, CA, 92618 State/Zip  
 Dates 08/2017 - Current

Present Business Address 20 MORGAN City IRVINE, CA, 92618 State/Zip  
 Dates 2017 -Current

Occupation CEO and Biomed Engineer at USOC Medical Phone:  
 Residence .....  
 Business 855-888-8762

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) Sour, Lebanon Male

Age 37 Years Social Security Number \_\_\_\_\_ Sex Male

Color of Eyes Blue Color of Hair BRN Complexion \_\_\_\_\_ Weight 225 Build \_\_\_\_\_ Height 6ft

Scars, tattoos or distinguishing marks and/or characteristics .....

Are you a citizen of the United States? Yes  No  If alien, registration No.....

If naturalized, certificate No..... Date 9/11/2008

Place U.S. DISTRICT COURT CENTRAL DISTRICT LOS ANGELES, CA (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial A.Y.

## MARITAL INFORMATION-Continued

A. **Current Marriage** ..... 11/2012 ..... LAGUNA HILLS, CA, USA  
Date City, County and State  
 Spouse's full name (Maiden) ..... HELEN EL HUSSEIN ..... S.S. No. ....  
 Date of Birth ..... Place of Birth ..... DENMARK, COPENHAGEN  
 Resident address ..... NAVTIVE TRAILS ..... IRVINE, CA, 92618  
Street City State Zip  
 Telephone: Residence ..... Business .....  
 Spouse's employer ..... USOC MEDICAL ..... Occupation ..... OFFICE ASSISTANT  
 Address of employer ..... 20 MORGAN, IRVINE, CA, 92618  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
HUDA AYOUB	07/2009	Sour, Lebanon	Divorced	SOUR, LEBANON

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
HUDA AYOUB	DIEMELSTADT, WREXEN, BURG-BROBECK STR.4, GERMANY				
TELE					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Redwan Youssef		J , Santa Ana, CA, USA,	DIEMELSTADT WREXEN GERMANY
Lelian Youssef		4 , FOUNTAIN VALLEY, CA, USA	NATIVE TRAILS, IRVINE, CA, 92618
Maya Youssef		, LAGUNA HILLS, CA, USA,	NATIVE TRAILS, IRVINE, CA, 92618

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial ..... A.Y

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father NAZEM YOUSSEF		PASSED A WAY	
Mother AWATEF EL HAJ		SOUR, LEBANON	HOME MAKER
Father-in-Law ATALLAH EL HUSSEIN		GLASVEJ NO 1, Copenhagen 0, Denmark	Retired
Mother-in-Law INAAM AWAD		GLASVEJ NO. , Copenhage, Denmark	Home Maker

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Redwan Youssef	Sour, Lebanon	Saudi Arabia	Mechanical Engineer
Spouse Lesly Michelle Youssef	Pitts Purge, PA	Le Parc, Lake Forest # 38	Retired
Marwan Youssef	Sour, Lebanon	: Ricky Ave, Garden Grove, CA, 92840, USA	Civil Engineer
Spouse Samaher Youssef	Sour, Lebanon	: Ricky Ave, Garden Grove, CA, 92840, USA	Home Maker
Safwan Youssef	Sour, Lebanon	2 Spectrum, Irvine, CA, 92618	Software Engineer
Spouse Mariam Youssef	Sour, Lebanon	Spectrum, Irvine, CA, 92618	Home Maker
Bassam Youssef	Sour, Lebanon	Rio Robles E, Appt 231 San Jose, CA	Electronic Engineer
Spouse Rema Youssef	Sour, Lebanon	: Rio Robles E, Appt 231, San Jose, CA	Home Maker , See Last Page for More info

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School Qasemeia School	Sour, Lebanon	1988-1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Al AQSA High School	Sour, Lebanon	1998-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Cypress College	9200 Valley View St. Cypress, CA, 90630	2001-2003	Yes <input type="checkbox"/> No <input type="checkbox"/>
University University of California IRVINE, UCI	University of California Irvine, Irvine, CA, 92697	2003- 2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachlor Degree In ElectronicsCollege or university where obtained UCI University of California Irvine, BS in ElectronicsApplicant's initial A.Y.

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes  No   
 Branch ..... Date of entry-active service .....  
 Date of separation ..... Type of discharge .....  
 Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No   
 County ..... State ..... Date registered .....

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when? ..... city, county and state .....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
If yes when? ..... city, county and state .....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial ..... A.Y. ....  
 Page 4

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes  No  (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2017 Current	NATIVE TRAILS, IRVINE, CA, 92618, USA		
10/2014-08/2017	8123 EAST HILLSDALE, ORANGE, CA, 92869, USA		
07/2012-10/2014	1492 Spectrum, Irvine, CA, 92618, USA		
8/2010- 7/2012	861 SAN REMO, IRVINE, CA, 92606, USA		
08/2008- 8/2010	1183 SABLE, LAS FLORES, CA, 92688, USA		
08/2007- 08/2008	16425 HARBOR BLVD, APT 208, FOUNTAIN VALLEY, CA, 92708, USA		
08/2005-08/2007	LAS FLORES, CA, 92688, USA		
01/2002-08/2005	3931 W ORANGE AVE, ANAHEIM, CA, 92804		

Applicant's initial ..... A.Y. ....

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2010 - Current	USOC MEDICAL , 20 MORGAN, IRVINE, CA, 92618 , Current Working	
Title	Description of Duties	Name of Supervisor
CEO/ BIOMED TECH	RND Repairing Elec Boards	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2009-2010	PACIFIC MEDICAL SUPPLY LLC	START MY OWN BUSINESS
Title	Description of Duties	Name of Supervisor
DIRECTOR OF ENGINEERING	RND WORK ON MEDICAL DEVICES AND TROUBLE SHOOT BOARDS	Andy
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2007-2009	TENACORE HOLDINGS, 1525 E EDINGER, SANTA ANA, CA, USA	ENVIROMENT / MANAGEMENT
Title	Description of Duties	Name of Supervisor
DIRECTOR OF ENGINEERING, BIOMED TECH, WORKED ON MEDICAL DEVICES PATIENT MONITORING TROUBLE SHOOT PROBLEMS ON BRD		JAZ SINGH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2003/2007	SECURITY GUARD AT QUEST DIAGNOSTICS, GUARD SHACK , 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA, 92675	GRADUATE FROM UNIVE.
Title	Description of Duties	Name of Supervisor
NIGHT SHIFT SUPERVISOR	CHECK EVERYONE PASSES THROUGH THE GATE, CHECK THE ALARMS AT BUILDING AND SAMPLES NEED TO BE IN CERTAIN TEMP. BOB HACKMAN	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2002-2003	STUFT PIZZA, CYPRESS MOVED TO LAS FLORES , LOCATION AND DISTANCE IS FAR	
Title	Description of Duties	Name of Supervisor
STORE SUPERVISOR	COOK PIZZA, CASIHER	RON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial ..... A.Y

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name SAM LOC	Home	ORANGE, CA,		7		AROUND TEN YEARS
Employer PANASONIC	Business	ELECTRICAL ENGINEER				
Name Barry Irvine	Home	Irvine, CA, USA				7 YEARS
Employer General Construction	Business					
Name LOC	Home	Anaheim, CA, USA				10 YEARS
Employer Software Engineer	Business					
Name FADI ABDEL FATTAH	Home	FULLERTON, CA, USA				10 YEARS
Employer BAIL BONDS	Business					
Name Moneer	Home	Los Angeles, CA, USA				
Employer Travel Agent	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
**If yes, complete the following:**

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor            Lawyer            Race horse/race dog owner            Securities dealer            Insurance
- Doctor           Contractor       Real estate broker or salesman       Barber/Cosmetologist       Gaming
- Accountant     Pilot             Sports promoter                         Trainer or manager       Educator

Yes  No

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial ..... A.Y. ....  
 Page 7



STATE OF California

ss.

COUNTY OF Orange

I, Ali Youssef, being duly sworn, depose and say I have read the

foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Ali Youssef  
Original Signature of Applicant

Subscribed and Sworn to before me this 4<sup>th</sup> day of

March 2019

Tessa [Signature]  
Notary Public

(seal)

SEE CALIFORNIA  
JURAT ATTACHED  
DATE 03/04/19 INTL TCB

Applicant's initial A.Y.

ADDITIONAL INFORMATION

More Brothers and Sisters

Mohammad Youssef,		Saint Vincent, Irvine, CA, 92618	Mathematician , Math Professor
Fatin Youssef	1	Saint Vincent, Irvine, CA, 92618	HomeMaker
Ferial Youssef		Sour, Lebanon ( Husband Died Cancer)	Home Maker
Asma Youssef		Sour, Lebanon , Lives in Qatar ( Husband is an Engineer, born 1956 Lives in Qatar)	Home Maker
Hanan Youssef		Sour, Lebanon, Lives in GERMANY ( Husband is Retired Name is Adnan, Retired, Born 1960 Germany)	Home Maker
Basma Youssef	4	Sour, Lebanon, Lives in Lebanon ( Husband Name Youssef, Born in 1968 Retired)	Home Maker
Marwa Youssef		Sour, Lebanon, ( Husband born 1972, Engineer, Born in Lebanon)	Home Maker

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Orange

Subscribed and sworn to (or affirmed) before me on this 4<sup>th</sup>  
day of March, 2019, by Ali Youssef

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature Teresa D. Lewis

**8**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane • Reno, NV 89509

## APPLICATION BY SCORE TRANSFER AS A PHARMACIST

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

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

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

Complete Name (no abbreviations):

First: Kurt Middle: Allen Last: Howe

Mailing Address: Billsdale Rd

City: Irmo State: SC Zip Code: 29063

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

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

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

### College of Pharmacy Information

Graduation Date: 12/18/03

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

Name of Pharmacy School: University of South Carolina

Location of School: South Carolina

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

### **Board Use Only**

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

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

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

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

\*\*Attach separate sheet if needed

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

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

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

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

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

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

**FEDERALLY MANDATED REQUIREMENTS**

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

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

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

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

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

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



Original Signature, no copies or stamps accepted

12/29/18

Date

December 29, 2018

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

To Whom It May Concern,

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

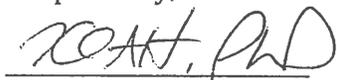
June 26th of 2014, I filled my prescription of Vyvanse 5 days before it was due for a refill; without the consent of my physician. I was upfront and transparent about what I did. It was a decision that I tremendously regret. South Carolina Board Of Pharmacy revoked my license but they chose not to do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

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

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

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

Respectfully,



Kurt A. Howe

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

**IN THE MATTER OF:**

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

OIE # 2014-57

Petitioner.

**ORDER  
(PRIVATE)**

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

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

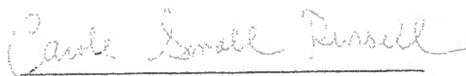
In his Petition, Petitioner argues that since the 2015 Order revoking his license, he has remained enrolled with the Recovering Professionals Program ("RPP"). He indicated that he has been enrolled in RPP for 16 months, during which time he has had negative results on 44 random drug screens. The Board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

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

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

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**



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

December 14, 2016

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

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

COUNTY OF Lexington  
STATE VS.  
Kurt Allen Howe

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

AKA: \_\_\_\_\_  
Race: White Sex: M Age: 35  
DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: Leamington Way  
City, State, Zip: Irmig, SC 29063-8242  
DL#: \_\_\_\_\_ SID#: \_\_\_\_\_

\*CDL Yes  No  CMV Yes  No  Hazmat Yes  No

In disposition of the said indictment comes now the Defendant who was  
TO: Drugs / Poss. of other controlled sub. in Sched. I to V - 1st offense

CONVICTED OF or  PLEADS

SENTENCE SHEET

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

The charge is:  As Indicted,  Lesser Included Offense,  Defendant Waives Presentment to Grand Jury, (defendant's initials)

The plea is:  Without Negotiations or Recommendation,  Negotiated Sentence,  Recommendation by the State.

ATTEST: [Signature] 100350 [Signature] [Signature]  
Solicitor SC Bar# Defendant Attorney for Defendant SC Bar#

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

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

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

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

SPECIAL CONDITIONS:

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

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

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

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

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

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

Clerk of Court/ Deputy Clerk  
Court Reporter:  
SCCA/217 (03/2011)

Beth A. Causey

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

**9**

**9A**

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509

**CONTROLLED SUBSTANCE APPLICATION**

Registration Fee: \$80.00 (non-refundable money order only, no cash)

**(This application can not be used by PA's or APRN's)**

First: Jorge Middle: Ysacc Last: Burgos Degree: MD

Practice Name (if any): Jorge Burgos, MD, PC

Nevada Address: 1815 E. Laice Mead Blvd. #314 Suite #: 314  
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: n/a SS#: \_\_\_\_\_

E-mail address: jorge@jorgeburgos.com

City: North Las Vegas State: NV Zip Code: 89030

Work Telephone: 702-227-0022 Date of Birth: \_\_\_\_\_

Fax: 702-227-0084 Sex:  M or  F

Practitioner License Number: 10622 Specialty: Internal Medicine

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<p><b>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?...</b> <input type="checkbox"/> <input checked="" type="checkbox"/></p>			
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b></p>			
Board Administrative Action:	State	Date	Case #:
<u>Suspension</u>	<u>NV</u>	<u>12/1/2017 to 4/1/2018</u>	<u>17-26547-1</u>
Criminal Action: Conviction			
<u>NV</u>	<u>7/27/2017</u>	<u>C-16-319451-1</u>	<u>Clark Las Vegas</u>

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician 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. Jorge Burgos Date 1/14/2019

Board Use Only : Date Processed: \_\_\_\_\_ Amount: 80.00



## NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

### Licensee Details

#### Person Information

Name: Jorge Y. BURGOS  
 Address: 6440 Sky Pointe Dr Ste 140-239  
 Las Vegas NV 89131  
 Phone: 7022270022

#### License Information

License Type: Medical Doctor  
 License Number: 10622 Status: Active-Probation  
 Issue Date: 8/27/2003 Expiration Date: 6/30/2019

### Scope of Practice

Scope of Practice: Internal Medicine

### Education & Training

School: Univ Nacional P H Urena / Sto Domingo, Dominican R  
 Medical  
 Degree/Certificate: Doctor  
 Degree  
 Date Enrolled:  
 Date Graduated: 4/21/1991  
 Scope of Practice:

School: Woodhull Medical Center / Brooklyn, NY  
 Degree/Certificate: Residency  
 Date Enrolled: 7/1/1999  
 Date Graduated: 6/30/2002  
 Scope of Practice: Internal Medicine

### CURRENT EMPLOYMENT STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

CURRENT CONDITIONS / RESTRICTIONS ON LICENSE #10622 Jorge Y. Burgos, M.D., License status to practice medicine: Active-Probation for 48-months. Dr. Burgos must be supervised at all times during any and all interactions with all female patients. Dr. Burgos successfully complete all requirements as established by the Eighth Judicial District Court and the Nevada Division of Parole and Probation. Dr. Burgos must abstain from personal use or possession of controlled substances and prescription drugs unless such controlled substance or prescription drug is lawfully prescribed to Dr. Burgos for a current bona fide illness or condition by a licensed practitioner. This is a disciplinary action and is reportable to the National Practitioner Databank.

### Board Actions

SETTLEMENT AGREEMENT Case No. 17-26547-1 December 4, 2017 On December 1, 2017, the Nevada State Board of Medical Examiners accepted and approved a Settlement Agreement which allowed for an order to be entered finding Dr. Burgos violated NRS 630.301(9), NRS 630.301(11)(d) and NRS 630.301(11)(g), as set forth in the First Amended Complaint, and ordering that his license to practice medicine in the state of Nevada be suspended for a period of 4 months (December 2017 through March 2018), and that the suspension be lifted on April 2, 2018; that his license shall be subject to a term of probation for an indeterminate period of time, and he may petition the Board to lift the probationary condition upon his license after 48 months. In the event Dr. Burgos intends to practice medicine during the probationary period, the following terms and conditions shall apply: (1) Dr. Burgos must be supervised at all times during any and all interactions with female patients, with a formal monitoring agreement with approved and identified monitors, through the entire probationary period or until further order of the Board; (2) Dr. Burgos shall successfully complete all requirements as established by the Eighth Judicial District Court and the Nevada Division of Parole and Probation; (3) Dr. Burgos agrees to abstain from the personal use or possession of controlled substances and prescription drugs, unless such controlled substance or prescription drug is lawfully prescribed to him by a licensed practitioner for a current bona fide illness or condition; he will abstain from the use of any and all other mood-altering substances for any other purpose than the purpose for which the substance is intended; and he will no longer be allowed to prescribe medications to himself; (4) Dr. Burgos shall complete all terms and conditions of any criminal sanctions incurred before or during the period of the Settlement Agreement, including probation or parole, and if, or when, the Nevada Division of Parole and Probation terminates its probationary period of Dr. Burgos, then Dr. Burgos can petition the Board for a termination of the Board's

probationary period. The Board further ordered that Dr. Burgos receive a public reprimand; complete 6 hours of CME, in addition to his statutory CME requirements for licensure; and reimburse the Board's fees and costs incurred in the investigation and prosecution of the case against him. SETTLEMENT AGREEMENT: 9 pages

\*\*\*\*\*

FIRST AMENDED COMPLAINT Case #17-26547-1 August 11, 2017 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Jorge Ysacc Burgos, M.D. alleging three violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.301(9), engaging in conduct that brings the medical profession into disrepute; Count II: Alleges a violation of NRS 630.301(11)(d), conviction of a sexually related crime; Count III: Alleges a violation of NRS 630.301(11)(g), conviction of an offense involving moral turpitude. 5 pages FORMAL COMPLAINT Case #17-26547-1 August 11, 2017 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Jorge Ysacc Burgos, M.D. alleging three violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.301(9), engaging in conduct that brings the medical profession into disrepute; Count II: Alleges a violation of NRS 630.301(11)(g), conviction of a sexually related crime; Count III: Alleges a violation of NRS 630.301(11)(g), conviction of an offense involving moral turpitude. 5 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

**JORGE Y. BURGOS, M.D., P.C.**INTERNAL MEDICINE

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January 14, 2019

Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

**Re: Renewal CS 12011/New application**

Dear Sir or Madam,

As requested in the Controlled Substance Application form, I am providing the explanation of the affirmative answers in questions 1 and 2.

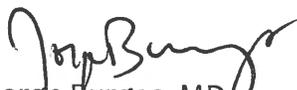
I was convicted on 7/27/2017 for misdemeanor charges explained in case C-16-319451-1, in Clark County, Las Vegas. As consequence of this conviction, the Nevada Board of Medical Examiners (NBME) executed administrative actions, resulting in an affirmative response to question No. 2.

I have enclosed a letter from the NBME with the specifics of the settlement agreement of my case #17-26547-1. This letter explains the actions taken by the Board and the nature of the criminal case conviction as well. I hope this letter provides sufficient information for your purposes.

I also attached a copy of the letter I sent to you during the four months that my medical license was suspended, as a reference to my commitment to keep the Board of Pharmacy informed of my case. My medical license is currently active.

Please advise if additional information is necessary. You can reach me at 702.227.0022 ext. \*815 or directly at my mobile phone

Respectfully,

  
Jorge Burgos, MD

1815 E. Lake Mead Blvd., Suite 314, North Las Vegas, NV 89030  
TEL.: 702.227.0022 FAX: 702.227.0084

## NEVADA STATE BOARD OF MEDICAL EXAMINERS

1105 Terminal Way, Suite 301  
Reno, NV 89502-2144

Rachakonda D. Prabhu, M.D.  
Board President



Edward O. Cousineau, J.D.  
Executive Director

December 12, 2017

Jorge Ysacc Burgos, M.D.  
c/o Crane Pomerantz, Esq.  
SklarWilliams, PLLC  
410 S. Rampart Blvd., Suite 350  
Las Vegas, NV 89145

**Re: Compliance Case #17-26547-1**

Dear Dr. Burgos:

On December 1, 2017, the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 17-26547-1 finding the following:

- Respondent admits to the following:
- One (1) count of violating NRS 630.301(9) (engaging in conduct that brings the medical profession into disrepute);
- One (1) count of violating NRS 630.301(11)(d) (conviction of a sexually related crime);
- One (1) count of violating NRS 630.301(11)(g) (conviction of an offense involving moral turpitude).

As a result the Board entered its **ORDER** as follows:

- Respondent agrees to allow his license to practice medicine in the State of Nevada to be suspended (Suspension) for FOUR (4) MONTHS (December 2017, January thru March 2018) following the date of this Agreement's acceptance, adoption and approval by the Board, and Respondent will have his suspended license status lifted on Monday, April 2, 2018;
- Respondent's license shall be subject to a term of probation (Probationary Period) for an indeterminate period of time and he may petition the Board to lift the probationary condition placed upon his license after forty-eight (48) months from the date of the Board's acceptance, adoption and approval of this Agreement;
  - Respondent must be supervised at all times during any and all interactions with all female patients, with a formal monitoring agreement with approved and identified monitors, throughout the entire Probationary Period or until further order of the Board;
  - Respondent shall successfully complete all requirements as established by the Eighth Judicial District Court and the Nevada Division of Parole and Probation;
  - Respondent agrees to abstain from the personal use or possession of controlled substances and prescription drugs, unless such controlled substance or prescription drug is lawfully prescribed to Respondent for a current bona fide

Telephone 775-688-2559 • Fax 775-688-2553 • www.medboard.nv.gov • nsbme@medboard.nv.gov

illness or condition by a licensed Practitioner. Respondent shall abstain from the use of any and all other mood-altering substances for any other purpose than the purpose for which the substance is intended. Respondent will no longer be allowed to prescribe medications to himself;

- Respondent shall complete all terms and conditions of any criminal sanctions incurred before or during the period of this Agreement, including probation or parole, and if, or when, the Nevada Division of Parole and Probation terminates its probationary period of Respondent, then Respondent can petition the Board for a termination of the Board's Probationary Period.
- Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within one hundred twenty (120) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being \$1500.00;
- Respondent shall take six (6) hours of continuing medical education (CME) related to family practice, boundary issues, and professionalism within the work place within twelve (12) months from the date of the Board's acceptance, adoption and approval of this Agreement;
- Respondent shall be issued a Public Letter of Reprimand.

Your compliance with the terms and conditions pertaining to **CME's and Probation Requirements** will be monitored by the Compliance Unit.

Your compliance with the terms and conditions pertaining to **Administrative Costs and Fines** will be monitored by Donya Jenkins, Finance Manager. Please contact Ms. Jenkins at (775) 324-9354 for any questions or concerns regarding payment of costs and fines.

Included in the Order are mandatory actions that you must fulfill some of which include:

- 1.) The costs in the amount of \$1500.00 are due by April 3, 2018.
- 2.) The 6 hours of CME related to family practice, boundary issues, and professionalism within the work place must be completed by December 4, 2018. Please keep in mind that the CME must be pre-approved so you must submit to me a synopsis of the CME well in advance of the due date.

Please contact me, in writing **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at [jarue@medboard.nv.gov](mailto:jarue@medboard.nv.gov). In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,

  
 Johanna LaRue, CMBI  
 Compliance Officer/Investigator  
 Nevada State Board of Medical Examiners  
 1105 Terminal Way, Suite 301  
 Reno, NV 89502  
 (775) 324-9377

**JORGE Y. BURGOS, M.D., P.C.**  
INTERNAL MEDICINE

December 11, 2017

Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

**RE: Jorge Burgos, MD**  
**Licensee No. CS12011**

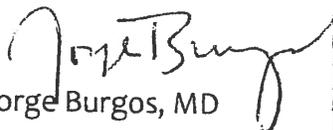
Dear Sir or Madam,

I regret to inform you that my medical license No. 10622 has been temporarily suspended by the Nevada State Board of Medical Examiners (NSBME).

This suspension is stipulated in the Settlement Agreement with the NSBME, Case No. 17-26547-1, for a period of four months, starting on December 1, 2017 and ending on April 1, 2018.

Should you need additional information, please do not hesitate to contact my Office at 702.227.0022 option 5 or myself at

Sincerely,

  
Jorge Burgos, MD

JB/nb

1815 E. Lake  
Tel

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:                  Nevada State Board of Pharmacy                  431 W. Plumb Lane                  Reno, NV 89509</p>		<p>B. Received by (Printed Name)                  Eric Mangas                  C. Date of Delivery                  12/14/17</p>	
<p>2. Article Number (Transfer from service label)                  7017 0530 0000 4715 7861</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>	

7017 0530 0000 4715 7861

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**RENO NV 89509 OFFICIAL USE**

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<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$6.59	
Sent To: Nevada State Board of Pharmacy Street and Apt. No., or PO Box No.: 431 W. Plumb Lane City, State, ZIP+4®: Reno, NV 89509		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



**9B**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: MEHRAN Middle: \_\_\_\_\_ Last: SALEK Degree: M.D.

Practice Name (if any): HENDERSON WELLNESS OB GYN

Nevada Address: 1592 W. WARM SPRINGS HENDERSON NV 89014 Suite #: 100  
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: N/A SS#: \_\_\_\_\_

E-mail address: holly@deserttreatment.com

City: HENDERSON State: NV Zip Code: 89014

Work Telephone: 702-933-5544 Date of Birth: \_\_\_\_\_

Fax: 702-992-9954 Sex:  M or  F

Practitioner License Number: 18493 Specialty: OB GYN

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<b>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?...</b>		<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 whether completed or pending in <u>any</u> state? ...	<input type="checkbox"/>	<input checked="" 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"/>	
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>			
Board Administrative Action:	State	Case #:	
Criminal Action:			

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician 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.

[Signature]  
Original Signature, no copies or stamps accepted.

1/8/19  
Date

Board Use Only: : Date Processed: \_\_\_\_\_ Amount: 80.00

**E-MAILED**  
jm 2/7

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509  
**CONTROLLED SUBSTANCE APPLICATION**  
**Registration Fee: \$80.00** (non-refundable money order only, no cash)

**(This application can not be used by PA's or APRN's)**

First: NEHRAN Middle: \_\_\_\_\_ Last: SALEK Degree: MD

Practice Name (if any): HENDERSON WELLNESS OB GYN

Nevada Address: 1552 W. WARM SPRINGS HENDERSON NV 89014 Suite #: 100  
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: N/A SS#: \_\_\_\_\_

E-mail address: holly@deserttreatment.com

City: HENDERSON State: NV Zip Code: 89014

Work Telephone: 702-933-5544 Date of Birth: \_\_\_\_\_

Fax: 702-992-9954 Sex:  M or  F

Practitioner License Number: 142490 Specialty: OB GYN

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<b>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?...</b>		<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 whether completed or pending in <u>any</u> state? .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>			
Board Administrative Action:	State	Case #:	
	<u>NV</u>	<u>A 520279</u>	
Criminal Action:	<u>None</u>		

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician 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.

[Signature]  
 Original Signature, no copies or stamps accepted.

2/27/19  
 Date

**Board Use Only :** Date Processed: \_\_\_\_\_ Amount: \_\_\_\_\_

## Summary of events

In December 2004 while working at my practice I received a disturbing phone call from Nevada medical Board of examiners. There was a letter from Dr. Nejad that claimed I had forged his signature and all my documents were false. The board claimed to have a witness too that had seen all the documents himself (However, no witness ever introduced). In a matter of minutes I had to stop working and everything that I have worked for my entire life came to holt. I have summarized the events since that event.

- 1- In late 2005 I traveled to Iran and went to University to obtain a copy of file. University and Dr. Nejad refused to cooperate with me. My request for receiving a copy of my file was rejected. As I was challenging Dr. Nejad and his office, they were accusing me that I have not graduated and they are pressing with their investigation. I had to ask the ministry of health for mediation. I asked for an investigation by the ministry of health and asked to receive a copy of my file and any documents or evidence from the university.
- 2- 2 months after my initial complaint to the ministry of health. The issue was discussed in front of a committee in the ministry of health however, because of a letter from Dr. Nejad and the university to the committee. The committee did not deliver on the issue and said that they could not interfere in internal issues of the university. My further objections did not receive any attention.
- 3- After initial rejection, I tried to take Dr. Nejad and University to criminal court for false accusations and withholding my documents. After several months, I was told that the matter does not belong to criminal court and no crime has been committed.
- 4- In mid 2006, due to lack of progress, I hired a lawyer and after discussion with him, I was told that I needed to take the university to administrative court and prove that I was a graduate of that university. I was also told that the court very rarely vote against a governmental institution. However, we decided to make the complaint to the only court that deals with irregularities inside the governmental institutions.
- 5- Administrative Court of Justice is a highest court in land that individuals can take their grievances against an official governmental entity. We presented our case with supporting documents from hospitals, individual doctors that knew me, official records that I had and much more to this court. The university on the other hand, postponed presenting any document whatsoever but submitted some incoherent letters from doctor Nejad repeating his claims without any evidence. The University made every attempt to postpone the case. They requested postponement three times as allowed by

law to provide more evidence against me but they never presented any evidence. At the end, the judge in the case and his two advisors ruled against the University and ruled that the medical degree to be conferred. The judge also ordered the file to be sent to the University's special committee to rectify the damage to my career.

- 6- The judgment of March 17, 2007 was not given to us till May 2007. With the explicit order of the court regarding the degree we took the decision back to the ministry of health. The ministry of health has a committee for special cases that convenes twice the year. This committee that includes the minister of health or his/her representative ruled in my favor on February 2008 and ordered the University to comply with court order.
- 7- The university did not comply with the court order or the ministry of the health. Dr. Nejad personally appeared in front of the ministry of health and warned that any change in this case irreversibly damage the credibility of the university. However after almost 2 years and many more meeting in the university and under pressure from the ministry of health. The New Dean of the university and a special committee decided to reissue my diploma. However, they recommended to ministry of health that I would be sent to few hospitals for evaluation of my skills since I had not practiced medicine for a few years.
- 8- I have passed all the evaluations set forth by the university. I also met many of current colleagues during that time which led to eventual hiring by the University of Tehran.
- 9- In February 2011, after 7 years of struggle, I received a reissued diploma.
- 10- I was the only teaching professor of Obstetrics and Gynecology that is been allowed to work in his field after the revolution. I am associate professor of Obstetrics and Gynecology in the University of Tehran.
- 11- After the review of all data and also several direct source verification, ECFMG restored my ECFMG certificate in a unanimous Board decision in 2013.
- 12- In 2016, I applied for Nevada license and appeared in front of the board in June 30<sup>th</sup>, 2018. It was decided that I take the SPEX test and appear in front of the board for a final decision in November meeting.
- 13- I took SPEX in October of 2018 and passed and subsequently and received my unrestricted license to practice medicine on December 5<sup>th</sup>, 2018.

Department of Justice  
Immigration and Naturalization Service

**Petition for Name Change**

UNITED STATES DISTRICT COURT, DISTRICT OF NEVADA, LAS VEGAS NEVADA

(NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 - 8 (Type or print clearly).

My full and correct name (current name):

1. MOHAMMAD HASSAN FANI SALEK  
(FIRST) (MIDDLE) (LAST)

2. Address: Crescent Meadows Ct Henderson, NV 89052  
(Number/Street) (City/State) (Zip Code)

3. Country of Nationality: Iran 4. Date of Birth: \_\_\_\_\_  
(Month) (Day) (Complete Year)

5. Alien Registration Card (Green Card) Number: \_\_\_\_\_

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

MEHRAN SALEK  
(FIRST) (MIDDLE) (LAST)

8. Date: 12/15/2005 Mohammad Hassan Fani-Salek  
Signature of Petitioner, (current name)

CERTIFICATION OF NAME CHANGE

**FEB 27 2006**

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON \_\_\_\_\_  
(Date)

LANCE S. WILSON

\_\_\_\_\_  
(Clerk)  
J. H. Barney  
(Deputy Clerk)

**IMPORTANT INFORMATION**

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.

ani-Salek, Mohammed H., M.D. | License No. 10888  
03/17/2006

The Nevada State Board of Medical Examiners entered a Findings of Fact, Conclusions of Law and Order whereby Dr. Fani-Salek was found guilty of violating NRS 630.304(1), i.e., for obtaining a license to practice medicine by fraud, misrepresentation or by false, misleading inaccurate or incomplete statements. The Board ordered that Dr. Fani-Salek's license to practice medicine in the state of Nevada be revoked, that he pay a fine in the amount of \$5,000.00 within ninety (90) days of the Order and that he pay \$10,645.54 for administrative costs due within ninety (90) days of the Order

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Only filed documents can be viewed. Some documents received in a case may not be available for viewing.

Some documents originating from a lower court, including records and appendices, may not be available for viewing.

For official records, please contact the Clerk of the Supreme Court of Nevada at (775) 684-1600.

Case Information: 48522

<b>Short Caption:</b>	FANI-SALEK VS. STATE, BD. OF MEDICAL EXAM'RS	<b>Court:</b>	Supreme Court
<b>Lower Court Case(s):</b>	Clark Co. - Eighth Judicial District - A520279	<b>Classification:</b>	Civil Appeal - Administrative Agency - General
<b>Disqualifications:</b>		<b>Case Status:</b>	Remittitur Issued/Case Closed
<b>Replacement:</b>		<b>Panel Assigned:</b>	Panel
<b>To SP/Judge:</b>	12/12/2006 / Shirinian, Ara	<b>SP Status:</b>	Completed
<b>Oral Argument:</b>		<b>Oral Argument Location:</b>	
<b>Submission Date:</b>	03/13/2008	<b>How Submitted:</b>	

Party Information

Docket Entries

Date	Type	Description	Pending?	Document
12/07/2006	Filing Fee	Filing Fee due.  Filed Certified Copy of Notice of Appeal/Settlement. Notice Re Settlement Conference Program and Suspension of Rules mailed to all counsel. (The requesting of transcripts and briefing are stayed pursuant to NRAP 16(a)(1). Docketing Statement Form mailed to counsel for appellant(s).)		
12/07/2006	Notice of Appeal Documents			06-25026
12/07/2006	Notice/Outgoing	Issued Notice to Pay Supreme Court Filing Fee. Due Date: 10 days		
12/08/2006	Filing Fee	Received Filing Fee Paid		

		on Filing. \$250.00 from Kolesar & Leatham, Chtd. - check no. 17117.	
12/12/2006	Settlement Notice	Issued Notice: Assignment to Settlement Program. Settlement Judge: Ara H. Shirinian.	
12/15/2006	Transcript Request	Filed Certificate of No Transcript Request.	06-25681
12/19/2006	Docketing Statement	Filed Docketing Statement.	06-25889
01/05/2007	Settlement Program Report	Filed ECAR/Appropriate for Settlement Program. This case is appropriate for mediation and a settlement conference will be scheduled.	07-00333
01/22/2007	Settlement Program Report	Filed Interim Settlement Program Report. The settlement conference is continued to the following date: March 15, 2007.	07-01626
03/26/2007	Settlement Program Report	Filed Interim Settlement Program Report. The settlement conference is continued to the following date: May 1, 2007.	07-06764
05/07/2007	Settlement Program Report	Filed Interim Settlement Program Report. The settlement conference is continued to the following date: July 13, 2007.	07-10116
07/20/2007	Settlement Notice	Issued Notice: Final Settlement Report.	07-15936
07/23/2007	Settlement Program Report	Filed Final Report/No Settlement. The parties were unable to agree to a settlement of this matter.	07-16001
07/27/2007	Settlement Order/Procedural	Filed Order: No Settlement/Briefing Reinstated. The parties were unable to agree to a settlement. Appellant: 15 days to request transcripts; 90 days to file and serve opening brief and appendix.	07-16584
09/10/2007	Brief	Filed Opening Brief.	07-19950
09/10/2007	Appendix	Filed Joint Appendix. Vols. 1 through 3.	07-19953
09/10/2007	Notice/Outgoing	Issued Notice to Request Transcripts.	07-19967
09/19/2007	Transcript Request	Filed Certificate of No Transcript Request.	07-20705
10/05/2007	Brief	Filed Answering Brief.	07-22052
10/22/2007	Brief	Filed Reply Brief.	07-23227
03/13/2008	Order/Procedural	Filed Order/Submit on Briefs. Cause appearing, oral argument will not be scheduled and this appeal shall stand submitted for decision to the Southern Nevada Panel as of the	08-06263

		date of this order on the briefs filed herein.	
03/13/2008	Case Status Update	Submitted for Decision.	
05/28/2008	Order/Dispositional	Filed Order of Affirmance. "ORDER the judgment of the district court AFFIRMED." [Copies have been distributed per the ccs listed on the order.] SNP08-JH/RP/MD.	08-13345
06/24/2008	Remittitur	Issued Remittitur.	08-13741
06/24/2008	Case Status Update	Remittitur Issued/Case Closed.	
07/02/2008	Remittitur	Filed Remittitur. Received by County Clerk on June 27, 2008.	08-13741

Combined Case View

KOLESAR & LEATHAM, CHTD.  
3320 West Sahara Avenue, Suite 380  
Las Vegas, Nevada 89102  
Tel: (702) 362-7800  
Fax: (702) 362-94

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Matthew T. Dushoff, Esq.  
Nevada Bar No. 004975  
KOLESAR & LEATHAM, CHTD.  
3320 W. Sahara Avenue, Suite 380  
Las Vegas, Nevada 89102  
Telephone: (702) 362-7800  
Attorneys for Petitioner  
Mohammad Hassan Fani-Salek, MD

FILED  
DEC 4 12 46 PM '06  
*Shelley E. Pungineer*  
CLERK

DISTRICT COURT  
CLARK COUNTY, NEVADA

FILED

MOHAMMAD HASSAN FANI-SALEK, MD,

Case No. A520279  
Dept. No. III

DEC 07 2006

Petitioner,

JANETTE M. BLOOM  
CLERK OF SUPREME COURT  
*J. Bloom*  
DEPUTY CLERK

vs.

No. 48522

NOTICE OF APPEAL

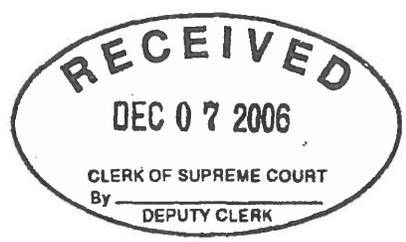
BOARD OF MEDICAL EXAMINERS OF  
THE STATE OF NEVADA; JAVAID  
ANWAR, MD; JEAN STOESS, MA; CINDY  
LAMERSON, MD; MARLENE J. KIRCH;  
BENJAMIN J. RODRIGUEZ, MD; and S.  
DANIEL MCBRIDE, MD,

Respondents.

Notice is hereby given that Mohammad Hassan Fani-Salek, MD, Petitioner above named, hereby appeals to the Supreme Court of Nevada from the Order Denying Petition for Judicial Review entered November 13, 2006, with the written Notice of Entry of Order served on November 21, 2006.

DATED this 1 day of December, 2006.

KOLESAR & LEATHAM, CHTD.



By *[Signature]*  
Matthew T. Dushoff, Esq.  
Nevada Bar No. 004975  
3320 W. Sahara Avenue, Suite 380  
Las Vegas, Nevada 89102  
Attorney for Petitioner  
Mohammad Hassan Fani-Salek, MD

06-25026

KOLESAR & LEATHAM, CHTD.  
3320 West Sahara Avenue, Suite 380  
Las Vegas, Nevada 89102  
Tel: (702) 362-7800  
Fax: (702) 362-94

1 ASTA  
2 Matthew T. Dushoff, Esq.  
3 Nevada Bar No. 004975  
4 KOLESAR & LEATHAM, CHTD.  
5 3320 W. Sahara Avenue, Suite 380  
6 Las Vegas, Nevada 89102  
7 Telephone: (702) 362-7800  
8 Attorneys for Petitioner  
9 Mohammad Hassan Fani-Salek, MD

FILED

DEC 4 12 46 PM '06

*Shelby E. Saugier*  
CLERK

DISTRICT COURT

CLARK COUNTY, NEVADA

9 MOHAMMAD HASSAN FANI-SALEK, MD,  
10  
11 Petitioner,

Case No. A520279  
Dept. No. III

12 vs.

CASE APPEAL STATEMENT

13 BOARD OF MEDICAL EXAMINERS OF  
14 THE STATE OF NEVADA; JAVAID  
15 ANWAR, MD; JEAN STOESS, MA; CINDY  
16 LAMERSON, MD; MARLENE J. KIRCH;  
17 BENJAMIN J. RODRIGUEZ, MD; and S.  
18 DANIEL MCBRIDE, MD,  
19 Respondents.

1. Name of appellant filing this Case Appeal Statement:  
Mohammad Hassan Fani-Salek, MD.

2. Identify the judge issuing the decision, judgment or order appealed from:  
Judge Douglas W. Herndon.

3. Identify all parties to the proceedings in the District Court:  
Mohammad Hassan Fani-Salek, MD; Board of Medical Examiners of the State of  
Nevada; Javaid Anwar, MD; Jean Stoess, MA; Cindy Lamerson, MD; Marlene J. Kirch;  
Benjamin J. Rodriguez, MD and S. Daniel McBride, MD.

4. Identify all parties involved in this appeal:  
Mohammad Hassan Fani-Salek, MD; Board of Medical Examiners of the State of

9. Indicate the date the proceedings commenced in the District Court:

April 11, 2006.

DATED this 1 day of December, 2006.

**KOLESAR & LEATHAM, CHTD.**

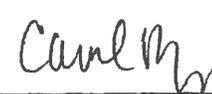
By

  
Matthew T. Dushoff, Esq.  
Nevada Bar No. 004975  
3320 W. Sahara Avenue, Suite 380  
Las Vegas, Nevada 89102  
Attorney for Petitioner  
Mohammad Hassan Fani-Salek, MD

**CERTIFICATE OF SERVICE BY MAIL**

I hereby certify that I am an employee of Kolesar & Leatham, Chtd., and that on the 1st day of December, 2006, I did cause to be served **CASE APPEAL STATEMENT** upon the parties listed, a true and correct copy of the foregoing by depositing same into the United States mail, first-class, postage prepaid, addressed as follows:

Nevada State Board of Medical Examiners  
Attn: Bonnie Brand, Esq.  
1105 Terminal Way, Suite 103  
Reno, NV 89502  
Attorney for Respondents

  
An Employee of Kolesar & Leatham, Chtd.

KOLESAR & LEATHAM, CHTD.

3320 West Sahara Avenue, Suite 380  
Las Vegas, Nevada 89102  
Tel: (702) 362-7800  
Fax: (702) 362-94

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DATE: 12/04/06  
CASE NO. 06-A-520279-J

## I N D E X

TIME 12:59 PM  
JUDGE: Herndon, Douglas W

Fani-Salek MD, Mohammad [ ] vs Nevada State Board Of Medical [E]

0001 P1 Mohammad Fani-Salek MD	004975 Dushoff, Matthew NO. 1 Goodman and Chesnoff 520 S Fourth Las Vegas, NV 89101
0002 D1 Nevada State Board Of Medical Examiners	003321 Brand, Bonnie S. NO. 1 3075 W. Plumb Lane Reno, NV 89509
0003 D Javaid Anwar MD	?????? ## UNKNOWN ##
0004 D Jean Stoess MA	?????? ## UNKNOWN ##
0005 D Cindy Lamerson MD	?????? ## UNKNOWN ##
0006 D Marlene J Kirch	?????? ## UNKNOWN ##
0007 D Benjamin J Rodriguez MD	?????? ## UNKNOWN ##
0008 D S D McBride MD	?????? ## UNKNOWN ##

NO.	FILED/REC	CODE	REASON/DESCRIPTION	FOR	OC	SCH/PER	C
0001	04/11/06	JUDR/JUDICIAL REVIEW	Fee \$148.00	0001			
0002	04/11/06	IAFD/INITIAL APPEARANCE FEE DISCLOSURE		0001			
0003	04/12/06	CERT/CERTIFICATE OF SERVICE BY MAIL		0002		04/12/06	
0004	04/20/06	STAT/STATEMENT OF INTENT TO PARTICPATE		AL			
0005	05/12/06	NOAS/DESIGNATION OF RECORD FOR JUDICIAL REVIEW		AL			
0006	06/19/06	BREF/PETITIONERS OPENING BRIEF		*D		06/19/06	
0007	07/19/06	BREF/RESPONDENTS ANSWERING BRIEF		AL			
0008	07/27/06	BREF/PETITIONERS REPLY BRIEF		0001			
0009	08/10/06	HEAR/HEARING: PETITION FOR JUDICIAL REVIEW/1		AL	DN	09/26/06	
0010	11/13/06	ORDR/ORDER DENYING PETITION FOR JUDICIAL REVIEW		AL		11/13/06	
0011	11/13/06	JMNT/ORDER DENYING JUDICIAL REVIEW		0001		11/15/06	
0012	11/22/06	NOTC/NOTICE OF ENTRY OF ORDER		AL		11/13/06	

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Nov 13 12 36 PM '06

*Shirley S. Ransjune*  
CLERK

DISTRICT COURT  
CLARK COUNTY, NEVADA

8 MOHAMMAD HASSAN FANI-SALEK, M.D.,  
9 Petitioner,

10 vs.

11 BOARD OF MEDICAL EXAMINERS OF THE  
12 STATE OF NEVADA; JAVAID ANWAR, MD;  
13 JEAN STOESS, MA; CINDY LAMERSON, MD;  
14 MARLENE J. KIRCH; BENJAMIN J. RODRIGUEZ, MD;  
15 and S. DANIEL MCBRIDE, MD,  
16 Respondents.

Case No. A520279  
Dept. No. 3

**ORDER DENYING  
PETITION FOR  
JUDICIAL REVIEW**

16 The above-entitled matter came on regularly for oral argument on September 26, 2006.

17 Petitioner was present in court with his counsel, Matthew T. Dushoff, Esq. Respondents were  
18 represented in court by Bonnie Brand, General Counsel. The Court, being fully advised in the  
19 premises, and having read all the briefs presented by both parties, makes the following findings and  
20 order:

21 Through the enforcement of mandatory statutory licensing requirements, Respondents are  
22 charged with protecting the public from unqualified physicians.

23 Respondents were faced with a reasonable indication that Petitioner had received his  
24 unrestricted Nevada license to practice medicine through fraud or misrepresentation in the application  
25 process.

26 Petitioner was given ample time within which to provide the required documentation showing  
his compliance with the legal requirements of licensing as a physician in Nevada, but was unable to do  
so.

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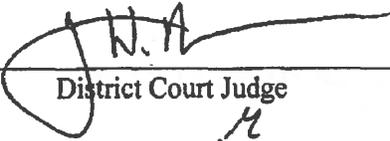
It was not improper for the Board to shift the burden of proof of qualification for licensure to the Petitioner.

The reliable, probative and substantial evidence shows that Petitioner was unable to provide the Board of Medical Examiners with adequate direct-source verification of the completion of his education at Shahid Beheshti Medical School in Iran.

There are no indications of error of law, unlawful procedure, abuse of discretion, or erroneous, arbitrary or capricious acts by Respondents. Therefore, this court must, and does, accept the evidence as found by Respondents.

THEREFORE, IT IS HEREBY ORDERED that the Petition for Judicial Review is denied.

Signed this 8<sup>th</sup> day of November 2006

  
District Court Judge  
M

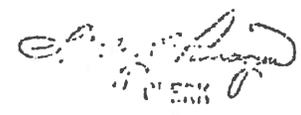
Order Submitted by:  
Bonnie Brand  
Nevada Bar Number 3321  
1105 Terminal Way, Suite 301  
Reno, Nevada 89502  
(775) 688-2559, ext. 247  
Attorney for Respondents  
Nevada State Board of Medical Examiners, et al.

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Bonnie Brand  
Nevada Bar Number 3321  
1105 Terminal Way, Suite 301  
Reno, Nevada 89502  
(775) 688-2559, ext. 247

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Attorney for Respondent  
Board of Medical Examiners of the State of Nevada

DISTRICT COURT  
CLARK COUNTY, NEVADA

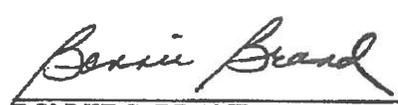
MOHAMMAD HASSAN FANI-SALEK, M.D.,  
Petitioner,  
vs.  
NEVADA STATE BOARD OF MEDICAL  
EXAMINERS,  
Respondent.

Case No. A520279  
Dept. No. 3

NOTICE OF ENTRY OF ORDER

Please take notice that on the 13<sup>th</sup> day of November 2006, the court entered an Order Dismissing  
Judicial Review in the above entitled matter. A copy of said Order is attached herewith.

Dated this 21<sup>st</sup> day of November 2006.

  
BONNIE S. BRAND  
Nevada Bar No. 3321  
General Counsel  
Nevada State Board of Medical Examiners  
P.O. Box 7238  
1105 Terminal Way, Suite 301  
Reno, Nevada 89510-7238  
Telephone: (775) 688-2559

Attorney for Respondent Nevada State  
Board of Medical Examiners

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**CERTIFICATE OF MAILING**

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I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 21<sup>st</sup> day of November 2006, I served a copy of the foregoing NOTICE OF ENTRY, by mailing a true copy by US Postal Service, to the following:

Matthew T. Dushoff, Esq  
Kolesar & Leatham, Chtd.  
3320 W. Sahara Avenue, Suite 380  
Las Vegas, Nevada 89102

Dated this 21<sup>st</sup> day of November 2006.



\_\_\_\_\_  
Angelia L. Donohoe  
Legal Assistant

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Nov 13 12 36 PM '06

*Shirley E. Thompson*  
CLERK

DISTRICT COURT

CLARK COUNTY, NEVADA

MOHAMMAD HASSAN FANI-SALEK, M.D.,

Petitioner,

vs.

BOARD OF MEDICAL EXAMINERS OF THE  
STATE OF NEVADA; JAVAID ANWAR, MD;  
JEAN STOESS, MA; CINDY LAMERSON, MD;  
MARLENE J. KIRCH; BENJAMIN J. RODRIGUEZ, MD;  
and S. DANIEL MCBRIDE, MD,

Respondents.

Case No. A520279  
Dept. No. 3

**ORDER DENYING  
PETITION FOR  
JUDICIAL REVIEW**

The above-entitled matter came on regularly for oral argument on September 26, 2006.

Petitioner was present in court with his counsel, Matthew T. Dushoff, Esq. Respondents were represented in court by Bonnie Brand, General Counsel. The Court, being fully advised in the premises, and having read all the briefs presented by both parties, makes the following findings and order:

Through the enforcement of mandatory statutory licensing requirements, Respondents are charged with protecting the public from unqualified physicians.

Respondents were faced with a reasonable indication that Petitioner had received his unrestricted Nevada license to practice medicine through fraud or misrepresentation in the application process.

Petitioner was given ample time within which to provide the required documentation showing his compliance with the legal requirements of licensing as a physician in Nevada, but was unable to do so.

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It was not improper for the Board to shift the burden of proof of qualification for licensure to the Petitioner.

The reliable, probative and substantial evidence shows that Petitioner was unable to provide the Board of Medical Examiners with adequate direct-source verification of the completion of his education at Shahid Beheshti Medical School in Iran.

There are no indications of error of law, unlawful procedure, abuse of discretion, or erroneous, arbitrary or capricious acts by Respondents. Therefore, this court must, and does, accept the evidence as found by Respondents.

THEREFORE, IT IS HEREBY ORDERED that the Petition for Judicial Review is denied.

Signed this 8 day of November 2006

DOUGLAS W. HERNDON

\_\_\_\_\_  
District Court Judge

Order Submitted by:

Bonnie Brand  
Nevada Bar Number 3321  
1105 Terminal Way, Suite 301  
Reno, Nevada 89502  
(775) 688-2559, ext. 247  
Attorney for Respondents  
Nevada State Board of Medical Examiners, et al.

## CIVIL COURT MINUTES

06-A-520279-J Fani-Salek MD, Mohammad vs Nevada State Board Of Medical

09/12/06 09:00 AM 00 HEARING: PETITION FOR JUDICIAL REVIEW/1

HEARD BY: Douglas W Herndon, Judge; Dept. 3

OFFICERS: Carol Green, Court Clerk

PARTIES: 0001 P1 Fani-Salek MD, Mohammad Y  
004975 Dushoff, Matthew Y

As counsel for the Nevada State Board of Medical Examiners was not present, COURT ORDERED, matter CONTINUED. Mr. Dushoff advised that he will send another notice to the State Board.

CONTINUED TO: 09/26/06 09:00 AM 01

09/26/06 09:00 AM 01 HEARING: PETITION FOR JUDICIAL REVIEW/1

HEARD BY: Douglas W Herndon, Judge; Dept. 3

OFFICERS: Carol Green, Court Clerk

PARTIES: 0001 P1 Fani-Salek MD, Mohammad Y  
0002 D1 Nevada State Board Of Medical Examiners N  
003321 Brand, Bonnie S. Y

Mr. Dushoff advised that they granted his license, then tried to shift the burden to Plaintiff to reprove his license. Stating that 630.348 applies, Mr. Dushoff argued the merits of motion, noting that verification was sent from school and transcripts were sent from school, but had stamps in Farsi. Mr. Brand argued that Plaintiff admitted that documents were provided by Plaintiff's father and that they did not receive anything directly from the school, noting that license was obtained, but it may have been obtained by fraud or misrepresentation. Further, Mr. Brand argued that they gave him a year to provide documentation, and he can reapply with proof to the Board that he graduated as proof of graduation which was submitted is not sufficient. Mr. Dushoff stated that is an absolute misrepresentation and Board and ECFMG requested documents directly from the school. Court stated that when a question is raised regarding the licensing of someone and whether it was done through fraud or misrepresentation, Court does not think it inappropriate for the Board to request additional information. Further, Court cannot disturb fact below and what was done below was proper according to the law. COURT ORDERED, Petition for Judicial Review is DENIED. Mr. Dushoff requested stay of \$10,000 fine. Court directed counsel to file appropriate motion.

eff: 9/1/96

**COUNTY CLERK'S OFFICE  
NOTICE OF DEFICIENCY  
ON APPEAL TO NEVADA SUPREME COURT**

**MATTHEW T. DUSHOFF, ESQ.  
3320 W. SAHARA AVE., SUITE 380  
LAS VEGAS, NV 89102**

**DATE: December 5, 2006**

**CASE: A520279**

**RE CASE: MOHAMMAD HASSAN FANI-SALEK, MD vs. BOARD OF  
MEDICAL EXAMINERS OF THE STATE OF NEVADA**

NOTICE OF APPEAL FILED: 12/04/06

RULE 3(e) DOCUMENTS TRANSMITTED: 12/05/06

RULE 3(e) DOCUMENTS **NOT** TRANSMITTED/MISSING:  
**\$250-SUPREME COURT FILING FEE**

**EXPLANATION OF POSSIBLE DEFICIENCIES:**

DOCUMENTS/FEES:	REFER TO:	PROCEDURE:
NOTICE OF APPEAL	NRAP 3(a)	\$24.00 District Court Filing Fee (if applicable).
CASE APPEAL STATEMENT	NRAP 3(a)(1)	<b>To be filed with Notice of Appeal:</b> Lists information necessary for docketing in the supreme court: district court case number; party names; counsel names; trial judge; whether trial or appellate counsel was appointed; whether appellant is proceeding in forma pauperis; date the proceedings commenced in the district court { <i>NRAP Form 2</i> }*.
COST ON APPEAL BOND	NRAP 7	<b>To be posted with Notice of Appeal</b> \$250 (Civil) {No Personal Checks}
\$250.00 FILING FEE	NRAP12 NRS 2.250	Check or money order payable to the Clerk of the Supreme Court for the docket filing fee. <b>Submit with Notice of Appeal*</b> .

\*Must be mailed directly to Supreme Court if not submitted at time of filing Notice of Appeal

# Certification of Copy

State of Nevada }  
County of Clark } SS:

I, Shirley B. Parraguirre, the duly elected, qualifying and acting Clerk of Clark County, in the State of Nevada, and Ex-Officio Clerk of the District Court, do hereby certify that the foregoing is a true, full and correct copy of the original.

NOTICE OF APPEAL; CASE APPEAL STATEMENT; DISTRICT COURT DOCKET ENTRIES; ORDER DENYING PETITION FOR JUDICIAL REVIEW; NOTICE OF ENTRY OF ORDER; DISTRICT COURT MINUTES; NOTICE OF DEFICIENCY

MOHAMMAD HASSAN FANI-SALEK, M.D., )

Plaintiff(s), )

vs. )

Case No: A520279

Dept No: III

BOARD OF MEDICAL EXAMINERS OF THE )

STATE OF NEVADA; JAVAID ANWAR, )

M.D.; JEAN STOESS, M.A.; CINDY )

LAMERSON, M.D.; MARLENE J. KIRCH; )

BENJAMIN J. RODRIGUEZ, M.D.; S. )

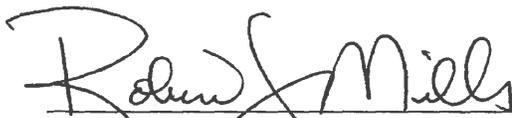
DANIEL MCBRIDE, M.D., )

Defendant(s), )

now on file and of record in this office.

**IN WITNESS THEREOF**, I have hereunto  
Set my hand and Affixed the seal of the  
Court at my office, Las Vegas, Nevada  
This 5 day of December 2006.

Shirley B. Parraguirre, Clark County Clerk

  
Robin J. Mills, Deputy Clerk

IN THE SUPREME COURT OF THE STATE OF NEVADA

MOHAMMAD HASSAN FANI-SALEK,  
 M.D.,  
 Appellant,  
 vs.  
 BOARD OF MEDICAL EXAMINERS OF  
 THE STATE OF NEVADA; JAVAID  
 ANWAR, M.D.; JEAN STOESS, MA;  
 CINDY LAMERSON, M.D.; MARLENE  
 J. KIRCH; BENJAMIN J. RODRIGUEZ,  
 M.D.; AND S. DANIEL MCBRIDE, M.D.,  
 Respondents.

No. 48522

**FILED**

MAY 28 2008

TRACIE K. LINDEMAN  
 CLERK OF SUPREME COURT  
 BY *[Signature]*  
 DEPUTY CLERK

ORDER OF AFFIRMANCE

This is an appeal from a district court order denying a petition for judicial review. Eighth Judicial District Court, Clark County; Douglas W. Herndon, Judge.

The parties are familiar with the facts, and we do not recount them except as pertinent to this disposition.

In this appeal, this court must determine whether respondent Board of Medical Examiners of the State of Nevada's decision to revoke appellant Doctor Mohammad Hassan Fani-Salek's license to practice medicine was arbitrary or capricious. We conclude that the Board's decision was not arbitrary or capricious because substantial evidence demonstrated that Dr. Fani-Salek's medical license was not lawfully acquired in the first place.

08-13345

“This court has previously noted that in reviewing an administrative decision, this court’s role is ‘identical to that of the district court.’”<sup>1</sup> We must “review the evidence presented to the agency in order to determine whether the agency’s decision was arbitrary or capricious and was thus an abuse of the agency’s discretion.”<sup>2</sup>

Dr. Fani-Salek argues that the Board’s decision to revoke his medical license was arbitrary or capricious, and thus, an abuse of discretion because the Board relied upon uncorroborated hearsay evidence. In Real Estate Division v. Jones, we concluded that the “revocation or suspension of a lawfully acquired license constitutes an abuse of discretion by the disciplining authority unless the record reflects support in the form of sufficient competent evidence. Uncorroborated hearsay evidence does not measure up to the required standard.”<sup>3</sup>

In this case, the Board’s decision to revoke Dr. Fani-Salek’s license was based largely upon several letters it received from Dr. Tabatabaei Nejad, the director of educational affairs and graduate studies at Shaheed Beheshti University of Medical Sciences and Health Services. Dr. Nejad’s letters suggest that Dr. Fani-Salek failed to complete his educational requirements and has acquired his Nevada medical license

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<sup>1</sup>Weaver v. State, Dep’t of Motor Vehicles, 121 Nev. 494, 498, 197 P.3d 193, 196 (2005) (quoting United Exposition Service Co. v. SIIS, 109 Nev. 421, 423, 851 P.2d 423, 424 (1993)).

<sup>2</sup>Id. (quoting United Exposition Service Co., 109 Nev. at 423, 851 P.2d at 424).

<sup>3</sup>98 Nev. 260, 264, 645 P.2d 1371, 1373 (1982) (citing Biegler v. Nevada Real Est. Div., 95 Nev. 691, 695, 601 P.2d 419, 422 (1979)).

through the use of false or misleading documents. Dr. Fani-Salek argues that Dr. Nejad's letters constitute uncorroborated hearsay evidence, and thus, the Board's reliance upon these letters, in revoking his medical license, was an abuse of discretion.

We need not address whether these letters constitute uncorroborated hearsay evidence because substantial evidence supports the Board's finding that Dr. Fani-Salek's medical license was not lawfully acquired in the first place. Under Nevada law, the revocation or suspension of a license constitutes an abuse of discretion only when the license was lawfully acquired.<sup>4</sup> In this case, Dr. Fani-Salek admitted to violating the Board's direct source verification policy by having his transcripts sent through his parents rather than directly from the medical school. In addition, Dr. Fani-Salek provided the Board with misleading information regarding his whereabouts from 1991 to 1995. Therefore, we conclude that there is substantial evidence in the record to support the Board's finding that Dr. Fani-Salek violated NRS 630.304(1) by acquiring his medical license through the use of false or misleading documents.<sup>5</sup> Accordingly, we conclude the decision to revoke Dr. Fani-Salek's license was not arbitrary or capricious.

---

<sup>4</sup>See *id.* (concluding that "revocation or suspension of a lawfully acquired license constitutes an abuse of discretion by the disciplining authority") (emphasis added); cf. *Schireson v. Shafer*, 47 A.2d 665, 667 (Pa. 1946) (concluding that "[t]he power of the state to require a license implies the power to revoke a license which has been improperly issued").

<sup>5</sup>See NRS 630.304(1).

Dr. Fani-Salek also argues that judicial review is warranted because the Board improperly shifted the burden of proof and required him to prove that he graduated from medical school.<sup>6</sup> The standards for revocation of a medical license state in pertinent part:

2. The Board shall not revoke a license . . . unless the Board finds by a preponderance of the evidence that the licensee committed a material violation of:

(a) Any provision of NRS 630.161 or 630.301 to 630.3065, inclusive; or

(b) Any condition, restriction or limitation imposed on the license.<sup>7</sup>

Specifically, NRS 630.165(5) provides that “[t]he applicant bears the burden of proving and documenting his qualifications for licensure.”<sup>8</sup> In this case, the Board was concerned with the documents and affidavits submitted by Dr. Fani-Salek supporting his application for licensure. Therefore, we conclude that the Board did not improperly shift the burden of proof because the initial burden was on Dr. Fani-Salek to authenticate his documentation and qualifications for licensure.<sup>9</sup> This he failed to do. Accordingly we,

---

<sup>6</sup>See NRS 630.348.

<sup>7</sup>NRS 630.348(2).

<sup>8</sup>NRS 630.165(5).

<sup>9</sup>Id.

ORDER the judgment of the district court AFFIRMED.

Hardesty, J.  
Hardesty

Parraguirre, J.  
Parraguirre

Douglas, J.  
Douglas

cc: Hon. Douglas W. Herndon, District Judge  
Ara H. Shirinian, Settlement Judge  
Kolesar & Leatham, Chtd.  
Bonnie S. Brand  
Eighth District Court Clerk

**NEVADA STATE BOARD OF MEDICAL EXAMINERS**

9600 Gateway Drive  
Reno, NV 89521

Rachakonda D. Prabhu, M.D.  
*Board President*



Edward O. Cousineau, J.D.  
*Executive Director*

**\* \* \* MINUTES \* \* \***

**OPEN SESSION BOARD MEETING**

Held in the Conference Room at the Offices of the  
Nevada State Board of Medical Examiners  
9600 Gateway Drive, Reno, Nevada 89521

and Videoconferenced to

the Conference Room at the Offices of the Nevada State Board  
of Medical Examiners/Nevada State Board of Dental Examiners  
6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118

*FRIDAY, JUNE 1, 2018 – 8:30 a.m.*

*Board Members Present*

Rachakonda D. Prabhu, M.D., President  
Wayne Hardwick, M.D., Vice President  
Mr. M. Neil Duxbury, Secretary-Treasurer  
Ms. Sandy Peltyn  
Victor M. Muro, M.D.  
Ms. April Mastroluca  
Aury Nagy, M.D.  
Michael C. Edwards, M.D., FACS  
Weldon Havins, M.D., J.D.

*Board Members Absent*

None

Telephone 775-688-2559 • Fax 775-688-2321 • [www.medboard.nv.gov](http://www.medboard.nv.gov) • [nsbme@medboard.nv.gov](mailto:nsbme@medboard.nv.gov)

Dr. Hardacre explained that she had appeared before the Board a year ago, seeking a medical license after taking a few years off, and presented a preceptorship plan, which the Board approved, to practice for a year under Dr. Hutson's guidance. That has been completed, so she was requesting that the condition be removed so she would have a true active license in the state of Nevada.

Dr. Hutson said they had practiced together over the last year, and she couldn't think of anyone she would rather be in practice with than Dr. Hardacre. Their practice is set up as a gynecology and urogynecology practice. Dr. Hutson focuses mostly on doing minimally-invasive surgery and in-office procedures, and brought Dr. Hardacre on to see new patients as consults coming in, and then she would operate on them. So Dr. Hardacre is doing in-office clinic gynecology, and Dr. Hutson does the surgery part of it, as well as some office gynecology. The practice model has worked amazingly well and has been very successful. Patients love Dr. Hardacre; Dr. Hutson loves practicing with her and has learned so much from her. Dr. Hutson said she thinks a year preceptorship was too much as far as determining whether Dr. Hardacre is ready to see patients and is doing a good job at what she is doing. She gives Dr. Hardacre a 12 out of 10 rating and asked that the Board lift her conditions because she is doing a fantastic job and she thinks the state of Nevada is lucky to have her.

Dr. Hardwick asked if it was correct that the preceptorship was originally for 12 months, but they wanted to end the preceptorship at 9 months. Dr. Hutson stated it was.

Ms. Mastroluca asked what Dr. Hardacre's future plans were.

Dr. Hardacre said she planned to continue working with Dr. Hutson.

Ms. Daniels complimented Dr. Hutson regarding the timeliness and thoroughness of her reports.

Dr. Hardwick moved that the Board lift the condition on Dr. Hardacre's license and complete the preceptorship at this point. Dr. Nagy seconded the motion, and it passed unanimously.

#### Agenda Item 8

#### CONSIDERATION OF REQUEST OF MEHRAN SALEK, M.D., FKA MOHAMMAD FANI-SALEK, M.D., FOR REMOVAL OF THE "REVOKED" LICENSURE STATUS ON HIS MEDICAL LICENSE AND AUTHORIZING THE BOARD TO PROCESS HIS CURRENTLY PENDING APPLICATION FOR LICENSURE

Maria Nutile, Esq. appeared with Dr. Salek as his legal counsel.

Ms. Nutile stated that even though the agenda item said "removal of the revoked licensure status," they really didn't have any hope for that; what they were looking for was a pathway for Dr. Salek to be able to reapply again to the Board. She said she had been involved in the case for 14 years, and then provided background regarding the matter, including the following. Dr. Salek completed his education in Iran, then residency training first in New York and then in Nevada, and was granted an unrestricted license to practice medicine in Nevada in 2004. He had been practicing for about 6 months when he was notified the Board had received letters from a Dr. Nejad in Iran with allegations he hadn't completed his medical training.

Ms. Nutile explained that Dr. Salek had completed his schooling. However, in Iran, after that, you are required to work for the Iranian government for a period of time from 3 to 5 years.

Dr. Salek only worked for a year and a half because if you don't want to work the rest of the time, you can pay the University, which he did. Eventually, he made his way to the U.S., where he finished residency and obtained his medical license. Ms. Nutile said she spoke with Bonnie Brand, General Counsel for at the Board at the time, who said the Board had received the letters and didn't want Dr. Salek to practice. Ms. Nutile advised Dr. Salek not to practice, and he agreed he would not do so. Ms. Brand said the Board would allow Dr. Salek get something to show that he graduated, even though he already had the certificates from the Educational Commission for Foreign Medical Graduates (ECFMG), and such. Relations between the U.S. and Iran were strained, and to this day, are strained. Someone contacted the Board and said he/she would go to Iran and talk to Dr. Nejad, and apparently did so. However, the name of that person was never disclosed to Dr. Salek, and that person never testified at the Board hearing. Ms. Nutile then read excerpts from Synopsis of the hearing officer who presided over the hearing, which included that he found "respondent's argument that Iran and the United States do not have the best relationship believable," "and therefore believable that Iran/Dr. Nejad may not be credible, especially since respondent was to provide medical services for some period in Iran after his graduation; respondent testified he did not fulfill this obligation." Ms. Nutile said additionally, the hearing officer found to be credible the declaration provided in support of Dr. Salek from an Arizona physician who had gone to the same school as Dr. Salek and graduated with him. However, that physician was not at the hearing. Ultimately, the hearing officer left the decision to the Board's discretion. The Board revoked Dr. Salek's license in 2005. Ms. Nutile said they realize the Board had the discretion to revoke Dr. Salek's license, but they believe there were other reasons. One was the President of the Board at that time was an OB/GYN with whom Dr. Salek had done a rotation at UMC, and they did not have the best relationship. He tried to get Dr. Salek ousted from the program because his work visa had expired. Dr. Salek appealed to the Nevada Supreme Court in 2006, and the Nevada Supreme Court upheld the Board's decision.

Ms. Nutile explained that the Ministry of Health in Iran investigated the matter of Dr. Salek's educational documents, but to complete its investigation, it needed Dr. Salek's file from the University, and the University, specifically Dr. Nejad, refused to release the file. Dr. Salek sued the University and, in 2007, the court ordered the University to turn over the file. It took until 2010 for the Ministry of Health to get the file, and in 2011, Dr. Salek's diploma was conferred. Dr. Salek was hired by the University of Tehran as an Associate Professor of OB/GYN and taught residents. At the same time, he started his private practice in Iran. In 2015, he stopped working at the University and continued solely with his private practice.

Ms. Nutile stated that in 2006, ECFMG revoked Dr. Salek's certificate due to the Board's action. After his diploma was issued and he obtained his license in Iran, Dr. Salek went to the ECFMG. The ECFMG held a hearing and rescinded the revocation, meaning that his certificate from 1999 still stands. Dr. Salek tried to reapply for a license in Nevada; however, due to changes in the regulation in 2007 regarding Step 3 of the United States Medical Licensing Examination (USLME), Dr. Salek no longer meets the criteria to do so.

Mr. Cousineau explained the regulation allows 3 attempts to pass Step 3 and Dr. Salek took it 5 times, and that is why staff did not believe Dr. Salek was eligible for licensure.

Ms. Nutile said technically on its face, Dr. Salek wasn't eligible; however, at the time he took Step 3 of the USMLE, he would have had no way of knowing that if he took it 4 times, rather than 3, he wouldn't be able to apply to a particular state, and had his license not been revoked, he wouldn't be in this situation. She said he has tried to obtain a license in other states and the revocation in Nevada was an issue.

Ms. Nutile read NRS 630.160(2)(c), regarding examinations which provide eligibility for licensure, and stated the first two are no longer available, so there really was no other pathway. She said if you hold a license in another state, the number of times you take Step 3 of the USMLE doesn't matter because you can get a license by endorsement, but if you hold a license in another country, you can't apply for licensure by endorsement. So they were asking for some combination to be put together for a pathway for Dr. Salek to reapply. She said they think the whole purpose behind the number of times someone takes the USMLE is to show competency, and Dr. Salek could show his clinical competency. He has been practicing for the last 7 years and taught for 3 or 4 of those years as an associate professor.

Mr. Cousineau said he wanted the Board to understand that what they were referring to relates specifically to subsection (3) of NRS 630.160(2)(c), the USMLE requirement. He said based on statute and regulation, there is no legal way to give Dr. Salek an opportunity to obtain licensure other than to allow Dr. Salek to sit for the SPEX examination, and the Board has to sponsor an individual to sit for that examination.

Ms. Nutile said she would not concede there is no legal way because she thinks the statute trumps the regulation and the Board has discretion; however, Dr. Salek would be very willing to demonstrate his competency by sitting for the SPEX examination; he is not opposed to that.

Discussion ensued regarding whether it would be appropriate for the Board to rescind revocation of Dr. Salek's license.

Mr. Cousineau asked Dr. Salek whether he would be able to sit for his ABMS boards with a revocation, and Dr. Salek said he could.

Mr. Cousineau asked whether, if Dr. Salek took the SPEX examination and received his license in Nevada, he would be willing to not practice medicine until he passed his ABMS Boards.

Dr. Salek stated the ABMS would be next year.

Discussion ensued regarding how the Board should proceed.

Dr. Muro moved that the Board sponsor Dr. Salek to sit for the SPEX examination. Dr. Hardwick seconded the motion.

Mr. Cousineau stated that Dr. Salek would have to come back before the Board after that.

Ms. Nutile said they understood that.

A vote was taken on the motion, and it passed unanimously.

#### Agenda Item 9

#### CONSIDERATION OF RECOMMENDATIONS FROM THE NEVADA STATE BOARD OF MEDICAL EXAMINERS RI00-17 SUBCOMMITTEE REGARDING PROPOSED REGULATION RI00-17 AND TO CLARIFY IMPLEMENTATION OF ASSEMBLY BILL 474 (2017)

Ms. Mehta explained that the Board approved formation of a subcommittee with respect to the disciplinary regulation the Board was required to implement under AB 474 regarding prescription of controlled substances. There was a lot of concern voiced by licensees regarding ambiguity in the law and being required to answer for failure to comply when there were so many

**9C**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: David Middle: James Last: Smith Degree: MD

Practice Name (if any): Neuropathy and Pain Centers of America

Nevada Address: 8084 W. Sahara Ave Ste B Suite #: B

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: Las Vegas, Nevada 89117 SS#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_ .com

City: Las Vegas State: NV Zip Code: 89117

Work Telephone: 702 257 7246 Date of Birth: \_\_\_\_\_

Fax: 702 586 2071 Sex:  M or  F

Practitioner License Number: 17853 Specialty: Interventional Pain

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

		Yes	No
<b>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?...</b>		<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 whether completed or pending in <u>any</u> state? .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>			
Board Administrative Action:	State	Case #:	
	<u>CA</u>	<u>ACCUSATION</u>	
Criminal Action:		<u>800-2015-013651</u>	

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician 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.

David J. Smith  
Original Signature, no copies or stamps accepted.

12/10/18  
Date

Board Use Only : Date Processed: \_\_\_\_\_ Amount: 80.00

103567



## NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

### Licensee Details

#### Person Information

Name: David James SMITH  
 3703  
 Address: Camino Del Rio South Ste. 210  
 San Diego CA 92108  
 Phone: 6196405555

#### License Information

License Type: Medical Doctor  
 License Number: 17853 Status: Active  
 Issue Date: 4/16/2018 Expiration Date: 6/30/2019

### Scope of Practice

Scope of Practice: Physical Medicine / Rehab

### Education & Training

School: Northwestern University SOM / Chicago, IL  
 Medical  
 Degree\Certificate: Doctor Degree  
 Date Enrolled:  
 Date Graduated: 3/25/1988  
 Scope of Practice:

School: Univ of California VA Med Ctr / Los Angeles, CA  
 Degree\Certificate: Internship  
 Date Enrolled: 6/24/1988  
 Date Graduated: 6/23/1989  
 Scope of Practice: Internal Medicine

School: Univ of California VA Med Ctr / Los Angeles, CA  
 Degree\Certificate: Residency  
 Date Enrolled: 7/1/1989  
 Date Graduated: 6/30/1992  
 Scope of Practice: Physical Med/Rehab

School: Physical Med/Rehab  
 Degree\Certificate: American Board  
 Date Enrolled:  
 Date Graduated: 5/19/1993  
 Scope of Practice: Physical Med/Rehab

School: Physical Med/Rehab  
 Degree\Certificate: Am Bd Recertification  
 Date Enrolled:  
 Date Graduated: 7/1/2003  
 Scope of Practice: Physical Med/Rehab

School: Physical Med/Rehab  
 Degree\Certificate: Am Bd Recertification  
 Date Enrolled:  
 Date Graduated: 7/1/2013  
 Scope of Practice: Physical Med/Rehab

CURRENT EMPLOYMENT  
 STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND  
 MALPRACTICE INFORMATION

NONE

Board Actions

NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

**EXPLANATION CONCERNING ACCUSATION  
DAVID J. SMITH, M.D.**

On April 27, 2018, the Medical Board of California (“MBC”) filed an Accusation against my California license to practice medicine in connection with three patients. The allegations of the Accusation and my explanation of the care provided follow.

**Patient L.T.**

**MBC Allegations.** The MBC received a complaint that Patient L.T. died on April 19, 2015, of a drug overdose and the complaining party (the patient’s ex-wife who is also a physician) believed that Dr. Smith prescribed too many pain medications. The case was reviewed by two experts on behalf of the MBC. *One expert opined that there were no departures from the standard of care.* So the MBC engaged another expert. That expert was critical of my office’s chart notes which had some errors resulting from repopulation of data. Some notes were missing from five years ago because of a transition of EMR. The MBC provided an autopsy report that identified the patient’s cause of death was “mixed medication intoxication (fentanyl, oxycodone, oxymorphone, and diazepam)”.

**My Response.** I treated Patient L.T. over ten years in connection with chronic pain resulting from a back injury which occurred in his work as a firefighter. I offered the patient multimodal treatment, including referrals for surgery and depression. However, the patient was managed medically with medication.

I attempted to obtain help for this patient when he showed signs of abuse of his medications and, as a means of managing the risk he presented, transitioned him from his medications to a Butrans patch which has a safer side effect profile than other opioids. I discharged Patient L.T. after repeated violations of his opioid agreement, some of which were detected by the appropriate use of random, compliance laboratory testing.

With respect to the medications found in the patient at the time of his death, they were prescribed by physicians at the Veteran’s Administration facility where he was being treated 16 months after his discharge from my care.

**Patient B.H.**

**MBC Allegations.** The MBC received a complaint from a hospitalist during the patient’s in-patient admission for treatment of a condition unrelated to my care concerning management of Patient B.H.’s intrathecal pain pump. The Accusation filed by the MBC generally alleges that the concentrations of medication in the pain pump were excessive or that the pump was otherwise inappropriately managed.

**My Response.** I have been treating Patient B.H. for a number of years and she is supportive and grateful for my care. With her treatment, her function has improved with management of her chronic pain. She has had no adverse consequences of any kind from her treatment.

The MBC focus on the management of the patient's intrathecal pain pump is misplaced and based upon a lack of understanding of the application of intrathecal pain pumps for pain control. Apparently, both the complainant and the MBC are unaware that the Medtronic intrathecal pain pump used by me contained three medications used in combination to control Patient B.H.'s pain. The complainant attempted, without properly consulting me, to fill the patient's pain pump and he appears to have believed that because of his failure to consult me and to properly analyze the concentrations of medication in the patient's pump he may have improperly dosed the patient. The complaint should have either engaged me so that I could manage the patient's pump or should have at least spoken to me at length concerning the contents of the pump and how to properly fill it.

### **Patient M.K.**

**MBC Allegations.** The MBC alleges that I prescribed excessive numbers of drugs, failed to document review of systems, failed to include a well-defined chief complaint, failed to accurately report information concerning prescribed medication, and failed to check CURES for patient drug compliance. The patient died from a drug overdose.

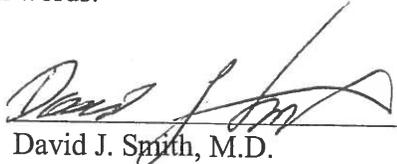
**My Response.** I began treating Patient M.K. in January of 2010 for consequences of a work injury and continued caring for her until 2012. During that time, I consistently checked CURES, as the the routine in my practice, and performed randomized drug tests. I am perplexed by the MBC allegations because they run counter to what is clearly documented in the patient chart and otherwise. A review of the CURES reports for the time in which I treated the patient show that she was only receiving controlled substances from me consistent with her opioid contract. The patient's complex history and chief complaints were amply noted in the chart patient.

Simultaneous with my care (largely because of the vocational nature of the injuries that caused her pain complaints), the patient was treated by a number of other physicians and healthcare professionals. Among others, the patient was evaluated by a psychologist and three orthopedic surgeons (including one who was her primary treating physician). The patient was also independently evaluated by another pain management physician as a part of an Agreed Medical Evaluation.

We attempted a number of non-prescription drug modalities to control the patient's use of opioids to control her pain. We attempted epidurals and considered a spinal cord stimulator. The patient was obese and I consistently recommended weight loss, including evaluation of weight loss surgery. Requests for intensive psychotherapy were denied by her insurer, although she did have some brief psychological care. During my care, the patient underwent a lumbar spine fusion.

I have read the foregoing narrative and agree that the contents of the "FACTS" section stated above are provided in my own words.

DATE: \_\_\_December 12, 2018\_

  
\_\_\_\_\_  
David J. Smith, M.D.



The Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815



**PHYSICIAN AND SURGEON**  
CERTIFICATE NO. **G66777** EXPIRATION **01/31/2019**

**DAVID JAMES SMITH**  
# **210**  
**3703 CAMINO DEL RIO SOUTH**  
**SAN DIEGO CA 92108**

ORIGINAL  
ISSUANCE DATE  
**08/21/1989**

RECEIPT NO.  
**100023954**

DAVID JAMES SMITH  
#210  
3703 CAMINO DEL RIO SOUTH  
SAN DIEGO CA 92108

categories of public and disciplinary information on licensees, including links to other informational Web sites. This information is updated on a regular basis. The Board's Web site can be accessed on the Internet at [www.mbc.ca.gov](http://www.mbc.ca.gov)

## as your Address of Record changed?

Your address changes prior to your next renewal, please be sure to inform the Board in writing of your new address. California law requires that you report your address change to the Board within 30 days of the change. If your address of record you wish to report is a post office box (PO Box), the law requires that you provide a (separate) mailing address. The timely reporting of your change of address to the Board ensures that any correspondence and mailings to you, such as your next renewal notice, continue uninterrupted. Change of Address forms can be downloaded from the Board's Web site under Forms/Publications or at [www.mbc.ca.gov/forms-pubs.html](http://www.mbc.ca.gov/forms-pubs.html).

The Board is required to provide the address of record of its licensees to anyone who may inquire. You should carefully consider the address of record provided, as you may wish to utilize a home or office address or may choose:

A post office box as the address of record to be listed for public information; however, a (separate) street address must also be provided to the Board which will be regarded as a confidential address; **OR,**  
Your employer's address, billing address or the address of a family member or friend. Please ensure that you receive permission from the appropriate party for the use of an address other than your own.

Are is your new pocket certificate.

Please carry it with you at all times.

If you have any problems or questions regarding your certificate, please contact

The Medical Board of California at:

05 Evergreen Street, Suite 1200  
Sacramento, CA 95815

(16) 263-2382 (800) 633-2322



The Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815



**PHYSICIAN AND SURGEON**

CERTIFICATE NO. G66777  
DAVID JAMES SMITH  
#210  
EXPIRATION 01/31/2019

3703 CAMINO DEL RIO SOUTH  
SAN DIEGO CA 92108

Please

ORIGINAL  
ISSUANCE DATE  
08/21/1989

RECEIPT NO.  
100023954

ON

**10**

**10A**



# Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

E-mail: pedwards@pharmacy.nv.gov • Web Page: bop.nv.gov

March 14, 2019

**BY CERTIFIED MAIL AND ELECTRONIC MAIL**

Markey Donnell Wilson, P.A.

6070 S. Ft. Apache Rd. #100

Las Vegas, NV 89148

9171 9690 0935 0157 5495 03

Re: **CEASE AND DESIST ORDER: Prescribing Without a Current Registration**

Dear Ms. Wilson,

It has come to the attention of the Nevada State Board of Pharmacy (Board) that your Nevada Physician's Assistant – Prescribe Registration, Certificate of Registration No. PA00655, expired on October 31, 2018, and was not renewed. The Board has information to show that even though you do not have a current registration with the Board, you have continued to prescribe controlled substances and dangerous drugs. Prescribing any prescription medication without a current registration is unlawful under various federal and state statutes, including NRS 639.1373 and NRS 453.226 through 453.232.

The Board therefore orders you, pursuant to NRS 639.2895(1), to CEASE and DESIST the unlicensed practice of prescribing controlled substances and dangerous drugs immediately. You may not prescribe any prescription medication until your prescribing registration is active and in good standing.

Please be aware that this Cease and Desist Order does not take the place of formal discipline for unlawful prescribing or a hearing before the Board to determine whether it will renew your registration. A hearing on that matter will be scheduled once you submit an application to renew your registration.

Feel free to contact me if you have questions at (775) 850-1440.

Best regards,

S. Paul Edwards

General Counsel

Nevada State Board of Pharmacy

Cc: J. David Wuest, Executive Secretary of the Nevada Board of Pharmacy

### Renewal Application Controlled Substance

Application Fee : \$80.00  
Convenience Fee : \$6.00  
License Number : CS12316  
License Type : Controlled Substance  
New Expiration Date : 10/31/2020

#### Personal Information

First Name :

Middle (initial only) :  Last Name :

License # :

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

#### Practice Address :

Name/Practice Name/DBA :

Military Address :

Street :

Country :

City :  State :  Zip :

Practice Phone :  Practice Fax :

Email Address :

**Legal Information**

1. Since your last renewal or recent licensure have you 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?  Yes  No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?  Yes  No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?  Yes  No
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?  Yes  No

Pending administrative action with the Board of Pharmacy in Nevada due to an oversight in renewing my license.

Document Name	Document Type	Date	Link	Action
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**No Record Found**

Document Name :  Document Type :

Document : 

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

**Board Administrative Action :**

State :  Date :

Case # :

**Criminal Action :**

State :  Date :

Case # :

County :  Court :

**Acknowledgement and Declaration**

By signing and submitting this renewal application, I certify that, 1 My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature :  Date Of Application :

*Please type only the First and Last Name that are listed at the top of the page*

**Fee Detail(s)**

**The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.**

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	\$80.00
	Convenience Fee	\$6.00
	Late Fee	\$40.00
	<b>Total :</b>	<b>\$126.00</b>

Fee and Payment

Payment Method : Credit / Debit Card ▼

Application Fees : 80

Convenience Fee : 6

Late Fees : 40

Reference Number : 61619429486

InvoiceDate : 03/15/2019

**Paid**

Pay & Submit

**10B**

Documentation for this agenda item will be provided at a later date.

**11**

# Pharmacy Board

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**From:** Ashley Isom <  
**Sent:** Friday, March 08, 2019 5:25 PM  
**To:** Shirley Hunting; Pharmacy Board  
**Subject:** Request to be on agenda for April Board meeting in Las Vegas

To whom it may concern,

I request to be on agenda for the April NV Pharmacy Board meeting in Las Vegas to negotiate the terms of my PRN-PRN contract. I would like allowance to participate as a pharmacist in charge or managing pharmacist.

Pha  
Opportunities have been put before me to advance my career. I am ready for this role.

For  
I have been free from substances since Nov 14, 2015. Since then, I have been attending 12 step meetings at least 3 times a week, plus PRN counseling with Larry Espadero. Larry gives me a positive reference and appears before the board in person to answer any questions. I work closely with my sponsor and am active in all groups and counseling. I also am very active in my church and church callings. I tested negative for all random drug tests, about 2 monthly. I am ready to work as a managing pharmacist and hope to have my PRN-PRN contract adjusted to allow for that.

I req  
To explain the first opportunity, I was approached by Vilma Afante, COO of Clark County Medical Group, to be PIC of a pharmacy she, Mark Yu, and Ferdinand Dalope plan to open. All of the above mentioned know details about my being in the PRN program and support the board's decision to change PRN contract restrictions to allow for me to be PIC.

Thank you for your consideration,

post  
Ashley Isom PharmD



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

April 18, 2017

**U.S. MAIL AND ELECTRONIC MAIL**

Ashley Isom  
 1700 Sobb Ave.  
 Las Vegas, NV 89118

**RE: Notice of Reinstatement of Nevada Pharmacist License**

Dear Ms. Isom,

You are aware that on April 12, 2017, the Nevada State Board of Pharmacy (Board) heard your Petition for Reinstatement of your Nevada Pharmacist License, Certificate of Registration No. 17655. The Board granted your petition and voted to reinstate your license on the following conditions:

1. You will remain under contract with PRN-PRN (Larry Espedero) for a period of three (3) years from the date of the Board's approval of your petition (April 12, 2017).
2. You must remain in compliance with your PRN-PRN contract during that period.
3. As part of your participation in PRN-PRN, you:
  - a. May not work as a managing pharmacist or pharmacist in charge (PIC) during the three-year period mentioned above.
  - b. May not work more than ninety (90) hours in any two-week pay period.
  - c. Will continue to participate in random drug testing as required by PRN-PRN.

Congratulations on reaching this important step in your recover. Contact me if you have questions.

Best regards,

S. Paul Edwards  
 General Counsel  
 Nevada State Board of Pharmacy

**FILED**

**FEB 04 2016**

**NEVADA STATE BOARD OF PHARMACY**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 15-074-RPH-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>FINDINGS OF FACT,</b>
	)	<b>CONCLUSIONS OF LAW AND</b>
<b>ASHLEY ISOM, R.PH.</b>	)	<b>ORDER</b>
<b>Certificate of Registration No. 17655,</b>	)	
	)	
<b>Respondent.</b>	/	

---

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, January 13, 2016, in Las Vegas, Nevada. S. Paul Edwards, Esq., appeared before the Board in his capacity as its General Counsel. Respondent Ashley Isom, R.Ph. (Ms. Isom), Certificate of Registration No. 17655, responded to the Accusation, and appeared without counsel at the hearing. Based on the evidence presented, the Board issues the following Findings of Fact, Conclusions of Law and Order.

**FINDINGS OF FACT**

1. In December 2015, Board Staff received notification from the CVS Health Director of Regulatory Affairs (CVS) indicating that Ms. Isom diverted controlled substances and dangerous drugs during her employment at CVS Pharmacy #157.
2. During an interview conducted by a CVS Regional Loss Protection Manager, and in a written statement, Ms. Isom admitted to diverting small amounts of controlled substances and dangerous drugs.
3. In a subsequent written statement, Ms. Isom stated that she diverted the drugs for personal use to relieve the stress in her life.

4. Ms. Isom further admitted through testimony at the hearing to the allegations in the Accusation.

5. These findings are supported by exhibits and testimony presented to the Board at the hearing, and which the Board admitted into evidence.

**CONCLUSIONS OF LAW**

6. The Board has jurisdiction over this matter because Respondent Ashley Isom, R.Ph. (Ms. Isom), Certificate of Registration No. 17655, was a registered pharmacist with the Board at the time of the events alleged herein.

7. By diverting controlled substances, as alleged in the Accusation, and as stated in the findings above, Ms. Isom violated NRS 453.336(1), as well as NAC 639.945(1)(h).

8. Those violations are grounds for action pursuant to NRS 639.210(1), (4), and (11), as well as NRS 639.255.

**THEREFORE, THE BOARD HEREBY ORDERS:**

9. The registration of Respondent Ashley Isom, R.Ph. (Ms. Isom), Certificate of Registration No. 17655, is hereby revoked effective immediately.

10. Ms. Isom may not work in any facility licensed by the Board, including a pharmacy, in any capacity, unless and until she has applied to the Board for reinstatement and the Board reinstates her registration.

//

//

//

//

11. In the event Ms. Isom applies for reinstatement, or for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application and the facts and circumstances underlying this matter.

Signed this 4 day of February, 2016.



---

Leo Basch, President  
Nevada State Board of Pharmacy

**12**



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March 11, 2019

S. Paul Edwards, Esq. General Counsel  
Nevada Board of Pharmacy  
431 West Plumb Lane  
Reno, NV 89509

Via Email

Email: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov) and [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov)

Re: Jose Ferran's Petition for Reinstatement.

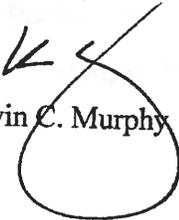
To the Honorable Nevada Board of Pharmacy:

Please allow this letter to serve as a cover letter for Mr. Jose Ferran's Petition for Reinstatement ("Petition"). As you will see in the enclosed Petition documentation, Mr. Ferran's license was originally revoked for having created forty-four (44) unauthorized telephone prescriptions for himself, his family members, Pharmacy Technician, Tiffany Buie and Pharmacy Technician, Ian Knickerbocker's spouse between September 12, 2012 and January 18, 2017. Mr. Ferran took full responsibility for his actions and immediately initiated rehabilitation efforts by enrolling in Professional Boundaries, Inc. ("PBI") Pharmacy Ethics and Professionalism Course in order to avoid any future similar occurrences.

Mr. Ferran is willing and wanting to complete any additional requirements that the Board deems necessary to protect the Nevada public while performing in his professional capacity. It is my position that Reinstatement would be most appropriate under the circumstances of this case, given my client's successful completion of the PBI Pharmacy Ethics and Professionalism Course completion, and we hope you utilize compassionate judgement when rendering a determination on reinstatement of his R.Ph. license.

I look forward to meeting with you in person during our hearing, and remain available to discuss the matter prior at your convenience. Thank you very much for your time and thoughtful attention to this matter. Should you or any other Board representatives have any need, please do not hesitate to contact me at our law firm's San Diego office.

Yours truly,

  
Kevin C. Murphy

Cc: Jose Ferran, R.Ph – Petitioner

1 Kevin C. Murphy, Esq. (SBN 10938)  
MURPHY JONES APC  
2 3753 Howard Hughes Parkway, Suite 200  
Las, Vegas, NV 89169

3  
4 5575 Lake Park Way, Suite 218  
La Mesa, CA 91942  
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6 Fax: (619) 363-8091

Attorneys for *Petitioner, Jose Ferran*

7  
8 BEFORE THE BOARD OF STATE BOAD OF PHARMACY  
9 STATE OF NEVADA

10  
11 JOSE FERRAN  
(aka Joe Ferran)

Petitioner

12  
13  
14 Certificate of Registration No. 16283

) Case No. 17-039-RPH-S  
)  
) PETITION FOR REINSTATEMENT  
) OF LICENSE  
)  
)

15  
16 PETITIONER, Jose Ferran declares:

- 17 1. That on or about January 20, 2004, Petitioner obtained a Registered Pharmacist  
18 (R.Ph.) License dully issued by the Nevada Board of Pharmacy ("BOP").  
19 2. On March 2, 2018, Petitioner executed a Stipulation of Facts. On March 7, 2018 these  
20 facts were entered on record with the BOP. Thereafter, the BOP ordered revocation of the  
21 Petitioner's license for one (1) year and ordered the Petitioner to pay an administrative fee  
22 of \$1,500.00 (See: Ex. A. "3.18.18 Nevada Board of Pharmacy Findings of Fact, Conclusions  
23 of Law and Order.") Since that date, Petitioner's Nevada R.Ph. license has remained  
24 surrendered and inactive.  
25 3. That Petitioner petitions for reinstatement of his Nevada R.Ph. license and in support  
26 sets forth the following facts and information:  
27  
28

- 1           A.     Petitioner’s Nevada R.PH license revocation from a disciplinary action predicated  
2                    upon a the facts stipulated to on March 2, 2018. The cause for discipline was in  
3                    relation to Petitioner’s fraudulently creating forty-four (44) unauthorized  
4                    “telephone prescriptions” for himself, his family members, Pharmacy Technician  
5                    Tiffany Buie and Pharmacy Technician, Ian Knickerbocker’s spouse between  
6                    September 12, 2012 and January 18, 2017.
- 7           B.     Thereafter, the Board of Pharmacy Issued an Order revoking Petitioner’s License,  
8                    effective immediately and ordered Petitioner to pay an administrative fee of one  
9                    thousand five hundred (\$1,500) dollars. The Board’s order indicated Petitioner  
10                  could not apply for reinstatement for a period of one (1) year.
- 11          C.     Petitioner has not worked in his capacity as a R.PH since the Boards order of  
12                  revocation. However, Petitioner did initiate proactive rehabilitation efforts at  
13                  Petitioner’s own time and expense prior to the Boards revocation by enrolling in  
14                  Professional Boundaries, Inc.’s (“PBI”) Pharmacy twenty-two (22) hour continuing  
15                  education course in Ethics and Professionalism. Petitioner attended the first portion  
16                  of the PBI PE-22C on February 24-25, 2018 in Irvine, CA. (See: Ex. E.  
17                  “Continuing Education Units,” at pg 2.) Thereafter, Petitioner attended PBI’s six  
18                  (6) month follow up course component in August 2018. (Id., at pg 3.) Petitioner  
19                  just recently attended and completed the PBI program’s twelve (12) month follow  
20                  up course on February 23-24, 2019, and secured his certificate of completion on  
21                  March 8, 2019. (Id., at pgs. 1 – 2.)
- 22          D.     Petitioner has paid in full all reimbursement costs associated with the BOP’s  
23                  investigation and formal disciplinary proceedings, pursuant to BOP’s March 2018  
24                  Order, in the amount of \$1,500 with final payment submitted on April 10, 2018 and  
25                  received by the BOP on April 13, 2018. (See: Ex. B. “Proof of Administrative Cost  
26                  Reimbursement.”)
- 27  
28

1 E. Petitioner recognizes the egregiousness of his error and is extremely remorseful for  
2 his previous bad judgment and has taken steps to ensure such conduct never occurs  
3 again in the future.

4 F. Petitioner's colleagues and employers attest to his exceptional customer service  
5 skills and expertise as both a pharmacist and a mentor to other pharmacists. They  
6 continued to support Petitioner's unencumbered pharmacist practice even after the  
7 underlying conduct occurred, but prior to the Boards revocation order. (*See*: Ex.  
8 D. "Letters of Professional Recommendation.")

9 G. Since the revocation of his Nevada license, Petitioner has not engaged in any  
10 fraudulent behavior of a similar nature, been arrested or convicted of any penal  
11 offense, no action has been brought against him in any capacity, professional or  
12 personal, and no write-up has been brought against him by any employer.

13 **4. That Petitioner is fully aware of the responsibilities and duties required of a person**  
14 **holding a R.Ph. license, and petitioner believes that he has been fully rehabilitated, via**  
15 **remedial education, and is able to carry out those duties and responsibilities safely in the**  
16 **state of Nevada.**

17 **5. That Petitioner attaches hereto, and incorporates herein by reference, written**  
18 **statements of the following persons:**

19  
20 **LETTERS OF PROFESSIONAL RECOMMENDATION**

21 **Stephen V. Hodges, President of Partell Specialty Pharmacy, Petitioner's employer at**  
22 **the time of revocation, indicated he found Petitioner to be a key employee due to his experience,**  
23 **maturity and personality. Further, that Mr. Ferran excels at customer service, is a customer**  
24 **favorite and patient satisfaction immediately improved after Mr. Ferran was promoted to PIC.**

25 **Jose Ferran was hired at Partell Specialty Pharmacy June 18,**  
26 **2017. At that time we believed Joe had the experience, maturity and**  
27 **personality to be a key employee for us.**

28 **Since his hiring Joe has meant a lot to our pharmacy and**  
**staff. He is a responsible pharmacist and mentor to our other**

1 pharmacists, technicians and clerks. Joe excels at customer service  
2 and has easily become a customer favorite. He will always take his  
3 time to make sure our patients understand their medicine and are  
4 comfortable following the physician's orders.

5 Joe was promoted to PIC at our West location and  
6 immediately improved the patient satisfaction and management of  
7 that location. We are lucky to have Joe on our team. We entrusted  
8 him with management of our customer, staff and Pharmacy.  
9 Please contact me if you need a reference on Joe's performance or  
10 character, both are outstanding.

11 (See: Ex. D. "Letters of Professional Recommendation," at pg. 1.)

12  
13 **Mitchell Whitacker, Jr. CPhT, District Manager of Partell Specialty Pharmacy** was a  
14 manager of Petitioner who authored the following glowing recommendation regarding  
15 Petitioner's work ethic, obvious passion for his position as a pharmacist, understanding of his  
16 mistakes magnitude and humility for his prior errors:

17 My name is Mitchell Whitaker, Jr. I'm the District Manager  
18 for Partell Pharmacy in Las Vegas, NV. I'm writing this letter on  
19 behalf of Jose "Joe" Ferran. I met Joe in June of 2017 when he was  
20 hired by Partell as a staff pharmacist. One month later Joe was  
21 promoted to Pharmacy manager at the location I work at. Joe and I  
22 work very closely on a daily basis to manage the business.

23 Joe has been an outstanding employee during his time at  
24 Partell. He arrives at work with a positive attitude and ends his day  
25 the same way. He is always punctual and ready to work. He adjusts  
26 his schedule to fit the needs of the business and is always willing to  
27 help wherever needed. As a manager, Joe is always concerned about  
28 employee well being and helping the staff to be the best that they  
can be. Joe displays a genuine attitude of care and concern for the  
business. He is the type of pharmacist that is passionate and views  
his contributions as more than just a job.

As I have gotten to know Joe, I consider him more than just  
a co-worker, Joe has become my friend. I have witnessed him take  
time with employees, colleagues, and patients in a manner that only  
a kind, caring, intelligent person is able to do. He is respected by the  
community as well as his work family. Joe is someone that I would  
have no hesitation coming to for advice, help, or just to vent. In the  
time I have known him, we have built a trusting bond that is  
refreshing to have in a co-worker.

Recently, Joe set me down and had a conversation with me  
concerning mistakes he had made in the past. While employed by  
Wal-Mart he made errors in judgment that have caused his  
pharmacist license to be in jeopardy. He was humble and apologetic

1 during this conversation. He did not try to make excuses for his poor  
 2 judgment, but rather took ownership. I can tell that he understands  
 3 the magnitude of his mistakes and sees this as a temporary lapse in  
 4 judgment that will not repeat itself. I walked away from this  
 conversation gaining even more respect for Joe and truly believe that  
 this was a one-off event.

(*Id.*, at pg. 2.)

5  
 6 **Pamela Pecoraro, Human Resources Manager** of Partell Specialty Pharmacy, was  
 7 another supervisor of Petitioner who was aware of the revocation proceedings and continued to  
 8 believe hiring Mr. Ferran was a good decision. Ms. Pecoraro authored the following  
 9 recommendation regarding his attention to detail and customer rapport:

10 It is my pleasure to write this letter for Jose Ferran. I am the  
 11 Human Resource Manager for Partell Pharmacy and met Jose during  
 12 his interview for employment with Partell. I am aware of why Jose  
 13 is being asked to appear in front of the Board. In my position you  
 always hope that you have made the right decision for the company  
 as to which candidate you chose. I can tell you our decision to hire  
 Jose was the correct one.

14 Jose is an intelligent, capable, dedicated and personable  
 15 pharmacist. He pays close attention to details and is conscious of  
 16 everything he does on the job. The staff have great trust and respect  
 17 in his leadership. When problems arise he is quick to resolve them  
 while keeping a calm environment. I have seen the rapport he has  
 developed with our customers. Jose has an honest sense of empathy  
 which gives him a keener sense of patience and kindness.

18 Since Jose's employment with Partell he has quickly become  
 19 an asset to Partell. He has truly shown remorse for his actions and I  
 hope he can continue to serve the Las Vegas community.

20 Please feel free to contact me with any questions you may have.

(*Id.*, at pg. 3.)

21  
 22 **Leonr Rojas, PharmD., BCPS** a former student for whom Petitioner served as a preceptor  
 23 during her studies at Roseman University of Health Sciences describes the exemplary care and  
 24 compassion she witnessed Petitioner exhibit towards his patients as unparalleled to any other  
 25 pharmacist in a retail setting. Importantly, that on at least two (2) different occasions, Petitioner's  
 26 skills likely saved the lives of his patients and his revocation being a loss to the community as a  
 27 whole:  
 28

1 Prior to the start of my second year in pharmacy school, I  
2 was assigned to complete a six-week pharmacy learning experience  
3 at the East Tropicana Wal-Mart Pharmacy. Jose, nicknamed "Joe,"  
4 Ferran was my designated preceptor and also the Pharmacy  
5 manager. He had graduated from the first class of Roseman  
6 University of Health Sciences (formerly known as the University of  
7 Southern Nevada) College of Pharmacy and had served as a  
8 preceptor for the school. Throughout the course of those six weeks,  
9 I spent a significant amount of time working alongside Joe. He  
10 taught me valuable lessons on how to develop my pharmacy practice  
11 and exhibited exemplary care and compassion towards his patients  
12 in a manner unparalleled to my prior observations working in a retail  
13 setting. In the following paragraphs, I would like to provide my  
14 insider's perspective on Joe's fulfillment of his role as the  
15 community pharmacist in charge based on my experience as his  
16 student pharmacist.

17 In any profession, punctuality is one of the inherent qualities  
18 of a strong work ethic. Each time I presented to the pharmacy, I'd  
19 remembered seeing that the window shades were still down, yet  
20 unfaillingly, I would peak through the door window and noticed Joe  
21 working diligently prior to \_the opening hours. He would let me in  
22 and promptly explained what he was working on. I enjoyed learning  
23 from him because he was very organized and displayed a sense of  
24 composure that radiated calmness to all the pharmacy team  
25 members. As often occurs in retail pharmacy settings, there are peak  
26 hours that are characterized by high prescription volume and waves  
27 of patient influx, and the stress levels in the pharmacy escalate to a  
28 mad rush. However, under Joe's management, one would wonder if  
he ever felt afflicted by the conundrum around him, because he  
perpetually exuded assertiveness and friendliness in these under-  
pressure moments, all while meeting the demands of the workload.  
In fact, as a student, I would look forward to "Joe days" because it  
meant that despite the busy setting, he would still teach me in the  
midst of the chaos.

Aside from his outstanding skills as a pharmacy manager,  
Joe demonstrated a genuine impetus for the care of his patients.  
Many pharmacists fall into the trap of answering patients' inquiries  
for OTC products by pointing to the aisle where they could  
potentially find what they are looking for, especially during busy  
hours. From my time at Wal-Mart, I continuously kept seeing Joe  
come out from the pharmacy doors to personally help the patient.  
Most importantly, he quickly gravitated from behind his counter to  
answer any questions or counsel patients without a technician asking  
him to do so.

Joe was very keen in addressing clinical matters. I  
specifically remember two patient cases that impacted my  
understanding of why pharmacists are truly the

1 "first line of care" for many patients. The first one was a middle-  
2 aged gentleman who presented to the pharmacy with jaundice and  
3 right-sided abdominal pain. He asked for Joe's advice in regards to  
4 OTC medications he could take to relieve his pain. I recalled Joe  
5 reiterating to the patient the urgent need to visit a doctor multiple  
6 times during the counseling conversation. As it later turned out, this  
7 patient was diagnosed with liver malignancy. He presented back to  
8 the pharmacy and personally thanked Joe for saving his life. Due to  
9 the persistence with which Joe spoke to him about seeing a doctor,  
10 he had sought medical care that same day. His cancer was detected  
11 in a curable stage. Another case that vividly comes to mind is that  
12 of an old Cuban gentleman, who was notorious for "making  
13 scandals" at the check-out counter when his prescriptions were rung  
14 up. During this particular time, the patient's albuterol inhaler co-pay  
15 had gone up, and he did not have enough money to purchase it. He  
16 explained that he had been having more bouts of shortness of breath  
17 and that he needed the medication sooner than later. Joe calmly  
18 explained the insurance situation to the patient in Spanish due to the  
19 patient not speaking English and offered to call the doctor. (By the  
20 way, Joe is one of the few pharmacists in Las Vegas, fluent in  
21 Spanish. In fact, the majority of the Spanish-speaking clientele at  
22 the pharmacy, consistently asked for his services upon presenting to  
23 the counter). Despite failed attempts to contact the physician's  
24 office, the patient insisted that he needed the medication that same  
25 day as he was unable to return to the pharmacy until the upcoming  
26 week. It was then that I witnessed an action I had never seen before.  
27 Joe reached for his own personal wallet and paid the patient's co-  
28 pay. I was very surprised and yet so humbled by what I had seen.  
Joe explained that compassion and kindness go hand-in-hand in this  
profession and he had felt the ethical obligation to help the patient  
at that moment. I later reflected further on that incident. I felt  
inspired and understood why compassion is such an important  
quality trait in a pharmacist.

Recently, Joe communicated to me that he was no longer  
working for Wal-Mart He acknowledged that he had made wrongful  
decisions in his practice and deeply lamented his errors. These  
actions have placed his pharmacy license in jeopardy and could  
potentially end his career as a licensed pharmacist in the state of  
Nevada. Joe understands the magnitude of his mistakes and will do  
everything that he can to rectify his behavior. As someone who was  
once his student, and now a practicing pharmacist, I ask that you  
consider his many years of service to the Las Vegas community, his  
remarkable and compassionate patient care, and most of all, his love  
for the pharmacy profession.

(*Id.*, at pgs. 4 - 5.)

1           **Robert Seik, PharmD., FMNM CEO-Owner of Partell Specialty Pharmacy explains**  
 2 how Petitioner was quickly promoted to manager after performing as an exceptional pharmacist.  
 3 Mr. Seik goes in to describe the efficiency, detail oriented and competent professional skills  
 4 Petitioner exhibited:

5  
 6           I declare under penalty of perjury of the laws of the State of  
 7 Nevada and the United States Constitution that the foregoing is true  
 8 and correct to the best of my knowledge.

9           I have known Jose 'Joe' Ferran since he became a staff  
 10 pharmacist for my company in June 2017. Joe performed  
 11 exceptionally as a pharmacist and was quickly promoted to  
 12 Pharmacy Manager in July 2017. From the beginning, Joe has been  
 13 a consummate professional and has garnered the respect and  
 14 appreciation of my company's loyal prescribers and their customers  
 15 as well as the pharmacy staff and the company's executive team.

16           Joe is efficient, detail-oriented, and extremely competent. He  
 17 often successfully finishes Pharmacy Manager tasks before their  
 18 deadlines. He is extremely organized and never misses an  
 19 opportunity to give my pharmacy's customers exceptional service  
 20 with his promptness, knowledge, and kindness.

21           Joe also has an excellent rapport with the pharmacy staff  
 22 along with me and the rest of the company's executive team. He has  
 23 excellent communication skills and is an extremely capable and  
 24 reliable pharmacy manager. I am confident in Joe's ability to operate  
 25 as a manager for my company and I trust him implicitly, a trust he  
 26 has earned through his exemplary service as an excellent employee  
 27 and his professionalism as a pharmacist.

28           In summary, my support of Jose 'Joe' Ferran and this letter  
 of reference is something he has earned and is well-deserved.

(*Id.*, at pg. 6.)

### **PETITIONER'S PREVIOUS PERFORMANCE EVALUATIONS**

Year after year, Petitioner was regularly rated to be a solid performer and a role model  
 that exceeded expectations when evaluated by his supervisors that valued him as an asset:

#### **Managers Comments:**

Judgment- good self awareness and self assessment of the  
 business, Joe's opinion is truly valued in the market, teaches IMZ  
 class, shares best practices

1 Customer centered performance- Green all boxes, all times,  
2 ranked #1 or 2 in all areas for the region, PEM 92%, In-store on-time  
3 % 80%

4 Influence and communicate- takes a team approach, all techs  
5 knowledgeable of all processes, all techs extremely high  
6 performing, shares best practices on conference calls, influences all  
7 staff in positive manner, one of the best workflows, pilot store for  
8 all new rollouts

9 Quality Pt Care- 810 IMZ given, 2 star 4/5 & top 20, IA  
10 97.89% for the year

11 (*See*: Ex. F. "Performance Evaluations," at pg 2.)

12 Petitioner was noted to have met or surpassed the majority of the pharmacy departments  
13 goals on a routine basis.

14 Managers Comments:

15 Customer Experience (goal>9) - actual 9.1

16 Sales index to plan: 98.7%

17 Profit index to plan: 107.5%

18 Quality index: 4.7

19 Outcome tips (goal NER >35%) 118% completion 88%

20 NER Outcome CMR 100% successful

21 Mirxia cases 56% completed, 56% successful

22 Mirxia CMR- 0 assigned

23 Adj IA (goal >95%) actual 97.2%

24 Input re-routing (goal 88%) - actual 84%

25 Pt expectations met (goal >80%) - actual 90%

26 (*Id.*, at pgs. 5 - 6.)

27 Evaluators not only observed Petitioner exceeding expectations himself, but his training  
28 and leadership skills were also noteworthy and were evidenced in the departments overall  
efficiency and productivity.

Managers Comments:

Joe and his staff do an outstanding job taking care of our customers with a 9.31 CE score to prove it and the sales and profit that follow. His quality improvement metrics also indicate he is teaching and training his staff, leading to an efficient and safe pharmacy.

Overall Joe runs a very solid pharmacy. He teaches and trains his staff to do things the right way, and ensures all associate are doing their part. I consistently receive praises and compliments on him and his staff from customers. Through his leadership, Joe

has built a team of associates who truly take pride in their work and their pharmacy.

(*Id.*, at pgs. 9 - 10.)

**CONCLUSION**

In conclusion, under the totality of the circumstances, the benefit Mr. Ferran has provided to his colleagues, customers and the community at large, juxtaposed against the prior transgressions forming the basis of his Nevada R.PH. license revocation, continued exclusion from practicing as Registered Pharmacist is not warranted to protect the Nevada public's safety. In fact, the continued loss of a professional of Mr. Ferran's caliber will not serve to protect the public welfare because of value and experience he brings to pharmacy practice in patient awareness, employee relations and overall dedication to the industry. Petitioner has made substantial, necessary and comprehensive rehabilitative steps. Mr. Ferran is dedicated to the highest quality of professional pharmacy and is committed to performing his duties with the utmost integrity and care. Mr. Ferran seeks to re-commence providing outstanding mentorship and customer care in the state of Nevada and to engage in his life's calling as a R.Ph.

For the foregoing reasons, and the exhibits documenting Petitioner's complete rehabilitation, and exceptional professional practice provided in support of this Petition for Reinstatement, Mr. Ferran respectfully requests that the honorable Nevada Board of Pharmacy reinstate his R.Ph. license. In addition, Mr. Ferran offers to voluntarily enter into a stipulated settlement agreement allowing him to practice pharmacy, with either a Letter of Public Reprimand and/or during a period of probation, or any other terms acceptable to the Board of Pharmacy, in effort to ensure the public welfare while affording him the opportunity to resume acting in a professional R.Ph. capacity.

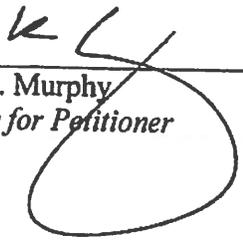
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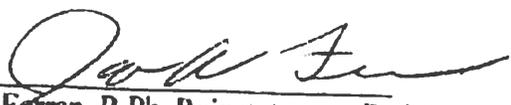
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**WHEREFORE, Petitioner prays that his Registered Pharmacist license be reinstated.  
I declare under penalty of perjury that the foregoing is true and correct to the best of  
my knowledge.**

Dated: March 11, 2019

  
\_\_\_\_\_  
Kevin C. Murphy  
Attorney for Petitioner

Approved as to Form and Content:

  
\_\_\_\_\_  
Jose Ferran, R.Ph. Reinstatement Petitioner

**Jose Ferran, R. Ph.  
Petition to Reinstate  
Exhibit Table of Contents**

**Exhibit A.**

**“3.18.18 Nevada Board of Pharmacy Findings of Fact, Conclusions of Law and Order.”**

**Exhibit B.**

**“Proof of Administrative Cost Reimbursement.”**

4.13.18 Certified Mail Receipt

4.10.18 \$1,500 Cashier’s Check

**Exhibit C.**

**“Resume.”**

**Exhibit D.**

**“Letters of Professional Recommendation.”**

1.29.19 Nancy Delgado, Current Supervisor

2.16.18 Stephen Hodges, Pres Partell

2.8.18 Mitchell Whitaker, Jr., CPhT

2.3.18 Pamela Pecoraro, HR Manager

1.28.18 Leonor Rojas, PharmD., BCPS

n.d. Robert Selk, PharmD, FMNM

**Exhibit E.**

**“Continuing Education Units.”**

3.8.19 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism Course Completion Certificate

3.8.19 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism 12 month Follow Up Course Completion Letter

9.5.18 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism 6 month Follow Up Course Completion Letter

2.25.18 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism Course Completion Letter

2.24-25.18 UC Irvine Professional Boundaries Pharmacy Ethics and Professionalism Course Agenda (CEU 22)

2.13.18 UC Irvine Professional Boundaries Pharmacy Ethics and Professionalism Course Pre-course Instructions

2008-2015 Walmart CEUs Spreadsheet

**Exhibit F.**

**“Performance Evaluations.”**

2017 Annual Performance Evaluation

2016 Annual Performance Evaluation

2015 Annual Performance Evaluation

2014 Annual Performance Evaluation

2013 Annual Performance Evaluation

2013 Mid Year Performance Evaluation

2012 Annual Performance Evaluation

2012 Mid Year Performance Evaluation

2011 Annual Performance Evaluation

**Exhibit G.**  
**“Character Reference.”**  
2.15.18 Lanette Escovedo

**Exhibit A.**  
**“3.18.18 Nevada Board of Pharmacy Findings of Fact, Conclusions of Law  
and Order.”**

FILED

MAR 18 2018

2018 03 12 ORDER 17-039 FERRAN

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-039-RPH-S
	)	17-039-PT-A-S
Petitioner,	)	17-039-PT-B-S
v.	)	
	)	
JOSE FERRAN, RPH,	)	FINDINGS OF FACT,
Certificate of Registration No. 16283,	)	CONCLUSIONS OF LAW
	)	AND ORDER
IAN KNICKERBOCKER, PT,	)	(Jose Ferran Only)
Certificate of Registration No. PT07309,	)	
	)	
TIFFANY BUIE, PT,	)	
Certificate of Registration No. PT08743,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on Wednesday, March 07, 2018, in Reno, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Jose Ferran, R.Ph., Certificate of Registration No. 16283 (Ferran) appeared at the hearing with his counsel, Kevin C. Murphy, Esq., of Murphy Jones APC. Based on the evidence presented during the hearing, including testimonial and documentary evidence, the Board issues the following Findings of Fact, Conclusions of Law, and Order.

**FINDINGS OF FACT**

1. Before the March 7, 2018 hearing, Ferran agreed to and entered into *Stipulated Facts*, stating:

1. The Board has jurisdiction over this matter and Respondent Ferran because at the time of the events described herein, Ferran was a pharmacist registered with the Board.
2. Ferran was also designated as the pharmacist in charge (PIC)/managing pharmacist for Walmart Pharmacy #10-4557 (Walmart) at the time of the events described herein.
3. Ferran has never been licensed as a practitioner and has never been authorized to prescribe dangerous drugs in Nevada.

4. Respondents Ian Knickerbocker, PT, Certificate of Registration No. PT07309 (Knickerbocker), and Tiffany Buie, PT, Certificate of Registration No. PT08743 (Buie), were employed as pharmaceutical technicians at Walmart at the time of the events described herein.
5. While working as the PIC/managing pharmacist at Walmart, Ferran fraudulently created a total of forty-four (44) unauthorized "telephoned prescriptions" for himself, his family members, Buie and Knickerbocker's spouse.
6. The list attached hereto as Addendum A, which is incorporated herein by reference, is a summary listing the forty-four prescriptions Ferran created.
7. Ferran created those "telephone prescriptions" between September 12, 2012, and January 18, 2017.
8. Ferran created those "telephone prescriptions" by falsely indicating that Dr. Greg Dryanski was the prescribing physician on one prescription, and that Dr. Koussay Zarka was the prescriber on the other forty-three prescriptions.
9. Neither Buie nor Knickerbocker had a bona fide practitioner/patient relationship with Dr. Zarka.
10. Dr. Zarka later reviewed a copy of each of the forty-three prescriptions that Ferran fraudulently attributed to him. Dr. Zarka indicated "not authorized" on each copy and signed and dated his annotations.
11. Dr. Zarka also signed a statement indicating that he did not authorize the forty-three prescriptions at issue.
12. Ferran paid the co-pays and/or the entire price of at least some of the prescriptions he created for himself and his family using Walmart discount cards and/or billing the prescriptions to his Walmart insurance plan.
13. Buie and Knickerbocker knowingly and willfully purchased and received various dangerous drugs for their own use or their family members' use by way of the prescriptions that Ferran fabricated.

14. Buie and Knickerbocker submitted the fraudulent prescriptions Ferran created for their benefit to their respective Walmart insurance plans for payment.

15. Walmart terminated Ferran's employment in April 2017, as a result of his actions.

16. Walmart also terminated pharmaceutical technicians Buie and Knickerbocker for their participation in Ferran's fraudulent activities.

March 2, 2018, *Stipulated Facts*, on file in the above referenced action.<sup>i</sup>

2. The "Addendum A" referenced in paragraph 6 of the *Stipulated Facts* is a summary listing of the forty-four prescriptions for dangerous drugs that Ferran created.

3. At the hearing Ferran did not dispute the allegations in the *Accusation* on file in this matter and accepted the *Stipulated Facts* as the facts of this case. The Board admitted the *Stipulated Facts* and additional evidence into the record and heard argument from counsel on each party's behalf.

4. Based on the evidence and arguments presented at the hearing, the Board finds that evidence exists to support each of the factual allegations stated in the *Accusation*.

#### CONCLUSIONS OF LAW

5. The Board has jurisdiction over this matter and Respondent Ferran.<sup>ii</sup>

6. By creating multiple fraudulent prescriptions for various dangerous drugs for himself, for members of his family, and for Buie and Knickerbocker, as stated in the *Accusation* and *Stipulated Facts*, including Addendum A, Ferran violated Nevada Administrative Code (NAC) 639.945(1)(h) and (k).

7. By filling and dispensing multiple fraudulent prescriptions for various dangerous drugs for himself, for members of his family, and for Buie and Knickerbocker, as stated in the

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<sup>i</sup> Respondent's *Stipulated Facts*, as restated herein, are only for the purposes of this proceeding other proceedings in which the Nevada State Board of Pharmacy or other professional licensing agency is involved. The parties agreed in the *Stipulated Facts* that they shall not be admissible in any other criminal or civil proceeding.

<sup>ii</sup> Neither Ian Knickerbocker, PT, Certificate of Registration No. PT07309 (Knickerbocker), nor Tiffany Buie, PT, Certificate of Registration No. PT08743 (Buie), filed an Answer in response to the *Accusation* and Notice of Defense on file in this matter. The Board entered separate orders of default and revocation against them, which orders are on file.

Accusation and Stipulated Facts, including Addendum A, without a lawful prescription or authorization from a practitioner, Ferran violated NAC 639.945(1) (h) and (k).

8. By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance provider, as stated in the Accusation and Stipulated Facts, including Addendum A, Jose Ferran, R.Ph., violated NAC 639.945(1)(h) and (k).

9. Each of the foregoing violations are grounds for discipline, including revocation, pursuant to Nevada Revised Statutes (NRS) 639.210(1), (4) and (12), as well as NRS 639.255.

### **ORDER**

10. For each of the violations set forth above:

a. Jose Ferran's pharmacist registration, Certificate of Registration No. 16283, is hereby revoked effective immediately.

b. Ferran may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has petitioned the Board for reinstatement and the Board reinstates his registration.

c. Ferran shall pay an administrative fee of One Thousand Five Hundred Dollars (\$1,500.00) to partially offset the Board's costs and expenses incurred while investigating and prosecuting this matter. Ferran shall pay the administrative fee by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy". The fee is due to the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within ninety (90) days of the effective date of this Order.

d. Ferran may not apply for reinstatement of his registration for a period of one year. In the event Ferran applies for reinstatement, or for any other license, registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application or petition, his compliance with the Order, and the facts and circumstances underlying this matter.

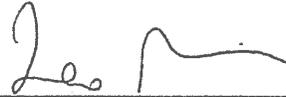
11. Any failure by Ferran to comply with any term in this Order may result in issuance by the Executive Secretary of an order to show cause directing Ferran to appear before

the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Ferran, the Board may impose additional discipline or take further action not inconsistent with the provisions of NRS Chapter 639. Furthermore, any failure by Ferran to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

12. This Order is effective on the date executed below.

**IT IS SO ORDERED.**

Signed this 18 day of March 2018.



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Leo Basch, President  
Nevada State Board of Pharmacy

**Exhibit B.**  
**“Proof of Administrative Cost Reimbursement.”**  
4.13.18 Certified Mail Receipt  
4.10.18 \$1,500 Cashier’s Check

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:  <i>Nevada State Board of Pharmacy</i>  <i>431 W Plumb Ln</i>  <i>Reno, NV 89509</i></p>	<p>B. Received by (Printed Name) <i>B KANOT</i> C. Date of Delivery <i>4/13/18</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>																
 9590 9402 3124 7166 7730 98	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p>	<p>Domestic Return Receipt</p>																

PS Form 3811, July 2015 PSN 7530-02-000-9053

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days

### Cashier's Check - Customer Copy

No. 0819011907

Void After 90 Days

91-170/1221

Date 04/10/18 10:48:00 AM

FLAMINGO PINECREST BRANCH

NAZ

0002 0007686 0097

Pay



**\*\*\$1,500.00\*\***

\*\*One Thousand Five Hundred and 00/100 Dollars\*\*

To The Order Of **NEVADA STATE BOARD OF PHARMACY**  
 CASE 17-039-RPH

Not-Negotiable

Customer Copy  
 Retain for your Records

Remitter (Purchased By): JOSE A FERRAN

457002931720

Bank of America, N.A.  
 PHOENIX, AZ

**Exhibit C.**  
**“Resume.”**

**Dr. Jose Angel Ferran, PharmD**

London Bridge Ave  
Las Vegas, NV 89130

7

**Objective** With over 10 years of retail management experience I am looking to diversify my experiences with employment in a field not necessarily healthcare related or even something totally different. I plan to use the priceless management and retail experience acquired in whatever field I enter. I have the ability to direct complex projects from concept to fully operational status. I am a goal-oriented individual with strong leadership capabilities. I am an organized, highly motivated, and detail-directed problem solver. I have the proven ability to work in unison with staff and upper management to achieve positive outcomes.

**Education** **PharmD**, 2003. Nevada College of Pharmacy  
**MBA Health Care Finance coursework**. University of Phoenix, **not completed**  
**Ph.D. Neuroscience**, University of Utah, left program for Pharmacy School  
**BS Biological Sciences**, 1998. University of California, Irvine

**Relevant Experience & Accomplishments****Compounding Pharmacy Management**

- Knowledge of sterile/non sterile compounding techniques
- Ensure lab procedures are followed according to USP<797> standards
- Keep pharmacy in compliance with Nevada Board of Pharmacy laws and FDA guidances
- Perform Bio-identical hormone and nutritional consultations
- Performed process checks, quality assurance inspections, formulation reviews
- Maintain accurate and complete records for all aspects of the pharmacy's business
- Provide detailed patient counseling and communicated with other healthcare providers as needed

**Retail Pharmacy Management**

- Increased script volume at every store I have managed
- Continue to grow weekly sales
- Operated below budgeted inventory and labor hour guidelines
- Directed recruitment, training and retention of new pharmacy technicians
- Successfully oversaw national certification of nearly all my technicians
- Certified AphA Immunization Trainer

**Community Pharmacy Practice**

- Experience with Medication Therapy Management platforms such as Outcomes MTM, Mirixa and SinfoniaRx
- Implemented in-store clinical immunization program providing over 2000 flu, hepatitis, and pneumonia shots per year (During tenure at SavOn/CVS)
- Mentored numerous pharmacy interns that have gone on to be retail pharmacy managers
- Trained pharmacy technicians in specialty areas such as inventory management and resolution of third party issues
- Participated in yearly "A Su Salud" health fairs serving underrepresented communities. Counseled on preventative measures to decreased incidence of cardiovascular disease, diabetes, and obesity

**Employment** **Assistant Store Manager, Mobilelink LLC** *Sept 2018-present*

- Assist with day to day operations of a Cricket Authorized Dealer
- Meet monthly activation and KPI metrics
- Provide exceptional customer service

**Pharmacy Manager** , Partell Specialty Pharmacy *June 2017 – March 2018*

<b>Pharmacy Manager</b> , Wal-Mart Stores Inc.	<i>2008-April 2017</i>
<b>Pharmacy Manager</b> , Rite Aid Pharmacy, Las Vegas Nevada	<i>2006-2007</i>
<b>Pharmacy Manager</b> , CVS/pharmacy, Las Vegas Nevada	<i>2006</i>
• Continuation of same position after conversion of Sav-On store to CVS	
<b>Pharmacy Manager</b> , Sav-On Drugs, Las Vegas Nevada	<i>2004-2006</i>
• Oversaw daily operations of community retail pharmacy	
<b>Staff Pharmacist</b> , Sav-On Drugs, Las Vegas Nevada	<i>2004</i>
<b>Consultant</b> , New Medicine Inc., Lake Forest California	<i>1997-2001</i>
• Freelance consultant, writer, and editor for an information services company specializing in biotech, healthcare, and pharmaceutical industries that focus on oncological drug development.	

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<b>Honors &amp; Awards</b>	<b>National Institutes of Health (NIH) Graduate Research Grant</b>
	<b>National Hispanic Merit Scholarship</b>
	<b>Bank of America “Ideas in Action” Award</b>
	<b>UC Irvine Chancellors Award Winner</b>

**Exhibit D.****“Letters of Professional Recommendation.”**

1.29.19 Nancy Delgado, Current Supervisor  
2.16.18 Stephen Hodges, Pres Partell  
2.8.18 Mitchell Whitaker, Jr., CPhT  
2.3.18 Pamela Pecoraro, HR Manager  
1.28.18 Leonor Rojas, PharmD., BCPS  
n.d. Robert Selk, PharmD, FMNM



January 29, 2019

Nevada State Board of Pharmacy

Dear Members of The Board, and To Whom It May Concern:

I write this letter of reference and support on behalf of Jose Ferran, an assistant manager for my Cricket store since September 28, 2018. I am his immediate supervisor, and, as such, have had nearly constant interaction with Jose since his hiring.

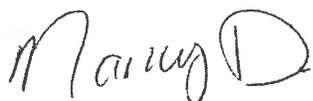
Since being hired on roughly 4 months ago, Jose has demonstrated the ability to learn quickly, including familiarizing himself and understanding both store operations and the store's computer system in a short time span. He has been among my most reliable employees and is universally liked by our customers. In his short time period with the Company, he has constantly exceeded his sales goals and has generated many referrals from satisfied customers. I have been impressed by his handling of Company matters and his job in a professional manner with absolutely no short cuts. He has been an excellent example for our associates and has displayed excellent management skills, quickly gaining the respect of our district team leaders and sales director.

Over the past few months I have also had the ability to get to know Jose a bit better from a personal perspective. I know that the transition to a job at Cricket was difficult following the loss of his pharmacy license, and Jose is both remorseful and regretful for his actions. He constantly reminds our associates of doing things the right way and, further, reminds them that his current situation was created by nothing other than his own improper conduct. Jose always talks about how much he misses being a pharmacist and is, in my opinion, an excellent example of how people can change for the better if afforded the opportunity to do so.

Jose was completely forthcoming about his issues when he joined the Cricket team. I know that in his heart he desires nothing more than to have another chance to proudly serve the public as a pharmacist, and, though I do not have much experience in the area of pharmacy, I can personally attest to Jose's character. His life over the past year has been difficult, of course due to his own actions. However, he has demonstrated resilience and a profound tenacity to proving to others that he can achieve success again in any field. For what it's worth, I believe he should have a shot at proving himself again to this Board. We are proud to have him serve as a member of our team, and I would vouch for Jose any time.

I would be more than happy to answer any other questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Nancy D". The "N" is large and stylized, and the "D" is a simple circle with a vertical line through it.

Nancy Delgado

Store Manager

Mobilelink/Cricket Wireless

4810 W Desert Inn Rd Ste 3

Las Vegas, NV 89102

702-648-8998

[nancy.delgado@mobilelinkusa.com](mailto:nancy.delgado@mobilelinkusa.com)



February 16, 2018

To Whom It May Concern,

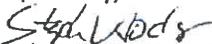
Jose Ferran was hired at Partell Specialty Pharmacy June 18, 2017. At that time we believed Joe had the experience, maturity and personality to be a key employee for us.

Since his hiring Joe has meant a lot to our pharmacy and staff. He is a responsible pharmacist and mentor to our other pharmacists, technicians and clerks. Joe excels at customer service and has easily become a customer favorite. He will always take his time to make sure our patients understand their medicine and are comfortable following the physician's orders.

Joe was promoted to PIC at our West location and immediately improved the patient satisfaction and management of that location. We are lucky to have Joe on our team. We entrusted him with management of our customer, staff and Pharmacy.

Please contact me if you need a reference on Joe's performance or character, both are outstanding.

Respectfully,

  
Stephen V. Hodges, President

I declare under penalty of perjury of the laws of the State of Nevada and the United States Constitution that the foregoing is true and correct to the best of my knowledge.

BIO-IDENTICAL  
HORMONE  
REPLACEMENT  
THERAPY

MENOPAUSE

PREMENSTRUAL  
SYNDROME

ADULT HORMONE  
DEFICIENCY

ANTI-AGING  
MEDICINE

HUMAN GROWTH  
HORMONE

ERECTILE  
DYSFUNCTION

PROFESSIONAL  
NUTRACEUTICAL  
FORMULAS

DERMATOLOGY

PEDIATRICS

AUTISM

PAIN MANAGEMENT

FIBROMYALGIA

DENTISTRY

HEPATITIS C

INFERTILITY

VETERINARY  
MEDICINE

**WEST**

8751 W. Charleston Blvd. #120 • Las Vegas, NV 89117  
702.685.3800 • Fax: 702.685.3636

**EAST**

5835 S. Eastern Ave. #101 • Las Vegas, NV 89119  
702.791.3800 • Fax: 702.791.3630

PartellPharmacy.com

February 8, 2018

To Whom It May Concern:

My name is Mitchell Whitaker, Jr. I'm the District Manager for Partell Pharmacy in Las Vegas, NV. I'm writing this letter on behalf of Jose "Joe" Ferran. I met Joe in June of 2017 when he was hired by Partell as a staff pharmacist. One month later Joe was promoted to Pharmacy manager at the location I work at. Joe and I work very closely on a daily basis to manage the business.

Joe has been an outstanding employee during his time at Partell. He arrives at work with a positive attitude and ends his day the same way. He is always punctual and ready to work. He adjusts his schedule to fit the needs of the business and is always willing to help wherever needed. As a manager, Joe is always concerned about employee well being and helping the staff to be the best that they can be. Joe displays a genuine attitude of care and concern for the business. He is the type of pharmacist that is passionate and views his contributions as more than just a job.

As I have gotten to know Joe, I consider him more than just a co-worker, Joe has become my friend. I have witnessed him take time with employees, colleagues, and patients in a manner that only a kind, caring, intelligent person is able to do. He is respected by the community as well as his work family. Joe is someone that I would have no hesitation coming to for advice, help, or just to vent. In the time I have known him, we have built a trusting bond that is refreshing to have in a co-worker.

Recently, Joe set me down and had a conversation with me concerning mistakes he had made in the past. While employed by Wal-Mart he made errors in judgment that have caused his pharmacist license to be in jeopardy. He was humble and apologetic during this conversation. He did not try to make excuses for his poor judgment, but rather took ownership. I can tell that he understands the magnitude of his mistakes and sees this as a temporary lapse in judgment that will not repeat itself. I walked away from this conversation gaining even more respect for Joe and truly believe that this was a one-off event.

Sincerely,



Mitchell Whitaker, Jr., CPhT  
District Manager – Partell Pharmacy

"I declare under penalty of perjury of the laws of the State of Nevada and the United States Constitution that the foregoing is true and correct to the best of my knowledge."

February 2, 2018

To Whom It May Concern:

It is my pleasure to write this letter for Jose Ferran. I am the Human Resource Manager for Partell Pharmacy and met Jose during his interview for employment with Partell. I am aware of why Jose is being asked to appear in front of the Board. In my position you always hope that you have made the right decision for the company as to which candidate you chose. I can tell you our decision to hire Jose was the correct one.

Jose is an intelligent, capable, dedicated and personable pharmacist. He pays close attention to details and is conscious of everything he does on the job. The staff have great trust and respect in his leadership. When problems arise he is quick to resolve them while keeping a calm environment. I have seen the rapport he has developed with our customers. Jose has an honest sense of empathy which gives him a keener sense of patience and kindness.

Since Jose's employment with Partell he has quickly become an asset to Partell. He has truly shown remorse for his actions and I hope he can continue to serve the Las Vegas community.

Please feel free to contact me with any questions you may have.

Best Regards,



Pamela Pecoraro  
H.R. Manager  
702-685-3800 ext. 308  
ppecoraro@partellmedrx.com

January 28, 2018

To Whom It May Concern:

Prior to the start of my second year in pharmacy school, I was assigned to complete a six-week pharmacy learning experience at the East Tropicana Wal-Mart Pharmacy. Jose, nicknamed "Joe," Ferran was my designated preceptor and also the Pharmacy manager. He had graduated from the first class of Roseman University of Health Sciences (formerly known as the University of Southern Nevada) College of Pharmacy and had served as a preceptor for the school. Throughout the course of those six weeks, I spent a significant amount of time working alongside Joe. He taught me valuable lessons on how to develop my pharmacy practice and exhibited exemplary care and compassion towards his patients in a manner unparalleled to my prior observations working in a retail setting. In the following paragraphs, I would like to provide my insider's perspective on Joe's fulfillment of his role as the community pharmacist in charge based on my experience as his student pharmacist.

In any profession, punctuality is one of the inherent qualities of a strong work ethic. Each time I presented to the pharmacy, I'd remembered seeing that the window shades were still down, yet unfailingly, I would peek through the door window and noticed Joe working diligently prior to the opening hours. He would let me in and promptly explained what he was working on. I enjoyed learning from him because he was very organized and displayed a sense of composure that radiated calmness to all the pharmacy team members. As often occurs in retail pharmacy settings, there are peak hours that are characterized by high prescription volume and waves of patient influx, and the stress levels in the pharmacy escalate to a mad rush. However, under Joe's management, one would wonder if he ever felt afflicted by the conundrum around him, because he perpetually exuded assertiveness and friendliness in these under-pressure moments, all while meeting the demands of the workload. In fact, as a student, I would look forward to "Joe days" because it meant that despite the busy setting, he would still teach me in the midst of the chaos.

Aside from his outstanding skills as a pharmacy manager, Joe demonstrated a genuine impetus for the care of his patients. Many pharmacists fall into the trap of answering patients' inquiries for OTC products by pointing to the aisle where they could potentially find what they are looking for, especially during busy hours. From my time at Wal-Mart, I continuously kept seeing Joe come out from the pharmacy doors to personally help the patient. Most importantly, he quickly gravitated from behind his counter to answer any questions or counsel patients without a technician asking him to do so.

Joe was very keen in addressing clinical matters. I specifically remember two patient cases that impacted my understanding of why pharmacists are truly the "first line of care" for many patients. The first one was a middle-aged gentleman who presented to the pharmacy with jaundice and right-sided abdominal pain. He asked for Joe's advice in regards to OTC medications he could take to relieve his pain. I recalled Joe reiterating to the patient the urgent need to visit a doctor multiple times during the counseling conversation. As it later turned out, this

patient was diagnosed with liver malignancy. He presented back to the pharmacy and personally thanked Joe for saving his life. Due to the persistence with which Joe spoke to him about seeing a doctor, he had sought medical care that same day. His cancer was detected in a curable stage. Another case that vividly comes to mind is that of an old Cuban gentleman, who was notorious for "making scandals" at the check-out counter when his prescriptions were rung up. During this particular time, the patient's albuterol inhaler co-pay had gone up, and he did not have enough money to purchase it. He explained that he had been having more bouts of shortness of breath and that he needed the medication sooner than later. Joe calmly explained the insurance situation to the patient in Spanish due to the patient not speaking English and offered to call the doctor. (By the way, Joe is one of the few pharmacists in Las Vegas, fluent in Spanish. In fact, the majority of the Spanish-speaking clientele at the pharmacy, consistently asked for his services upon presenting to the counter). Despite failed attempts to contact the physician's office, the patient insisted that he needed the medication that same day as he was unable to return to the pharmacy until the upcoming week. It was then that I witnessed an action I had never seen before. Joe reached for his own personal wallet and paid the patient's co-pay. I was very surprised and yet so humbled by what I had seen. Joe explained that compassion and kindness go hand-in-hand in this profession and he had felt the ethical obligation to help the patient at that moment. I later reflected further on that incident. I felt inspired and understood why compassion is such an important quality trait in a pharmacist.

Recently, Joe communicated to me that he was no longer working for Wal-Mart. He acknowledged that he had made wrongful decisions in his practice and deeply lamented his errors. These actions have placed his pharmacy license in jeopardy and could potentially end his career as a licensed pharmacist in the state of Nevada. Joe understands the magnitude of his mistakes and will do everything that he can to rectify his behavior. As someone who was once his student, and now a practicing pharmacist, I ask that you consider his many years of service to the Las Vegas community, his remarkable and compassionate patient care, and most of all, his love for the pharmacy profession.

Sincerely,



Leonor Rojas, PharmD., BCPS

"I declare under penalty of perjury of the laws of the State of Nevada and the United States Constitution that the foregoing is true and correct to the best of my knowledge."

Robert Seik, PharmD, FMNM  
CEO – Owner  
Partell Specialty Pharmacy  
8751 W. Charleston Blvd.  
Suite 120  
Las Vegas, NV 89117

To Whom It May Concern,

I declare under penalty of perjury of the laws of the State of Nevada and the United States Constitution that the foregoing is true and correct to the best of my knowledge.

I have known Jose 'Joe' Ferran since he became a staff pharmacist for my company in June 2017. Joe performed exceptionally as a pharmacist and was quickly promoted to Pharmacy Manager in July 2017. From the beginning, Joe has been a consummate professional and has garnered the respect and appreciation of my company's loyal prescribers and their customers as well as the pharmacy staff and the company's executive team.

Joe is efficient, detail-oriented, and extremely competent. He often successfully finishes Pharmacy Manager tasks before their deadlines. He is extremely organized and never misses an opportunity to give my pharmacy's customers exceptional service with his promptness, knowledge, and kindness.

Joe also has an excellent rapport with the pharmacy staff along with me and the rest of the company's executive team. He has excellent communication skills and is an extremely capable and reliable pharmacy manager. I am confident in Joe's ability to operate as a manager for my company and I trust him implicitly, a trust he has earned through his exemplary service as an excellent employee and his professionalism as a pharmacist.

In summary, my support of Jose 'Joe' Ferran and this letter of reference is something he has earned and is well-deserved.

Sincerely,



Robert Seik, PharmD, FMNM  
702-686-5218  
rseik@partellpharmacy.com

### **Exhibit E.**

#### **“Continuing Education Units.”**

- 3.8.19 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism Course Completion Certificate
- 3.8.19 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism 12 month Follow Up Course Completion Letter
- 9.5.18 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism 6 month Follow Up Course Completion Letter
- 2.25.18 Professional Boundaries, Inc., Pharmacy Ethics and Professionalism Course Completion Letter
- 2.24-25.18 UC Irvine Professional Boundaries Pharmacy Ethics and Professionalism Course Agenda (CEU 22)
- 2.13.18 UC Irvine Professional Boundaries Pharmacy Ethics and Professionalism Course Pre-course Instructions
- 2008-2015 Walmart CEUs Spreadsheet



March 08, 2019

Jose Angel Ferran, PHARMD  
Mantle Ave  
North Las Vegas, NV 89084

Dear Jose Angel Ferran:

This letter will confirm that you participated in the 12-month follow-up session for the February 24 -25, 2018 **PBI Pharmacy Ethics and Professionalism**. Your participation in the program is now complete.

If you are under regulatory requirement to complete the follow-up component of this course, you may provide this letter to your regulator in addition to your Certificate of Completion. You are responsible for providing your regulator with a copy of your Certificate of Completion.

We hope you found the course to be insightful and helpful in going forward in your career. Thank you for choosing PBI.

If you have any questions or concerns, please do not hesitate to contact Leia Leiser, Education and Development Manager at 904-860-6204.

Best,

A handwritten signature in black ink, appearing to read "Leia Leiser", is written over a light blue horizontal line.

Leia Leiser

Education and Development Manager

Professional Boundaries, Inc. (Provider #217) is accredited by the California Accreditation of Pharmacy Education (CAPE) as a recognized provider of continuing pharmacy education. CE Credit for this program expires March 14, 2021. CAPE is accredited by the Pharmacy Foundation of California to provide continuing medical education for pharmacists.



*PBI Education*  
*(a trade name of Professional Boundaries, Inc.)*  
*certifies that*

**Jose Angel Ferran, PharmD**  
**License Number: NV-16283**  
**Mantle Ave**

*Has participated in the live activity and completed the necessary requirements to receive credit for the following continuing pharmacy education course:*

**PBI Pharmacy Ethics and Professionalism**

*on*

February 24-25, 2018

**and is awarded 22 Hours, 2.2 CPE / CEU Credits**



PBI Education (Provider #217) is accredited by the California Accreditation of Pharmacy Education (CAPE) as a recognized provider of continuing pharmacy education. CE Credit for this program expires March 14, 2021. CAPE is accredited by the Pharmacy Foundation of California to provide continuing medical education for pharmacists.

A handwritten signature in black ink, appearing to read "Stephen J. Schenthal".

\*Not valid unless signed by the CAPE Administrator.

Stephen J. Schenthal, MD, MSW  
 CAPE Administrator  
 PBI Education

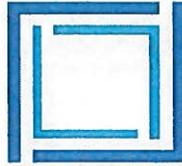
PBI Education  
 1301 Riverplace Blvd., Suite 800  
 Jacksonville, FL 32205  
 (Phone) 904-800-1237  
 (Fax) 305-723-8547  
 www.pbieducation.com

03/08/2019

Date Issued

03/08/2022

Course Expiration Date



**PROFESSIONAL BOUNDARIES, INC.**

*Keeping Professionals Professional*

September 05, 2018

Jose Angel Ferran, PHARMD

7 Mantle Ave

North Las Vegas, NV 89084

Dear Jose Angel Ferran:

This letter confirms that you have completed the 6-Month Follow-up component for the *PBI Pharmacy Ethics and Professionalism* that you attended February 24 -25 2018 in Irvine, . **You are responsible for providing the Pharmacy Board with a copy of this letter.**

The board requires you to participate in a 12 month follow-up in February 2019 or sooner if you must complete the course prior to that date, in order to receive your Certificate of Completion.

The board will be notified by PBI after you have completed all requirements of the program. At the successful completion of your second longitudinal follow-up in February 2019 or sooner if you must complete the course prior to that date, you will receive a Certificate of Completion. **You are responsible for providing the board with a copy of your Certificate of Completion.**

If you have any questions or concerns, please do not hesitate to Leia Leiser, Education and Development Manager at 904-860-6204.

Best,

Leia Leiser

Education and Development Manager

cc: Board

Professional Boundaries, Inc. (Provider #217) is accredited by the California Accreditation of Pharmacy Education (CAPE) as a recognized provider of continuing pharmacy education. CE Credit for this program expires March 9, 2019. CAPE is accredited by the Pharmacy Foundation of California to provide continuing medical education for pharmacists.



**PROFESSIONAL BOUNDARIES, INC.**

*Keeping Professionals Professional*

February 25, 2018

Jose Angel Ferran, PHARM.D  
Mantle Ave  
North Las Vegas, NV 89084

Dear Jose Angel Ferran:

This letter confirms that February 24-25 2018, you attended the Pharmacy Ethics and Professionalism Course portion of the PBI PE-22C ethics program in Irvine. The board requires that within one year after course completion you complete a longitudinal follow up component of the program in order to receive your Certificate of Completion for the ethics program. (If your probationary period ends within less than a year, you may be required to complete your follow-up component earlier.) To date, you have completed 22 CE/CPE credit hours, which include 8 CE/CPE credit hours of pre-course work and 14 CE/CPE credit hours from the 2-day live portion of the program that you attended.

**The board requires you to participate in the 6 & 12 month follow-ups in August 2018, and February 2019, in order to receive your Certificate of Program Completion.**

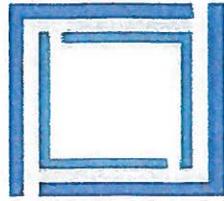
The board will be notified by PBI after you have completed all requirements of the program. At the successful completion of your second longitudinal follow-up, you will receive a Certificate of Completion from the California Accreditation of Pharmacy Education (CAPE). **You are responsible for providing the board with a copy of your Certificate of Completion.**

If you have any questions or concerns, please do not hesitate to contact Leia Hutfles, Course Administrator, at 904-800-1237.

Sincerely,

Leia Hutfles  
Course Administrator

*Professional Boundaries, Inc. is accredited by the California Accreditation of Pharmacy Education (CAPE) as a recognized provider of continuing pharmacy education. CE Credit for this program expires March 9, 2019. CAPE is accredited by the Pharmacy Foundation of California to provide continuing medical education for pharmacists.*



**PBI Pharmacist Ethics  
and Professionalism Course**  
AN ETHICS PROTECTION, VIOLATION PREVENTION  
COURSE

Year Round Availability

IN PARTNERSHIP WITH THE CALIFORNIA ACCREDITATION FOR  
PHARMACY EDUCATION AND THE CALIFORNIA BOARD OF  
PHARMACY



**22 CPE CREDIT HOURS\***  
ADDITIONAL 12 CREDITS AVAILABLE THROUGH WEEKLY POST-COURSE  
TELECONFERENCES FOR INCREASED ACCOUNTABILITY AND ENHANCED  
FOLLOW-UP.

Produced by  
Professional Boundaries, Inc.

**Course Objectives**

**Upon completion, participants will:**

- Define the concept of professionalism as it relates to pharmacists
- Identify unique risk factors that create legal, regulatory, and risk management issues for pharmacists
- Discuss the important statutes and regulations that govern the practice of pharmacy, how and why they were created, and what boards of pharmacy do to enforce them
- Identify how and why pharmacists enter the legal/regulatory system
- Define the concept of unprofessional conduct
- Identify and define violation potentials for ethical issues utilizing the Ethics Formula
- Create a personal Ethics Protection Plan to maintain professional ethics and safeguard against ethics violations
- Demonstrate the use of peer group discussions to solve ethical dilemmas

### **Course Schedule & Outline**

**Pre-course Component - 8 CPE HOURS:** Prior to the live course, the participant will complete the following:

- Reading assignments - PE-22 Reading Packet
- Submit copies of their board order(s)
- Write in their own words a description of their violation
- Look up, read, and critique their own specialty and pharmacy codes of ethics
- Write their own personal "Code of Ethics"
- Research their violation through review of state statutes and regulations
- List and analyze their personal vulnerabilities, the risk factors intrinsic within their particular work setting, their resistance to exploring these factors, and accountability that might help prevent future violations

**THE COURSE BEGINS EACH DAY AT 8:15 AM AND CONCLUDES EACH DAY AT 5:00 PM. ALL OTHER TIMES MAY VARY.**

**This course is designed to be an interactive course with specific objectives to accomplish within the designated time frame. Attendee participation is required throughout. In order to qualify for the 22 CPE credit hours, attendees must be present and participating each day from 8:15 am to 5:00 pm. Please make travel arrangements accordingly.**

**LIVE COURSE, Day 1:**

**8:15 AM - 9:00 AM**

Orientation, fundamentals, and overview

- Introductions / Logistics / Course Overview / Goals & Objectives
- Faculty disclosure statements / Confidentiality statement
- Code of Ethics and the Hippocratic Oath-Betraying Professional Trust
- Sharing by each attendee regarding why they are in the course and what their expectation and goals are for the course - feedback by the group
- Taking accountability for what you have done

**9:00 AM - 10:15 AM**

Medical Ethics, oaths, boards, and ethics violations

- Lecture and discussion
- Domino effect
- State boards differ
- Ethical principles - AMA, Hippocratic Oath, APhA, others
- Unprofessional behavior
- Causes / psychodynamics of Ethics Violations
- Clinical Framework

**10:15 AM - 10:30 AM**

BREAK

**10:30 AM - 11:15 AM**

Sex, Drugs, Power, and Disciplinary Action

- Lecture and discussion
- Professionalism and why it's important
- Overview of the most common problems that jeopardize pharmacist's licenses
- Sexual boundary violations
- Substance abuse among pharmacists
- Disruptive behavior among pharmacists

**11:15 AM - 12:15 AM**

Group discussion regarding causes of ethics violation

- All participants share regarding underlying causes of their violations
- Review of individual violations
- Review of assignments
- Orientation to the Ethics / Boundaries Formula
- Learning to apply the concepts of the Formula for greater insight into ethical processing

**12:15 PM - 1:15 PM**

LUNCH

**1:15 PM - 2:00 PM**

Categories of pharmacists by professional/personality type

- Know/care
- Don't know/care
- Know/don't care
- Don't know/don't care

**2:00 PM - 2:45 PM**

Risk factors for pharmacist adversity

- How they were taught to see themselves in school
- Intellectual attributes of the typical pharmacist
- Personality traits of the typical pharmacist
- Professional expectations of pharmacists by other stakeholders (patients, MDs, nurses, regulators, attorneys)
- Pressure to perform in a certain way by other stakeholders (supervisors, regulators)

**2:45 PM - 3:00 PM**

BREAK

**3:00 PM - 5:00 PM**

Overview of the legal system

- The court system
- Statutes
- Regulations
- How and why pharmacists enter the legal/regulatory system
- How to keep pharmacists out of the legal/regulatory system
- The logistics of the California Board of Pharmacy disciplinary system
- Unprofessional conduct
- Legal, regulatory, and risk management issues unique to pharmacists
  - Acts of omission
  - Failure to perform drug utilization reviews
  - Failure to counsel
  - Failure to maintain records
  - Failure to exercise "corresponding responsibility" in dispensing of controlled substances
  - Drug diversion for self-use or future sale
  - Substandard compounding
  - Illegal manufacturing under the guise of compounding
  - Violations of basic business law
    - Fraud, waste, and abuse
    - Violations of trade laws involving prescription drugs
  - Reasons why some pharmacists appear oblivious to potential adversity

**LIVE COURSE, Day 2:**

**8: 15 AM - 10:00 AM**

The Ethics Formula™ - developing an individualized Stratified Ethics Protection Plan™

- Review of previous day's material
- Explanation of violation potential
- Review of risk factors and how they contribute to ethics violations

**10:15 AM - 10:30 AM**

BREAK

**10:30 AM - NOON**

Boundary and Ethics Formula - developing your personal protection plan

- Review of personal vulnerabilities and how they contribute to an ethics violation
- Resistance and resistance to facing resistance
- Developing your personal protection plan

**NOON - 1:00 PM**

LUNCH

**1:00 PM - 2:00 PM**

Self-care, Red Flags, Protect Yourself

- Lecture and small group discussion
- Review of "self-care" necessities
- How to identify when you are "wandering off course"
- Questions about how boards operate

**2:00 PM - 3:00 PM**

Developing your own Personal Ethics Violation Protection Plan

- Participants will take the Ethics Self-Assessment Test (ESAT)
- Developing a first draft of the Stratified Ethics Protection Plan
- Share protection plans individually to the group and receive feedback from the group

**3:00 PM - 3:15 PM**

BREAK

**3:15 PM - 4:45 PM**

Developing your own Stratified Ethics Protection Plan (cont'd.)

- Revise individualized protection plans based on feedback
- Role play protection plan
- Discussion and program evaluations

**4:45 PM**

ADJOURN

## CPE Information

### Accreditation Statement

Professional Boundaries, Inc. is an accredited provider of continuing education courses for pharmacy professionals under the requirements of California Accreditation for Pharmacy Education and the California Board of Pharmacy. **CAPE PROVIDER #217**

### Designation Statement

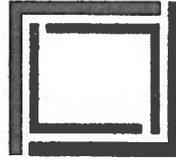
California Accreditation for Pharmacy Education and the California Board of Pharmacy designates these live activities each for a maximum of 22 PRA Category 1 Credits™. Pharmacists should claim only the credit commensurate with extent of their participation in the activity.

### Disclosure Policy

It is the policy of the California Accreditation for Pharmacy Education and the California Board of Pharmacy to ensure balance, independence, objectivity and scientific rigor in all CPE activities. Full disclosure of conflicts and conflict resolutions will be made prior to the activity in writing via handout materials, insert, or syllabus.

### California Assembly Bill 1195

This activity is in compliance with California Assembly Bill 1195, which requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. For specific information regarding Bill 1195 and definitions of cultural and linguistic competency, please visit the CPE website at [www.cpha.com/cape](http://www.cpha.com/cape).

**PROFESSIONAL BOUNDARIES, INC.***Keeping Professionals Professional***Pharmacy Ethics and Professionalism****Pre-Course Instructions**

**IMPORTANT: PLEASE COMPLETE AND SUBMIT ALL ASSIGNMENTS NO LATER THAN THE TUESDAY BEFORE THE LIVE COURSE**

Complete your Personal Profile form

Upload an entire copy of any and all board order(s), or correspondences regarding your offense. Board Orders should include Accusation, Factual Findings, Stipulated Settlement, etc.

Download the live course agenda for a detailed outline of the topics covered during the live course.

Download, print, and read the reading packet.

Read sections I-IV ('Introduction' through 'The Concept of Moral Authority').

**Assignment - Ethical Violations: Research Your Violation**

Rather than studying the vast spectrum of offenses, participants are to study their particular offense in relationship to the specific Code of Ethics and state statutes that were transgressed. Codes of Ethics can usually be found at your professional specialty's website, or on the American Pharmacist Association website. Research these statutes and

2/13/2018

## PE-22 Pharmacy Ethics &amp; Professionalism Course

codes pertaining to your offense and identify the exact codes or laws you may have violated.

Copy and paste into a document, and/or summarize the following, pertaining to your offense (or alleged offense):

- o Statutes (Medical Practice Act or similar) from your state laws
- o Laws, rules, guidelines, policies from your regulatory board website
- o Code of ethics from state or national associations, specialty societies, and/or any other professional groups that regulate or support your profession
- o In your own words, summarize any ethical offense(s) you are accused of having committed.

Click [Here](#) to upload this assignment.

**Assignment - Personal Code of Ethics**

Develop a document that reflects your personal code of ethics, in your own words. You may utilize a format and/or content similar to that of your professional association, or any other you prefer.

Click [Here](#) to upload this assignment.

**Assignment - My Story**

Write an essay, 1-3 pages in length, entitled "My Story", in which you provide a detailed description of your violation or offense, as well as the "how" and "why" it occurred at this point in your career.

Click [Here](#) to upload this assignment.

Read sections V-VII ('The Ethics Formula and the Slippery Slope' through 'Accountability and Forgiveness').

**Assignment - Personal Vulnerabilities and Risk Factors**

Create a list of your personal vulnerabilities and risk factors, as described in the section "Overview of the Formula Elements" (pages 20-30).

Click [Here](#) to upload this assignment.

Please remember to print out a copy of all four assignments to bring with you to the live course.























**Exhibit F.****“Performance Evaluations.”**

2017 Annual Performance Evaluation  
2016 Annual Performance Evaluation  
2015 Annual Performance Evaluation  
2014 Annual Performance Evaluation  
2013 Annual Performance Evaluation  
2013 Mid Year Performance Evaluation  
2012 Annual Performance Evaluation  
2012 Mid Year Performance Evaluation  
2011 Annual Performance Evaluation

# FY17 Annual Performance Evaluation (50/40/10)-WM Goal Plan PMv11 for JOSE FERRAN



## Associate Information

Last Name: FERRAN  
 First Name: JOSE  
 Job Title: Pharmacy Manager  
 PM Job Code: 100000421  
 Manager: MOLLIE HARLOW  
 PM Facility/Location: 4557

## Goals

**Category: Relative**  
**Performance Goal:**  
 CUSTOMER EXPERIENCE RX  
**Plan:** 9.15      **Actual:** 9.15      **Index:** 0.00%      **Percentile:** 0.00%      **Weight:** 25.0%  
**Rating:** Solid Performer

**Category: Relative**  
**Performance Goal:**  
 SALES \$ INDEX TO PLAN  
**Plan:** \$9,156,398.45      **Actual:** \$8,696,863.03      **Index:** 94.98%      **Percentile:** 9.60%      **Weight:** 25.0%  
**Rating:** Development Needed

**Category: Relative**  
**Performance Goal:**  
 TOTAL PROFIT \$ INDEX TO PLAN  
**Plan:** \$989,843.59      **Actual:** \$1,075,470.23      **Index:** 108.65%      **Percentile:** 78.00%      **Weight:** 25.0%  
**Rating:** Exceeds Expectations

**Category: Relative**  
**Performance Goal:**  
 QUALITY  
**Plan:** 0.00%      **Actual:** 4.80%      **Index:** 0.00%      **Percentile:** 0.00%      **Weight:** 25.0%  
**Rating:** Exceeds Expectations

## Goals Summary

**Category: Summary**  
**Performance Goal Summary:**  
 Summary      **Percentile:**  
 0  
**Rating:** Solid Performer

**Section Comments:**  
**Managers Comments:**  
 QPF=Green 105.6% 9.66  
 Q=Green 106.5% 9.82  
 P=Green 105.4% 9.43  
 F=Green 104.6% 9.83  
 Green all year, 54 surveys

**Associates Comments:**  
 Despite a very aggressive plan we have done well all except for sales. We have maintained one of the highest customer experience's in the region. We have maintained a YTD profit over 100% and have maintained excellent quality numbers throughout the year.

## Competencies

When rating competencies, access the competency definitions and performance standards within the 'writing assistant' located in the Competencies Section Comments area.

B. Thought Leadership: Judgment: Make Informed Judgments (6595)

**Rating by MOLLIE HARLOW:**  
**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**  
**Rating:** Solid Performer

C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)

**Rating by MOLLIE HARLOW:**  
**Rating:** Role Model

**Rating by JOSE FERRAN:**  
**Rating:** Role Model

C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)

**Rating by MOLLIE HARLOW:**  
**Rating:** Solid Performer

**Rating by JOSE FERRAN:**  
**Rating:** Solid Performer

D. People Leadership: Influence and Communicate: Build and Influence Team (6592)

**Rating by MOLLIE HARLOW:**  
**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**  
**Rating:** Solid Performer

E. Personal Leadership: Adaptability: Adapt and Learn (6579)

**Rating by MOLLIE HARLOW:**  
**Rating:** Solid Performer

**Rating by JOSE FERRAN:**  
**Rating:** Solid Performer

H. Functional: Compliance Focused Execution- Facility (2819)

**Rating by MOLLIE HARLOW:**  
**Rating:** Solid Performer

**Rating by JOSE FERRAN:**  
**Rating:** Solid Performer

H. Functional: Quality Patient Care- Facility (2822)

**Rating by MOLLIE HARLOW:**  
**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**  
**Rating:** Solid Performer

**Section Comments:**

**Managers Comments:**

Judgment- good self awareness and self assessment of the business, Joe's opinion is truly valued in the market, teaches IMZ class, shares best practices  
Customer centered performance- Green all boxes, all times, ranked #1 or 2 in all areas for the region, PEM 92%, In-store on-time % 80%  
Influence and communicate- takes a team approach, all techs knowledgeable of all processes, all techs extremely high performing, shares best practices on conference calls, influences all staff in positive manner, one of the best workflows, pilot store for all new rollouts  
Quality Pt Care- 810 IMZ given, 2 star 4/5 & top 20, IA 97.89% for the year

**Associates Comments:**

Our customer experience is one of the highest in the region. When the customer is happy with their experience and our service, everything else falls into place.

**Diversity and Inclusion**

When rating Diversity, access the Diversity definition and performance standards within the 'writing assistant' located in the Diversity and Inclusion Section Comments area.

G. Diversity: Diversity: (6571)

**Rating by MOLLIE HARLOW:**  
**Rating:** Solid Performer

**Rating by JOSE FERRAN:**  
**Rating:** Solid Performer

**Section Comments:****Managers Comments:**

Joe has met the company diversity requirement.

**Associates Comments:**

Diversity is an area that closely follows the customer experience. I strive to create a diverse workplace and train my staff to acknowledge and embrace the diversity of the community in which we work to better serve the customer. I create a positive workplace by consistently encouraging teamwork in an environment of respect where associates value and seek to understand the different perspectives of others and in turn that positiveness is reflected on to the customers.

**Strengths and Opportunities (Associate Comments)**

This section provides a perspective on performance results and accomplishments throughout the year.

**Strengths**

- Maintained profit of >100% YTD.
- Met and surpassed IMZ goal.
- Maintained input accuracy of >95% all year.
- Achieved one of the highest QPF scores in the region all throughout the year.
- Continued to build on MTM.

**Opportunities**

Our focus for this year will be to further implement our clinical MTM services in our workflow. Our goal is to get all our clinical metrics to 5 starts and eventually to top 20%. We will accomplish this by continuing to the tools provided to us in terms of PMAR, outcomes MTM, Mirixa, and eventually Sinfonia.

**Strengths and Opportunities (Manager Comments)**

This section provides specific feedback to the associate on accomplishments and observed behaviors throughout the year. Comments will appear on an associate's record in other HR systems.

**Strengths**

1. Maintained a green store the entire year- Outstanding customer service in all rating areas
2. IA score above 97% for the year, highly trained exceptional techs
3. PEM and In-store ontime % one of the highest in the market

**Opportunities**

1. Make adherence a focus to meet the 2017 CMS star ratings
2. Would like to see more surveys throughout the year
3. IMZ goal will be tougher next year- need to develop plan early

**Summary**

Overall Performance Rating: Solid Performer

	Rating	Weights
<b>Goals Summary</b>	<b>Solid Performer</b>	<b>50.0%</b>
<b>Summary</b>	Solid Performer	
<b>Competencies</b>	Exceeds Expectations	40.0%
<b>B. Thought Leadership: Judgment: Make Informed Judgments (6595)</b>	Exceeds Expectations	
<b>C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)</b>	Role Model	
<b>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</b>	Solid Performer	
<b>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</b>	Exceeds Expectations	
<b>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</b>	Solid Performer	
<b>H. Functional: Compliance Focused Execution- Facility (2819)</b>	Solid Performer	
<b>H. Functional: Quality Patient Care- Facility (2822)</b>	Exceeds Expectations	
<b>Diversity and Inclusion</b>	Solid Performer	10.0%

**G. Diversity: Diversity: (6571)****Solid Performer**

Signature

The electronic signature acknowledges the performance discussion has taken place between the associate and manager. As a manager, it acknowledges you have reviewed any final comments made by the associate.

Associate: JOSE FERRAN 03/24/2017

JOSE FERRAN

Manager: MOLLIE HARLOW 04/03/2017

MOLLIE HARLOW

# FY16 Annual Performance Evaluation (50/40/10)-WM Goal Plan for JOSE FERRAN



## Associate Information

Last Name: FERRAN  
 First Name: JOSE  
 Job Title: Pharmacy Manager  
 PM Job Code: 100000421  
 Manager: MOLLIE HARLOW  
 PM Facility/Location: 4557

## Goals

**Category: Relative**  
**Performance Goal:**  
 CUSTOMER EXPERIENCE RX

Plan:	Actual:	Index:	Percentile:	Weight:
9.1	9.2	0.00%	0.00%	25.0%

**Rating:** Role Model

**Category: Relative**  
**Performance Goal:**  
 SALES \$ INDEX TO PLAN

Plan:	Actual:	Index:	Percentile:	Weight:
\$8,483,551.95	\$8,375,913.71	98.73%	0.00%	25.0%

**Rating:** Solid Performer

**Category: Relative**  
**Performance Goal:**  
 TOTAL PROFIT \$ INDEX TO PLAN

Plan:	Actual:	Index:	Percentile:	Weight:
\$989,613.11	\$1,063,891.37	107.51%	0.00%	25.0%

**Rating:** Exceeds Expectations

**Category: Relative**  
**Performance Goal:**  
 QUALITY

Plan:	Actual:	Index:	Percentile:	Weight:
0.00%	4.70%	0.00%	0.00%	25.0%

**Rating:** Role Model

## Goals Summary

**Category: Summary**  
**Performance Goal Summary:**  
 Summary

**Percentile:**  
 0%

**Rating:** Exceeds Expectations

### Section Comments:

#### Managers Comments:

Customer Experience (goal>9) - actual 9.1  
 Sales index to plan: 98.7%  
 Profit index to plan: 107.5%  
 Quality index: 4.7

#### Associates Comments:

Continue to drive our business by engaging our customers in the community.

## Competencies

When rating competencies, access the competency definitions and performance standards within the 'writing assistant' located in the Competencies Section Comments area.

B. Thought Leadership: Judgment: Make Informed Judgments (6595)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)

**Rating by MOLLIE HARLOW:**

**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

D. People Leadership: Influence and Communicate: Build and Influence Team (6592)

**Rating by MOLLIE HARLOW:**

**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

E. Personal Leadership: Adaptability: Adapt and Learn (6579)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Compliance Focused Execution- Facility (2819)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Quality Patient Care- Facility (2822)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

**Section Comments:**

**Managers Comments:**

IMZ (goal 592) -actuals 174 expanded, 273 flu =447 total IMZ (missed Goal here)  
Outcome tips (goal NER >35%) 118% completion 88% NER  
Outcome CMR 100% successful  
Mirxia cases 56% completed, 56% successful  
Mirxia CMR- 0 assigned

**Associates Comments:**

Ensures Customers/Members receive the level of service that builds their trust and confidence.

Adj IA (goal >95%) actual 97.2%

Input re-routing (goal 88%) - actual 84%

Pt expectations met (goal >80%) - actual 90%

In-store ontime (goal 80%) -actual 74%

**Diversity and Inclusion**

When rating Diversity, access the Diversity definition and performance standards within the 'writing assistant' located in the Diversity and Inclusion Section Comments area.

C. Diversity: Diversity: (6571)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

**Section Comments:****Managers Comments:**

Joe has met the company diversity requirement.

**Associates Comments:**

Completes all diversity requirements applicable to his or her position (example: mentoring, inclusive behaviors, diversity and inclusion training, etc.)

**Strengths and Opportunities (Associate Comments)**

This section provides a perspective on performance results and accomplishments throughout the year.

**Strengths**

Our commitment to customer service is the primary reason for growth of our business. Our persistent training of our pharmacists, technicians, and cashiers through our quality care initiatives only improve our focus on the customer.

**Opportunities**

Continue to focus on clinical services such as MTM, and immunizations.

**Strengths and Opportunities (Manager Comments)**

This section provides specific feedback to the associate on accomplishments and observed behaviors throughout the year. Comments will appear on an associate's record in other HR systems.

**Strengths**

Customer centered: CE score above 9 throughout the entire year, few to no 800- complaints, PEM for the year at 90%  
Influence and communicate: leader amongst peers, speaks up on conference calls to offer best practices, above average knowledge level of all associates (aware of goals and priorities)  
Functional quality patient care- excellent job with Outcomes Tips / CMR's and Adj IA, all exceeding company goals

**Opportunities**

Develop technicians and other staff Pharmacists to include immunization discussions in all patient interactions- shy of goal this year  
Consider pulling your team together and leading an associate volunteer or diversity event

**Summary**

	Overall Performance Rating:	Exceeds Expectations	Weights
<u>Goals Summary</u>		Exceeds Expectations	50.0%
<u>Summary</u>		Exceeds Expectations	
<u>Competencies</u>		Solid Performer	40.0%
<u>B. Thought Leadership: Judgment: Make Informed Judgments (6595)</u>		Solid Performer	
<u>C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)</u>		Exceeds Expectations	
<u>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</u>		Solid Performer	
<u>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</u>		Exceeds Expectations	
<u>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</u>		Solid Performer	
<u>H. Functional: Compliance Focused Execution- Facility (2819)</u>		Solid Performer	
<u>H. Functional: Quality Patient Care- Facility (2822)</u>		Solid Performer	
<u>Diversity and Inclusion</u>		Solid Performer	10.0%
<u>G. Diversity: Diversity: (6571)</u>		Solid Performer	

null

Overall Performance Objective Rating 4.0 / 5.0

**Adjusted Objective Rating:** 4.0 / 5.0  
**Overall Competency Rating** 3.23 / 5.0  
**Adjusted Competency Rating:** 3.0 / 5.0

Signature

The electronic signature acknowledges the performance discussion has taken place between the associate and manager. As a manager, it acknowledges you have reviewed any final comments made by the associate.

Associate: JOSE FERRAN 03/29/2016

JOSE FERRAN

Manager: MOLLIE HARLOW 03/29/2016

MOLLIE HARLOW

# FY15 Annual Performance Evaluation (50/40/10)-WM Goal Plan for JOSE FERRAN



## Associate Information

Last Name: FERRAN  
 First Name: JOSE  
 Job Title: Pharmacy Manager  
 PM Job Code: 10000421  
 Manager: MOLLIE HARLOW  
 PM Facility/Location: 4557

## Goals

**Category: Relative**  
**Performance Goal:**  
 CUSTOMER EXPERIENCE RX  
**Rating:** Role Model

Plan:	Actual:	Index:	Percentile:	Weight:
9	9.24	0.00%	0.00%	25.0%

**Category: Relative**  
**Performance Goal:**  
 SALES - PHARMACY  
**Rating:** Role Model

Plan:	Actual:	Index:	Percentile:	Weight:
\$6,633,549.90	\$7,526,704.43	113.46%	0.00%	25.0%

**Category: Relative**  
**Performance Goal:**  
 PROFIT - PHARMACY  
**Rating:** Solid Performer

Plan:	Actual:	Index:	Percentile:	Weight:
\$1,010,610.52	\$1,004,095.90	99.36%	0.00%	25.0%

**Category: Relative**  
**Performance Goal:**  
 QUALITY IMPROVEMENT  
**Rating:** Role Model

Plan:	Actual:	Index:	Percentile:	Weight:
0.00%	4.50%	0.00%	0.00%	25.0%

## Goals Summary

**Category: Summary**  
**Performance Goal Summary:**  
 Summary  
**Rating:** Exceeds Expectations

**Percentile:**  
 0.00%

## Section Comments:

**Managers Comments:**  
 Joe and his staff do an outstanding job taking care of our customers with a 9.31 CE score to prove it and the sales and profit that follow. His quality improvement metrics also indicate he is teaching and training his staff, leading to an efficient and safe pharmacy.

## Associates Comments:

We have had a great year at 4557. Sales, profit, and script count have steadily increased throughout the year while still maintaining a CE score >9 all year.

## Competencies

When rating competencies, access the competency definitions and performance standards within the 'writing assistant' located in the Competencies Section Comments area.

B. Thought Leadership: Judgment: Make Informed Judgments (6595)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

D. People Leadership: Influence and Communicate: Build and Influence Team (6592)

**Rating by MOLLIE HARLOW:**

**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

E. Personal Leadership: Adaptability: Adapt and Learn (6579)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Compliance Focused Execution- Facility (2819)

**Rating by MOLLIE HARLOW:**

**Rating:** Development Needed

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Manages Pharmacy Operations (1126)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Oversees Inventory Flow (1291)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Quality Patient Care- Facility (2822)

**Rating by MOLLIE HARLOW:**

**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

**Section Comments:**

**Managers Comments:**

Overall Joe runs a very solid pharmacy. He teaches and trains his staff to do things the right way, and ensures all associate are doing their part. I consistently receive praises and compliments on him and his staff from customers. Through his leadership, Joe has built a team of associates who truly take pride in their work and their pharmacy.

**Associates Comments:**

This past year has been a year of incredibly increased business. I believe I was able to create a team to focus on the tasks at hand amid our ever-changing pharmacy business.

My team has maintained over 95% input accuracy throughout the year. My MTM champion was crucial in our success implementing MTM in our workflow and my whole team quickly adapted to the new IMZ program.

**Diversity and Inclusion**

When rating Diversity, access the Diversity definition and performance standards within the writing assistant located in the Diversity and Inclusion Section Comments area.

G. Diversity: Diversity: (6571)

**Rating by MOLLIE HARLOW:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

**Section Comments:**

**Managers Comments:**

Jose has met the formal diversity requirement.

**Associates Comments:**

Being Hispanic myself I know the importance of maintaining a diverse work culture. I use examples I've encountered throughout my life and have stressed the importance of having and embracing diversity in order to take care of our customers and making them feel comfortable when they come to do business with us.

**Strengths and Opportunities (Associate Comments)**

This section provides a perspective on performance results and accomplishments throughout the year.

**Strengths**

My performance is only as good as my staff. I have a great staff that truly enjoy what they do and enjoy working with our customers. This is demonstrated by our >9 CE score throughout the year. Pharmacy sales, script count and profit have been stellar this year and none of this would be possible without good staff. From our front line cashiers, to the technicians, and great pharmacists, they have taken my passion of taking care of the customer to heart and made it their own passion.

**Opportunities**

This year I would like to do a better job of maintaining my in-stock availability. This is a sore spot to me. I hope to work with my market manager and colleagues to improve this.

**Strengths and Opportunities (Manager Comments)**

This section provides specific feedback to the associate on accomplishments and observed behaviors throughout the year. Comments will appear on an associate's record in other HR systems.

**Strengths**

Joe has created and fostered an environment of truly companionate team members and extended outstanding customer service to our patients.

TIPs completed 95.38% exceeding company goal of 80% with a 49.19% success rate (goal is 55%)

Maintained a patient expectations met score of 89% exceeding company goal of 80%

IA YTD at 97.5% exceeding company goal of 95%

CE score >9

**Opportunities**

Review S3G reports to ensure we have appropriate staffing

Reduce Over Time

Drive IMZ, both expanded and Flu to meet company goals

**Summary**

**Overall Performance Rating: Solid Performer**

	Rating	Weights
<b>Goals Summary</b>	Exceeds Expectations	50.0%
<b>Summary</b>	Exceeds Expectations	
<b>Competencies</b>	Solid Performer	40.0%
<b>B. Thought Leadership: Judgment: Make Informed Judgments (6595)</b>	Solid Performer	
<b>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</b>	Solid Performer	
<b>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</b>	Exceeds Expectations	
<b>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</b>	Solid Performer	
<b>H. Functional: Compliance Focused Execution- Facility (2819)</b>	Development Needed	
<b>H. Functional: Manages Pharmacy Operations (1426)</b>	Solid Performer	
<b>H. Functional: Oversees Inventory Flow (1291)</b>	Solid Performer	
<b>H. Functional: Quality Patient Care- Facility (2822)</b>	Exceeds Expectations	
<b>Diversity and Inclusion</b>	Solid Performer	10.0%
<b>G. Diversity: Diversity: (6571)</b>	Solid Performer	

null

Overall Performance Objective Rating 4.0 / 5.0

Adjusted Objective Rating: 4.0 / 5.0



# FY14 Annual Performance Evaluation (50/40/10) - WM Goal Plan for JOSE FERRAN



Associate Information					
Last Name:	FERRAN				
First Name:	JOSE				
Job Title:	Pharmacy Manager				
PM Job Code:	10000421				
Manager:	SHANEIQUA N MOODY				
PM Facility/Location:	4557				
Goals					
<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
CUSTOMER EXPERIENCE RX	8.89	9.25	0.00%	0.00%	25.0%
<b>Rating:</b>	Role Model				
<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
PROFIT - PHARMACY	\$1,188,304.41	\$1,019,884.20	85.83%	0.00%	25.0%
<b>Rating:</b>	Development Needed				
<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
SALES - PHARMACY	\$6,525,860.64	\$6,130,218.06	93.94%	0.00%	25.0%
<b>Rating:</b>	Development Needed				
<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
QUALITY IMPROVEMENT	0.00%	4.00%	0.00%	0.00%	25.0%
<b>Rating:</b>	Exceeds Expectations				
Goals Summary					
<b>Category: Summary</b>					
<b>Performance Goal Summary:</b>				<b>Percentile:</b>	
Summary				0	
<b>Rating:</b>	Solid Performer				
<b>Section Comments:</b>					
<b>Managers Comments:</b>	Great job driving patient safety and customer experience in your store!		<b>Associates Comments:</b> Continue to grow business. Script volume has definitely increased.		
Competencies					
When rating competencies, access the competency definitions and performance standards within the <u>'writing assistant'</u> located in the Competencies Section Comments area.					
B. Thought Leadership. Judgment: Make Informed Judgments (6595)					
<b>Rating by SHANEIQUA N MOODY:</b>			<b>Rating by JOSE FERRAN:</b>		
<b>Rating:</b>	Solid Performer		<b>Rating:</b> Solid Performer		

C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)

**Rating by SHANEIQUA N MOODY:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

D. People Leadership: Influence and Communicate: Build and Influence Team (6592)

**Rating by SHANEIQUA N MOODY:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

E. Personal Leadership: Adaptability: Adapt and Learn (6579)

**Rating by SHANEIQUA N MOODY:**

**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

H. Functional: Compliance Focused Execution- Facility (2819)

Creates and fosters an environment centered on health care compliance execution. Actively communicates, trains, and guides the processes for completion and follow-up on compliance initiatives to associates within Health & Wellness and other associates as applicable to the respective health care business. Implements compliance initiatives and priorities and monitors compliance execution by others. Ensures appropriate operational execution of billing procedures, HIPAA compliance adherence, and Standard Operating Procedures (SOP). Utilizes auditing processes to identify compliance issues and implement processes for improvement.

**Rating by SHANEIQUA N MOODY:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Manages Pharmacy Operations (1426)

**Rating by SHANEIQUA N MOODY:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

H. Functional: Oversees Inventory Flow (1791)

**Rating by SHANEIQUA N MOODY:**

**Rating:** Solid Performer

**Rating by JOSE FERRAN:**

**Rating:** Solid Performer

H. Functional: Quality Patient Care- Facility (2828)

Creates a culture of patient care, safety, and accuracy. Communicates clear expectations regarding quality of care and patient safety. Ensures others are held accountable for following Standard Operating Procedures (SOP) and achieving expected quality and patient safety goals. Ensures counseling (providing information related to the health service provided) occurs on new therapy (new items) and as requested by patients or required by practice or state regulations, including appropriate documentation. Analyzes and identifies areas of improvement needed and implements intervention steps to improve team knowledge and focus on patient safety and risk reduction. Promotes reporting and transparency of errors whether actual or patient perceived. Writes timely and effective plans of action focused on identification and correction of root cause.

**Rating by SHANEIQUA N MOODY:**

**Rating:** Exceeds Expectations

**Rating by JOSE FERRAN:**

**Rating:** Exceeds Expectations

**Section Comments:**

**Managers Comments:**

Joe creates a culture of patient care, safety and accuracy.

**Associates Comments:**

Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions.

**Comments by JOANN THOMAS:**

Identifies and applies sound, fact-based criteria in setting priorities and making decisions.

Identifies and plans for improvement in performance using key business metrics.

Diversity and Inclusion

When rating Diversity, access the Diversity definition and performance standards within the 'writing assistant' located in the Diversity and Inclusion Section Comments area.

G. Diversity: Diversity: (6571)

Rating by SHANEIQUA N MOODY:

Rating: Exceeds Expectations

Rating by JOSE FERRAN:

Rating: Solid Performer

Section Comments:

Managers Comments:

Joe actively supports formal diversity goal requirements. He is currently mentoring two associates and has attended a company approved event. He has been an active participant and speaker at Pharmacy school events and is the Champion of IMZ for the Market.

Associates Comments:

Continue to improve staff to meet patients needs.

Comments by JOANN THOMAS:

Actively supports formal diversity goal requirements.

Strengths and Opportunities (Associate Comments)

This section provides a perspective on performance results and accomplishments throughout the year.

Strengths

- increased script volume
- staff tailored to meet the needs of a diverse customer base

Opportunities

- continue to seek new ways for profits (i.e. MTM, immunizations)

Strengths and Opportunities (Manager Comments)

This section provides specific feedback to the associate on accomplishments and observed behaviors throughout the year. Comments will appear on an associate's record in other HR systems.

Strengths

Joe has done an outstanding job driving the script volume in his store, which an increase of +12.58% for the year. His customers have a great sense of trust in him and his team. They ended the year with an overall CE score of 9.25! Joe takes his care for patients above the norm for a Pharmacy manager. He goes out into the OTC dept and ensures that his key items are instock and are featured. He keeps up with up and coming products and knows what items his customers will be looking for. Joe has also been a key leader within the mkt and region by being selected to be an Immunization Champion. He keeps the team informed and ensures that they are prepared to take care of their customers when NV is able to immunize. Joe has also been a presenter at a Pharmacy school event. He has done a great job focusing on patient safety. He has consistently been above 95% on Input Accuracy and continues to focus on it with his team each week.

Opportunities

Continue to be a leader within the region by mentoring other Pharmacy managers and providing support to new pharmacists. Joe should ensure that he is utilizing his intern for intercepts, so that he can continue to grow his new patient traffic. Focus on consistently being over 80% on order completion, Partial fill to <0.75, Opt in Ready reminder to 75%. Ensure that your stronger technicians are taking on the leader role to help continue to develop your new associates. Continue to have weekly conversations with your technicians focusing on each individual's opportunities with input accuracy. Ensure proper processing of Genco returns, preventing waste and chargebacks. Also, ensure that overtime is kept to a minimum, which will greatly improve profit.

Summary

Overall Performance Rating: Solid Performer

Goals Summary

Rating	Weights
Solid Performer	50.0%

Summary

Solid Performer

Competencies

Solid Performer	40.0%
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B. Thought Leadership: Judgment: Make Informed Judgments (6595)

Solid Performer

<u>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</u>	Solid Performer
<u>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</u>	Solid Performer
<u>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</u>	Exceeds Expectations
<u>H. Functional: Compliance Focused Execution- Facility (2819)</u>	Solid Performer
<u>H. Functional: Manages Pharmacy Operations (1426)</u>	Solid Performer
<u>H. Functional: Oversees Inventory Flow (1291)</u>	Solid Performer
<u>H. Functional: Quality Patient Care- Facility (2822)</u>	Exceeds Expectations
<u>Diversity and Inclusion</u>	Exceeds Expectations 10.0%
<u>G. Diversity: Diversity: (6571)</u>	Exceeds Expectations
null	
Overall Performance Objective Rating 3.0 / 5.0	
Adjusted Objective Rating: 3.0 / 5.0	
Overall Competency Rating 3.4 / 5.0	
Adjusted Competency Rating: 3.0 / 5.0	
Signature	
The electronic signature acknowledges the performance discussion has taken place between the associate and manager. As a manager, it acknowledges you have reviewed any final comments made by the associate.	
Associate: <u>JOSE FERRAN</u>	<u>03/26/2014</u>
JOSE FERRAN	
Manager: <u>SHANEIQUA N MOODY</u>	<u>03/26/2014</u>
SHANEIQUA N MOODY	

# FY13 Mid Year Performance Evaluation (50/40/10)-WM Goal Plan for JOSE FERRAN



## Associate Information

Last Name: FERRAN  
 First Name: JOSE  
 Job Title: Pharmacy Manager  
 PM Job Code: 100000421  
 Manager: JOANN THOMAS  
 PM Facility/Location: 4557

## Introduction

Providing associates accurate and timely feedback on performance is a part of our company's Three Basic Beliefs. Both associate and manager have an active role in performance management. Setting clear goals, having regular discussions, and communicating about performance progress throughout the year are key to ensuring achievement of results and performance expectations. The performance evaluation is an opportunity for a formal discussion between associate and manager regarding performance on competencies and goals set at the beginning of the performance cycle.

Goals = 50%  
 Competencies = 40%  
 Diversity = 10%

## Goals

Performance goals create alignment to drive business results. Ratings will be determined by established business results. A comment box for manager and associate is provided at the end of the section.

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
SCRIPT COUNT TO GOAL	40054.3	40037	99.96%	0.00%	25.0%

**Rating:** Exceeds Expectations

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
PROFIT - PHARMACY	\$443,341.06	\$522,371.57	117.82%	0.00%	25.0%

**Rating:** Exceeds Expectations

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
SALES - PHARMACY	\$2,950,106.30	\$2,925,739.18	99.17%	0.00%	25.0%

**Rating:** Solid Performer

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
CUSTOMER EXPERIENCE RX	8.85	8.55	0.00%	0.00%	25.0%

**Rating:** Solid Performer

## Goals Summary

### Category: Summary

Performance Goal Summary:	Percentile:
Summary	0.00%

**Rating:** Solid Performer

**Section Comments:****Managers Comments:**

- Performing well on script count, sales and profit. Lucked out on the CE score not enough surveys conducted so rated solid.

**Associates Comments:***No comments***Competencies**

Competencies are the knowledge, skills, abilities, and other behaviors needed to successfully perform the job. Use the Performance Standards to distinguish a rating for performance on each item. A comment box for manager and associate is provided at the end of the section. Access the Performance Standards link on the Company Info page.

**B. Thought Leadership: Judgment: Make Informed Judgments (6595)**

Uses relevant business metrics, analyses, and reports to measure, monitor, and improve performance. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions. Integrates knowledge and expertise in making fact-based recommendations and decisions.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Exceeds Expectations**C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6541)**

Sets clear expectations, performance measures, and goals, and helps others do the same. Plans for and ensures others have the information, resources, implementation time, and talent needed to accomplish business initiatives. Identifies and plans for improvement in performance using key business metrics.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Solid Performer**D. People Leadership: Influence and Communicate: Build and Influence Team (6592)**

Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions. Involves others in decisions and plans that affect them, when appropriate. Recognizes and rewards team accomplishments, celebrating team and organizational success. Ensures business priorities, change initiatives, and organizational information are communicated in clear and compelling ways. Promotes the exchange of diverse experiences and ideas within own organization.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Solid Performer**E. Personal Leadership: Adaptability: Adapt and Learn (6579)**

Demonstrates creativity and strength in the face of change, obstacles, or adversity. Adapts to competing demands and shifting priorities. Updates knowledge and skills to handle new complexities, challenges, and responsibilities. Seeks exposure to new ideas and perspectives. Identifies and takes steps to improve adaptability and continuous learning capabilities in own organization.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Exceeds Expectations**H. Functional: Manages Pharmacy Operations (1426)**

Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Exceeds Expectations

H. Functional: Oversees Inventory Flow (1291)

Regularly monitors the inventory flow process to identify merchandise that needs to be ordered. Ensures proper execution of inventory flow processes. Monitors and evaluates the facility to identify and address problems with inventory flow.

Rating by JOANN THOMAS:

Rating: Solid Performer

Rating by JOSE FERRAN:

Rating: Solid Performer

**Section Comments:**

**Managers Comments:**

Identifies and applies sound, fact-based criteria in setting priorities and making decisions.

**Associates Comments:**

Ensures proper execution of inventory flow processes.

Diversity and Inclusion

Our culture values diversity and inclusion and those qualities each associate brings to the organization. Use the Performance Standards to distinguish the rating for this performance year. A comment box for manager and associate is provided at the end of this section. Access the Performance Standards link on the Company Info page.

G. Diversity: Diversity: (6571)

Identifies up and coming and high-performing talent, including diverse talent, provides for accelerated development opportunities, and ensures direct reports do the same. Demonstrates awareness and value of diverse teams by creating and maintaining an environment of objectivity, open communication, and respect. Implements and supports strategies and initiatives that build high-performing, diverse and inclusive teams. Actively supports formal diversity goal requirements.

Rating by JOANN THOMAS:

Rating: Solid Performer

Manager's Comments:

- Joe meets walmart's diversity requirement.

Rating by JOSE FERRAN:

Rating: Solid Performer

Associate's Comments:

Diversity is important to maintaining a well performing staff. It is nice to have people from different backgrounds working together each bringing different talents to the job.

Strengths and Opportunities (Associate Comments)

This section provides a perspective on performance results and accomplishments throughout the year.

**Strengths**

Increased script volume and continuing to increase in sales.

**Opportunities**

Work on improving customer service score.

Strengths and Opportunities (Manager Comments)

Completed by the manager, this section provides specific feedback to the associate on performance results, accomplishments, and observed behavior throughout the year.

**Strengths**

- Great working knowledge of pharmacy operations.
- Joe is a highly productive and efficient pharmacist whom provides quality patient care.
- Works well with his division one management team.

**Opportunities**

- Continue to drive SOP to ensure all associates understand the importance of our company policies and comply.
- Develop a plan to bring pharmacy to model pharmacy standards.
- Continue to improve customer service score.

Summary

This section provides a review of the goal and competency ratings which were calculated to establish the associate's overall rating for the current performance cycle. Clicking "Save" or moving the form to the next step will allow the summary page to update and reflect revised ratings.

**Overall Performance Rating: Solid Performer**

Rating

Weights

<b>Goals Summary</b>	<b>Solid Performer</b>	<b>50.0%</b>
<b>Summary</b>	Solid Performer	
<b>Competencies</b>	<b>Solid Performer</b>	<b>40.0%</b>
<u>B. Thought Leadership: Judgment: Make Informed Judgments (6595)</u>	Solid Performer	
<u>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</u>	Solid Performer	
<u>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</u>	Solid Performer	
<u>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</u>	Solid Performer	
<u>H. Functional: Manages Pharmacy Operations (1426)</u>	Solid Performer	
<u>H. Functional: Oversees Inventory Flow (1291)</u>	Solid Performer	
<b>Diversity and Inclusion</b>	<b>Solid Performer</b>	<b>10.0%</b>
<u>G. Diversity: Diversity: (6571)</u>	Solid Performer	
null		
Overall Performance Objective Rating 3.0 / 5.0		
Adjusted Objective Rating: 3.0 / 5.0		
Overall Competency Rating 3.0 / 5.0		
Adjusted Competency Rating: 3.0 / 5.0		
Signature		
As the associate, the electronic signature confirms you are acknowledging a performance discussion has occurred between you and your manager. Should you have feedback or concerns, please document in the comment box below and/or contact your manager or HR.		
As the manager, the electronic signature confirms you are acknowledging a performance discussion has occurred between you and the associate, final comments made by the associate (if applicable) have been reviewed, and the form has been finalized.		
Associate: <u>JOSE FERRAN</u>	<u>09/08/2012</u>	
JOSE FERRAN		
Manager: <u>JOANN THOMAS</u>	<u>09/11/2012</u>	
JOANN THOMAS		
<b>Section Comments:</b>		
Overall Performance Review Comments. Comments by JOSE FERRAN: I plan to focus on driving CE score in the last half of the year.		

# FY13 Annual Performance Evaluation (50/40/10) - WM Goal Plan for JOSE FERRAN



## Associate Information

Last Name: FERRAN  
 First Name: JOSE  
 Job Title: Pharmacy Manager  
 PM Job Code: 100000421  
 Manager: JOANN THOMAS  
 PM Facility/Location: 4557

## Introduction

Providing associates accurate and timely feedback on performance is a part of our company's Three Basic Beliefs. Both associate and manager have an active role in performance management. Setting clear goals, having regular discussions, and communicating about performance progress throughout the year are key to ensuring achievement of results and performance expectations. The performance evaluation is an opportunity for a formal discussion between associate and manager regarding performance on competencies and goals set at the beginning of the performance cycle. The annual evaluation represents performance over the entire year.

Goals = 50%  
 Competencies = 40%  
 Diversity = 10%

## Goals

Performance goals create alignment to drive business results. Ratings will be determined by established business results. A comment box for manager and associate is provided at the end of the section.

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
SCRIPT COUNT TO GOAL	80364.04	81568	101.49%	0.00%	25.0%

**Rating:** Exceeds Expectations

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
PROFIT - PHARMACY	\$919,996.64	\$977,950.18	106.30%	0.00%	25.0%

**Rating:** Solid Performer

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
SALES - PHARMACY	\$5,901,092.72	\$5,752,861.62	97.49%	0.00%	25.0%

**Rating:** Development Needed

### Category: Relative

Performance Goal:	Plan:	Actual:	Index:	Percentile:	Weight:
CUSTOMER EXPERIENCE RX	8.85	8.73	0.00%	0.00%	25.0%

**Rating:** Solid Performer

## Goals Summary

### Category: Summary

Performance Goal Summary:	Percentile:
Summary	0.00%

**Rating:** Solid Performer

**Section Comments:****Managers Comments:**

- Great job on sales and profit.
- Promote CE survey to increase score.

**Associates Comments:**

missed CE metric

## Competencies

Competencies are the knowledge, skills, abilities, and other behaviors needed to successfully perform the job. Use the Performance Standards to distinguish a rating for performance on each item. A comment box for manager and associate is provided at the end of the section. Access the Performance Standards link on the Company Info page.

**B. Thought Leadership: Judgment: Make Informed Judgments (6595)**

Uses relevant business metrics, analyses, and reports to measure, monitor, and improve performance. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions. Integrates knowledge and expertise in making fact-based recommendations and decisions.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Solid Performer**C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)**

Sets clear expectations, performance measures, and goals, and helps others do the same. Plans for and ensures others have the information, resources, implementation time, and talent needed to accomplish business initiatives. Identifies and plans for improvement in performance using key business metrics.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Solid Performer**D. People Leadership: Influence and Communicate: Build and Influence Team (6592)**

Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions. Involves others in decisions and plans that affect them, when appropriate. Recognizes and rewards team accomplishments, celebrating team and organizational success. Ensures business priorities, change initiatives, and organizational information are communicated in clear and compelling ways. Promotes the exchange of diverse experiences and ideas within own organization.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Solid Performer**E. Personal Leadership: Adaptability: Adapt and Learn (6579)**

Demonstrates creativity and strength in the face of change, obstacles, or adversity. Adapts to competing demands and shifting priorities. Updates knowledge and skills to handle new complexities, challenges, and responsibilities. Seeks exposure to new ideas and perspectives. Identifies and takes steps to improve adaptability and continuous learning capabilities in own organization.

Rating by JOANN THOMAS:

**Rating:** Exceeds Expectations

Rating by JOSE FERRAN:

**Rating:** Solid Performer**H. Functional: Manages Pharmacy Operations (1426)**

Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Solid Performer

#### H. Functional: Oversees Inventory Flow (1291)

Regularly monitors the inventory flow process to identify merchandise that needs to be ordered. Ensures proper execution of inventory flow processes. Monitors and evaluates the facility to identify and address problems with inventory flow.

Rating by JOANN THOMAS:

Rating: Solid Performer

Rating by JOSE FERRAN:

Rating: Solid Performer

#### Section Comments:

##### Managers Comments:

Demonstrates creativity and strength in the face of change, obstacles, or adversity.

##### Associates Comments:

Identifies and plans for improvement in performance using key business metrics.

#### Diversity and Inclusion

Our culture values diversity and inclusion and those qualities each associate brings to the organization. Use the Performance Standards to distinguish the rating for this performance year. A comment box for manager and associate is provided at the end of this section. Access the Performance Standards link on the Company Info page.

#### G. Diversity: Diversity: (6571)

Identifies up and coming and high-performing talent, including diverse talent, provides for accelerated development opportunities, and ensures direct reports do the same. Demonstrates awareness and value of diverse teams by creating and maintaining an environment of objectivity, open communication, and respect. Implements and supports strategies and initiatives that build high-performing, diverse and inclusive teams. Actively supports formal diversity goal requirements.

Rating by JOANN THOMAS:

Rating: Solid Performer

Rating by JOSE FERRAN:

Rating: Solid Performer

#### Section Comments:

##### Managers Comments:

- Jose has met Walmart's minimum diversity requirement.

##### Associates Comments:

Actively supports formal diversity goal requirements.

#### Strengths and Opportunities (Associate Comments)

This section provides a perspective on performance results and accomplishments throughout the year.

##### Strengths

1. increasing rx count
2. performed well profit wise

##### Opportunities

1. increase CE score

#### Strengths and Opportunities (Manager Comments)

Completed by the manager, this section provides specific feedback to the associate on performance results, accomplishments, and observed behavior throughout the year. Manager comments in the Strengths and Opportunities section are required and will appear on an associate's record in other HR systems.

##### Strengths

- Great job on sales and profit.
- Great relationships with Division 1 team.
- Helps the team out in southern Nevada helping all markets to cover shifts.

##### Opportunities

- Develop a plan to increase participation in customer experience surveys
- Execute plans to convert the non pharmacy customer to a Walmart Pharmacy Customer-to ensure growth continues.
- Maintain model pharmacy.

#### Summary

This section provides a review of the goal and competency ratings which were calculated to establish the associate's overall rating for the current performance cycle. Clicking "Save" or moving the form to the next step will allow the summary page to update and reflect revised ratings.

**Overall Performance Rating: Solid Performer**

	Rating	Weights
<u>Goals Summary</u>	<b>Solid Performer</b>	<b>50.0%</b>
<u>Summary</u>	Solid Performer	
<u>Competencies</u>	Solid Performer	<b>40.0%</b>
<u>B. Thought Leadership: Judgment: Make Informed Judgments (6595)</u>	Solid Performer	
<u>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</u>	Solid Performer	
<u>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</u>	Solid Performer	
<u>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</u>	Exceeds Expectations	
<u>H. Functional: Manages Pharmacy Operations (1426)</u>	Solid Performer	
<u>H. Functional: Oversees Inventory Flow (1291)</u>	Solid Performer	
<u>Diversity and Inclusion</u>	Solid Performer	<b>10.0%</b>
<u>G. Diversity: Diversity: (6571)</u>	Solid Performer	
null		
Overall Performance Objective Rating	3.0 / 5.0	
Adjusted Objective Rating:	3.0 / 5.0	
Overall Competency Rating	3.14 / 5.0	
Adjusted Competency Rating:	3.0 / 5.0	
Signature		
As the associate, the electronic signature confirms you are acknowledging a performance discussion has occurred between you and your manager. Should you have feedback or concerns, please document in the comment box below and/or contact your manager or HR.		
As the manager, the electronic signature confirms you are acknowledging a performance discussion has occurred between you and the associate, final comments made by the associate (if applicable) have been reviewed, and the form has been finalized.		
Associate:	<u>JOSE FERRAN</u>	<u>04/08/2013</u>
	JOSE FERRAN	
Manager:	<u>JOANN THOMAS</u>	<u>04/16/2013</u>
	JOANN THOMAS	

# FY12 Mid Year Performance Evaluation (50/40/10) for JOSE FERRAN



## Associate Information

Last Name: FERRAN  
 First Name: JOSE  
 Job Title: Pharmacy Manager  
 Job Code: 100000421  
 Manager: JOANN THOMAS  
 Facility/Department: 4557

## Introduction

Providing associates accurate and timely feedback on performance is a part of our company's Three Basic Beliefs. Both associate and manager have an active role in performance management. Setting clear expectations, having regular discussions, and communicating about performance progress throughout the year are key to ensuring achievement of results and performance expectations. The performance evaluation is an opportunity for a formal discussion between associate and manager regarding performance on competencies and objectives set at the beginning of the performance cycle.

## Objectives

Performance objectives create alignment to drive business results. Ratings will be determined by established business results. A comment box for manager and associate is provided at the end of the section.

### Status button definitions:

**Not Started** - The objective has not been started.

**On Target** - Objective is progressing within defined expectations.

**Target at Risk** - Objective is not progressing as planned and has potential for not meeting defined expectations.

**Off Target** - Objective will not be met within the defined expectations.

**No Longer Applicable**

1.1

### Category: Performance Metrics

<b>Goal Name:</b>	<b>Description:</b>	<b>Weight:</b>
Total Profit \$ Index to Plan	Meet 95% of Profit Plan	30.0%
<b>Status:</b>	<b>Start Date:</b>	<b>End Date:</b>
<input type="text" value="On Target"/>	02/01/2011	01/31/2012

### Tasks/Milestones

Rating by JOANN THOMAS:

Rating by JOSE FERRAN:

**Rating:** Solid Performer

**Rating:** unrated

1.2

### Category: Performance Metrics

<b>Goal Name:</b>	<b>Description:</b>	<b>Weight:</b>
CE Score to 9.0 Goal	Meet 95% of Goal	30.0%
<b>Status:</b>	<b>Start Date:</b>	<b>End Date:</b>
<input type="text" value="On Target"/>	02/01/2011	01/31/2012

### Tasks/Milestones

Rating by JOANN THOMAS:

Rating by JOSE FERRAN:

**Rating:** Solid Performer

**Rating:** unrated

-4.1

### Category: Financials

<b>Goal Name:</b>	<b>Description:</b>	<b>Weight:</b>
Sale \$ Index to Plan	Meet 95% of Sales Plan	40.0%
<b>Status:</b>	<b>Start Date:</b>	<b>End Date:</b>
<input type="text" value="On Target"/>	02/01/2011	01/31/2012

### Tasks/Milestones

Rating by JOANN THOMAS:

Rating by JOSE FERRAN:

**Rating:** Solid Performer

**Rating:** unrated

**Section Comments:****Managers Comments:**

- Sales Plan \$2,157,829.22 Actual \$2,103,109.71
- Profit Plan \$337,898.24 Actual \$354,950.22
- Script Count Plan 28,726 Actual 29,077

**Associates Comments:***No comments***Competencies**

Competencies are the knowledge, skills, abilities, and other behaviors needed to successfully perform the job. Use the Performance Standards to distinguish a rating for performance on each item. A comment box for manager and associate is provided at the end of the section. Access the Performance Standards link on the Company info page.

**B. Thought Leadership: Judgment: Make Informed Judgments (6595)**

Uses relevant business metrics, analyses, and reports to measure, monitor, and improve performance. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions. Integrates knowledge and expertise in making fact-based recommendations and decisions.

Rating by JOANN THOMAS:

**Rating:** Exceeds Expectations

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations**C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)**

Analyzes data and information, and develops plans to exceed customer/member expectations. Sponsors initiatives and practices that provide customers/members with desired products, services, and experiences and that grow the business. Ensures customers/members receive the level of service that builds their trust and confidence. Removes barriers to delivering customer/member value, service, and support.

Rating by JOANN THOMAS:

**Rating:** Exceeds Expectations

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations**C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)**

Sets clear expectations, performance measures, and goals, and helps others do the same. Plans for and ensures others have the information, resources, implementation time, and talent needed to accomplish business initiatives. Identifies and plans for improvement in performance using key business metrics.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Solid Performer**D. People Leadership: Influence and Communicate: Build and Influence Team (6592)**

Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions. Involves others in decisions and plans that affect them, when appropriate. Recognizes and rewards team accomplishments, celebrating team and organizational success. Ensures business priorities, change initiatives, and organizational information are communicated in clear and compelling ways. Promotes the exchange of diverse experiences and ideas within own organization.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Solid Performer**E. Personal Leadership: Adaptability: Adapt and Learn (6579)**

Demonstrates creativity and strength in the face of change, obstacles, or adversity. Adapts to competing demands and shifting priorities. Updates knowledge and skills to handle new complexities, challenges, and responsibilities. Seeks exposure to new ideas and perspectives. Identifies and takes steps to improve adaptability and continuous learning capabilities in own organization.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations

## H. Functional: Oversees Inventory Flow (1291)

Regularly monitors the inventory flow process to identify merchandise that needs to be ordered. Ensures proper execution of inventory flow processes. Monitors and evaluates the facility to identify and address problems with inventory flow.

Rating by JOANN THOMAS:

**Rating:** Exceeds Expectations

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations

## Section Comments:

## Managers Comments:

Integrates knowledge and expertise in making fact-based recommendations and decisions.

## Associates Comments:

*No comments*

Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions.

Adapts to competing demands and shifting priorities.

## Diversity and Inclusion

Our culture values diversity and inclusion and those qualities each associate brings to the organization. Use the Performance Standards to distinguish the rating for this performance year. A comment box for manager and associate is provided at the end of this section. Access the Performance Standards link on the Company Info page.

## G. Diversity: Diversity: (6571)

Identifies up and coming and high-performing talent, including diverse talent, provides for accelerated development opportunities, and ensures direct reports do the same. Demonstrates awareness and value of diverse teams by creating and maintaining an environment of objectivity, open communication, and respect. Implements and supports strategies and initiatives that build high-performing, diverse and inclusive teams. Actively supports formal diversity goal requirements.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

## Manager's Comments:

Jose drives diversity and meets Walmart's formal diversity requirement.

Rating by JOSE FERRAN:

**Rating:** Role Model

## Associate's Comments:

I believe diversity is key in building an integrated and efficient team. I constantly strive to maintain a diverse team.

## Strengths and Opportunities (Associate Comments)

This section provides a perspective on performance results and accomplishments throughout the year.

## Strengths

## Opportunities

## Strengths and Opportunities (Manager Comments)

Completed by the manager, this section provides specific feedback to the associate on performance results, accomplishments, and observed behavior throughout the year.

## Strengths

- Creates an atmosphere of "community" with pharmacy patients and associates.
- Leads by example, setting the bar, regarding customer service.
- Great control of inventory and partial fill % 0.76%

## Opportunities

- Continue to build relationships with Division 1 counter parts.
- Continue to develop hourly associates to bring them to the next level.
- Promote easy pay sign up and Customer Experience surveys with staff to increase sample size.

## Summary

This section provides a review of the objective and competency ratings which were calculated to establish the associate's overall rating for the current performance cycle. Clicking "Save" or moving the form to the next step will allow the summary page to

update and reflect revised ratings.

Overall Performance Rating: **Solid Performer**

<u>Objectives</u>	Rating	Weights
<u>Total Profit \$ Index to Plan</u>	Solid Performer	50.0%
<u>CE Score to 9.0 Goal</u>	Solid Performer	30.0%
<u>Sale \$ Index to Plan</u>	Solid Performer	40.0%
<u>Competencies</u>	Solid Performer	40.0%
<u>B. Thought Leadership: Judgment: Make Informed Judgements (6595)</u>	Exceeds Expectations	
<u>C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)</u>	Exceeds Expectations	
<u>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</u>	Solid Performer	
<u>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</u>	Solid Performer	
<u>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</u>	Solid Performer	
<u>H. Functional: Oversees Inventory Flow (1291)</u>	Exceeds Expectations	
<u>Diversity and Inclusion</u>	Solid Performer	10.0%
<u>G. Diversity: Diversity: (6571)</u>	Solid Performer	

null

Overall Performance Objective Rating 3.0 / 5.0  
 Adjusted Objective Rating: 3.0 / 5.0  
 Overall Competency Rating 3.4 / 5.0  
 Adjusted Competency Rating: 3.0 / 5.0

Signature

Associate and manager electronically sign the evaluation to complete the evaluation process.

Associate: JOSE FERRAN 09/29/2011  
 JOSE FERRAN  
 Manager: JOANN THOMAS 09/30/2011  
 JOANN THOMAS

# FY12 Annual Performance Evaluation (50/40/10)-WM Goal Plan for JOSE FERRAN



## Associate Information

Last Name: FERRAN  
 First Name: JOSE  
 Job Title: Pharmacy Manager  
 PM Job Code: 10000421  
 Manager: JOANN THOMAS  
 PM Facility/Location: 4557

## Introduction

Providing associates accurate and timely feedback on performance is a part of our company's Three Basic Beliefs. Both associate and manager have an active role in performance management. Setting clear goals, having regular discussions, and communicating about performance progress throughout the year are key to ensuring achievement of results and performance expectations. The performance evaluation is an opportunity for a formal discussion between associate and manager regarding performance on competencies and goals set at the beginning of the performance cycle. The annual evaluation represents performance over the entire year.

Goals = 50%  
 Competencies = 40%  
 Diversity = 10%

## Goals

Performance goals create alignment to drive business results. Ratings will be determined by established business results. A comment box for manager and associate is provided at the end of the section.

<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
CUSTOMER EXPERIENCE RX	8.7	8.67	0.00%	0.00%	25.0%
<b>Rating:</b> Solid Performer					

<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
SALES - PHARMACY	\$5,326,793.02	\$5,155,491.54	96.78%	20.80%	25.0%
<b>Rating:</b> Development Needed					

<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
PROFIT - PHARMACY	\$838,152.40	\$895,738.44	106.87%	76.90%	25.0%
<b>Rating:</b> Solid Performer					

<b>Category: Relative</b>					
<b>Performance Goal:</b>	<b>Plan:</b>	<b>Actual:</b>	<b>Index:</b>	<b>Percentile:</b>	<b>Weight:</b>
SCRIPT COUNT TO GOAL	69350	70794	102.08%	80.20%	25.0%
<b>Rating:</b> Exceeds Expectations					

## Goals Summary

<b>Category: Summary</b>	
<b>Performance Goal Summary:</b>	<b>Percentile:</b>
Summary	0.00%
<b>Rating:</b> Solid Performer	

**Section Comments:****Managers Comments:**

- CE Score 8.67
- Sales \$ 5,155,491.54 96.78% to plan
- Profit \$895,738.44 102.08% to plan
- Script Count 70794 102.08% to plan

**Associates Comments:***No comments***Competencies**

Competencies are the knowledge, skills, abilities, and other behaviors needed to successfully perform the job. Use the Performance Standards to distinguish a rating for performance on each item. A comment box for manager and associate is provided at the end of the section. Access the Performance Standards link on the Company Info page.

**B. Thought Leadership: Judgment: Make Informed Judgments (6595)**

Uses relevant business metrics, analyses, and reports to measure, monitor, and improve performance. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions. Integrates knowledge and expertise in making fact-based recommendations and decisions.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Exceeds Expectations**C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)**

Analyzes data and information, and develops plans to exceed customer/member expectations. Sponsors initiatives and practices that provide customers/members with desired products, services, and experiences and that grow the business. Ensures customers/members receive the level of service that builds their trust and confidence. Removes barriers to delivering customer/member value, service, and support.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Exceeds Expectations**C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)**

Sets clear expectations, performance measures, and goals, and helps others do the same. Plans for and ensures others have the information, resources, implementation time, and talent needed to accomplish business initiatives. Identifies and plans for improvement in performance using key business metrics.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Solid Performer**D. People Leadership: Influence and Communicate: Build and Influence Team (6592)**

Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions. Involves others in decisions and plans that affect them, when appropriate. Recognizes and rewards team accomplishments, celebrating team and organizational success. Ensures business priorities, change initiatives, and organizational information are communicated in clear and compelling ways. Promotes the exchange of diverse experiences and ideas within own organization.

**Rating by JOANN THOMAS:****Rating:** Solid Performer**Rating by JOSE FERRAN:****Rating:** Exceeds Expectations**E. Personal Leadership: Adaptability: Adapt and Learn (6579)**

Demonstrates creativity and strength in the face of change, obstacles, or adversity. Adapts to competing demands and shifting priorities. Updates knowledge and skills to handle new complexities, challenges, and responsibilities. Seeks exposure to new ideas and perspectives. Identifies and takes steps to improve adaptability and continuous learning capabilities in own organization.

**Rating by JOANN THOMAS:****Rating:** Exceeds Expectations**Rating by JOSE FERRAN:****Rating:** Exceeds Expectations

H. Functional: Manages Finances (5925)

Demonstrates sound financial management skills, including interpreting, analyzing, and explaining financial data and information. Manages budgets and ensures budgets and financial performance are aligned with business strategic requirements. Ensures assets, liabilities, revenues, and operating expenses are accounted for and reported. Complies with Company financial policies and procedures. Compiles and evaluates financial data to ensure operating procedures meet business needs. Monitors financial data and trends to identify and respond to market changes and other areas of opportunity.

Rating by JOANN THOMAS:

**Rating:** Exceeds Expectations

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations

H. Functional: Manages Pharmacy Operations (1426)

Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations

H. Functional: Oversees Inventory Flow (1291)

Regularly monitors the inventory flow process to identify merchandise that needs to be ordered. Ensures proper execution of inventory flow processes. Monitors and evaluates the facility to identify and address problems with inventory flow.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations

**Section Comments:**

**Managers Comments:**

Compiles and evaluates financial data to ensure operating procedures meet business needs.

**Associates Comments:**

*No comments*

Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations.

Diversity and Inclusion

Our culture values diversity and inclusion and those qualities each associate brings to the organization. Use the Performance Standards to distinguish the rating for this performance year. A comment box for manager and associate is provided at the end of this section. Access the Performance Standards link on the Company Info page.

G. Diversity: Diversity (6571)

Identifies up and coming and high-performing talent, including diverse talent, provides for accelerated development opportunities, and ensures direct reports do the same. Demonstrates awareness and value of diverse teams by creating and maintaining an environment of objectivity, open communication, and respect. Implements and supports strategies and initiatives that build high-performing, diverse and inclusive teams. Actively supports formal diversity goal requirements.

Rating by JOANN THOMAS:

**Rating:** Solid Performer

Rating by JOSE FERRAN:

**Rating:** Exceeds Expectations

**Manager's Comments:**

Jose meets Walmart's diversity requirements.

**Associate's Comments:**

*No comments*

Strengths and Opportunities (Associate Comments)

This section provides a perspective on performance results and accomplishments throughout the year.

**Strengths**

**Opportunities**

Strengths and Opportunities (Manager Comments)

Completed by the manager, this section provides specific feedback to the associate on performance results, accomplishments,

and observed behavior throughout the year. Manager comments in the Strengths and Opportunities section are required and will appear on an associate's record in other HR systems.

**Strengths**

- Joe and his team have done a great job in growing sales and rx volume.
- Joe has a great working relationship with his division one management team.
- Joe helps out through out southern Nevada and is respected by his peers.

**Opportunities**

- Develop a plan to raise the CE Score to a 9 or better-I know this is achievable for your high performing team.
- Ensure all associates are following SOP regarding personal belongings inside of the pharmacy.
- Develop a plan to up skill pharmacy technicians who are not meeting your expectations.

**Summary**

This section provides a review of the goal and competency ratings which were calculated to establish the associate's overall rating for the current performance cycle. Clicking "Save" or moving the form to the next step will allow the summary page to update and reflect revised ratings.

Overall Performance Rating: Solid Performer

	Rating	Weights
<u>Goals Summary</u>	Solid Performer	50.0%
<u>Summary</u>	Solid Performer	
<u>Competencies</u>	Solid Performer	40.0%
<u>B. Thought Leadership: Judgment: Make Informed Judgments (6595)</u>	Solid Performer	
<u>C. Results Leadership: Customer/Member Centered: Ensure Customer/Member Centered Performance (6589)</u>	Solid Performer	
<u>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement (6591)</u>	Solid Performer	
<u>D. People Leadership: Influence and Communicate: Build and Influence Team (6592)</u>	Solid Performer	
<u>E. Personal Leadership: Adaptability: Adapt and Learn (6579)</u>	Exceeds Expectations	
<u>H. Functional: Manages Finances (5925)</u>	Exceeds Expectations	
<u>H. Functional: Manages Pharmacy Operations (1426)</u>	Solid Performer	
<u>H. Functional: Oversees Inventory Flow (1291)</u>	Solid Performer	
<u>Diversity and Inclusion</u>	Solid Performer	10.0%
<u>G. Diversity: Diversity: (6571)</u>	Solid Performer	

null

Overall Performance Objective Rating 3.0 / 5.0  
 Adjusted Objective Rating: 3.0 / 5.0  
 Overall Competency Rating 3.2 / 5.0  
 Adjusted Competency Rating: 3.0 / 5.0

**Signature**

As the associate, the electronic signature confirms you are acknowledging a performance discussion has occurred between you and your manager. Should you have feedback, please document in the comment box below and/or contact your manager or HR representative.

As the manager, the electronic signature confirms you are acknowledging a performance discussion has occurred between you and the associate, final comments made by the associate (if applicable) have been reviewed, and the form has been finalized.

Associate: JOSE FERRAN 04/04/2012  
 JOSE FERRAN  
 Manager: JOANN THOMAS 04/05/2012  
 JOANN THOMAS

FY11 Annual Sr Manager Perf Eval (50/40/10) RX for JOSE FERRAN



<p><b>Associate Information</b></p> <p>Last Name: FERRAN                  First Name: JOSE                  WIN#: JAFERRA                  PM Job Code: 100000421                  Manager: JOANN THOMAS                  PM Facility/Location: 4557</p>																									
<p><b>Facilitator Information</b></p> <p>Created By: PTA Admin3                  Review Period: 02/01/2010 - 01/31/2011                  Due Date: 04/22/2011</p>																									
<p><b>Introduction</b></p> <p>This evaluation form reflects the following Section Weightings:                  Performance Objectives - 50%                  Competencies - 40%                  Diversity - 10%</p>																									
<p><b>Performance Objectives - Imported</b></p> <p>These objectives are automatically loaded on the form from the Performance Tracker. At the end of the performance year, final ratings are also automatically loaded based on the final business results. A comment box for both the manager and associate is provided.</p> <table border="1"> <thead> <tr> <th>Category: Relative Performance Objective:</th> <th>Plan:</th> <th>Actual:</th> <th>Index:</th> <th>Percentile:</th> <th>Weight:</th> </tr> </thead> <tbody> <tr> <td>CUSTOMER EXPERIENCE RX Description: <u>Rating:</u> Solid Performer</td> <td>8.65</td> <td>8.91</td> <td>0.26%</td> <td>0.00%</td> <td>40.0%</td> </tr> <tr> <td>SALES - PHARMACY Description: <u>Rating:</u> Exceeds Expectations</td> <td>\$4,316,650.59</td> <td>\$4,431,960.99</td> <td>1.03%</td> <td>85.20%</td> <td>30.0%</td> </tr> <tr> <td>PROFIT - PHARMACY Description: <u>Rating:</u> Development Needed</td> <td>\$860,496.53</td> <td>\$700,604.92</td> <td>0.81%</td> <td>9.40%</td> <td>30.0%</td> </tr> </tbody> </table>		Category: Relative Performance Objective:	Plan:	Actual:	Index:	Percentile:	Weight:	CUSTOMER EXPERIENCE RX Description: <u>Rating:</u> Solid Performer	8.65	8.91	0.26%	0.00%	40.0%	SALES - PHARMACY Description: <u>Rating:</u> Exceeds Expectations	\$4,316,650.59	\$4,431,960.99	1.03%	85.20%	30.0%	PROFIT - PHARMACY Description: <u>Rating:</u> Development Needed	\$860,496.53	\$700,604.92	0.81%	9.40%	30.0%
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<p><b>Overall Rating for Performance Objectives - Imported</b></p> <p>The overall objective rating is auto-populated on the form.</p> <p><u>The overall rating is based on the following Rating Scale:</u>                  Role Model (92.50% - 100.00%)                  Exceeds Expectations (77.50% - 92.49%)                  Solid Performer (22.50% - 77.49%)                  Development Needed (7.50% - 22.49%)                  Below Expectations (0.00% - 7.49%)</p> <table border="1"> <thead> <tr> <th>Category: Relative Summary Performance Objective - Relative Ranked Summary:</th> <th>Percentile:</th> </tr> </thead> <tbody> <tr> <td>Summary Performance Standards: <u>Rating:</u> Solid Performer</td> <td></td> </tr> </tbody> </table> <p><b>Section Comments:</b>                  Managers Comments: Great job meeting sales plan. Continue to exceed customer expectations on customer experience.                  Associates Comments: No comments</p>		Category: Relative Summary Performance Objective - Relative Ranked Summary:	Percentile:	Summary Performance Standards: <u>Rating:</u> Solid Performer																					
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<p><b>Competencies</b></p> <p>Competencies are the knowledge, skills and abilities needed for the associate to successfully perform the job. Use the Performance Standard link to help distinguish a rating for your performance on each competency. A comment box for both the manager and associate is provided at the end of this section.</p> <p>Click here to access the Performance Standards: <a href="#">Walmart Stores Performance Standards</a></p> <p><b>A - Job Specific: Manager, Finance</b>                  Demonstrates sound financial management skills, including interpreting, analyzing, and explaining financial data and information. Manages budgets and ensures budgets and financial performance are aligned with business strategic requirements. Ensures assets, liabilities, revenues, and operating expenses are accounted for and reported. Complies with Company financial policies and procedures. Compiles and evaluates financial data to ensure operating procedures meet business needs. Monitors financial data and trends to identify and respond to market changes and other areas of opportunity.</p> <table border="1"> <tr> <td><u>Rating by JOANN THOMAS:</u> <u>Rating:</u> Exceeds Expectations</td> <td><u>Rating by JOSE FERRAN:</u> <u>Rating:</u> Exceeds Expectations</td> </tr> </table>		<u>Rating by JOANN THOMAS:</u> <u>Rating:</u> Exceeds Expectations	<u>Rating by JOSE FERRAN:</u> <u>Rating:</u> Exceeds Expectations																						
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**A. Job Specific: Manager Pharmacy Operations (SM)**

Conducts Associate meetings to identify and respond to their needs, concerns, and issues related to pharmacy products or services and to share information related to new initiatives. Ensures pharmacy operations are aligned with Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures. Ensures adherence to proper policies and procedures for advising on, verifying, and dispensing products and Customer, insurance, and licensure issues. Documents information on changes in pharmaceutical products and procedures, and new ideas, approaches, and processes and shares the information with Associates and Managers.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Exceeds Expectations

**A. Job Specific: Oversees Inventory Flow**

Regularly monitors the inventory flow process to identify merchandise that needs to be ordered. Ensures proper execution of inventory flow processes. Monitors and evaluates the Facility to identify and address problems with inventory flow.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Exceeds Expectations

**B. Thought Leadership: Analyzes Performance Metrics**

Uses relevant business metrics, analyses, and reports to measure, monitor, and improve performance. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions. Integrates knowledge and expertise in making fact-based recommendations and decisions.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Exceeds Expectations

**C. Results Leadership: Initiates, Executes, and Evaluates Customer Programs**

Analyzes data and information, and develops plans to exceed Customer expectations. Sponsors initiatives and practices that provide Customers with desired products, services, and experiences and that grow the business. Ensures Customers receive the level of service that builds their trust and confidence. Removes barriers to delivering Customer value, service, and support.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Role Model

**D. Results Leadership: Executes and Evaluates Business Initiatives**

Conveys a sense of urgency in ways that motivate others to complete responsibilities and achieve goals. Pursues the achievement and alignment of measurable and meaningful goals. Leverages resources and talent to achieve business goals. Ensures others are held accountable for achieving expected results. Prioritizes and balances time, actions, and projects to ensure accomplishment of results. Monitors progress of others and redirects efforts when goals change or results are not met.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Exceeds Expectations

**E. Results Leadership: Plans and Executes Business Initiatives**

Sets clear expectations, performance measures, and goals, and helps others do the same. Plans for and ensures others have the information, resources, implementation time, and talent needed to accomplish business initiatives. Identifies and plans for improvement in performance using key business metrics.

Rating by JOANN THOMAS:  
Rating: Solid Performer

Rating by JOSE FERRAN:  
Rating: Solid Performer

**F. Results Leadership: Builds Relationships and Alliances**

Builds trusting, collaborative relationships and alliances with others, inside and outside of the organization. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Promotes a team-based work environment that respects, embraces, and values diversity in others.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Solid Performer

**G. Results Leadership: Influences and Inspires Others**

Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions. Involves others in decisions and plans that affect them, when appropriate. Recognizes and rewards team accomplishments, celebrating team and organizational success. Ensures business priorities, change initiatives, and organizational information are communicated in clear and compelling ways. Promotes the exchange of diverse experiences and ideas within own organization.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Exceeds Expectations

**H. People Leadership: Talent Management and Development**

Develops talent plans for own organization targeted at increasing effectiveness, building diversity, and enhancing bench strength. Manages roles, assignments, and developmental opportunities to maximize organizational performance. Ensures people processes (for example, selection, development, performance evaluation) lead to effective Associate performance and desired results throughout own organization. Monitors Associate performance and provides constructive feedback that is specific, honest, accurate, and timely. Provides learning opportunities, guidance, and support in the development of Associates.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Exceeds Expectations

**I. Results Leadership: Ethics and Compliance**

Actively communicates, trains, and guides Associates on compliance with policies and procedures. Maintains an environment that promotes and reinforces the highest standards of integrity and ethics. Anticipates potential issues and takes action to enhance compliance.

Rating by JOANN THOMAS:  
Rating: Exceeds Expectations

Rating by JOSE FERRAN:  
Rating: Exceeds Expectations

**F. Company Initiatives: Associate Engagement**

Generates Associate commitment to and buy-in for the grass roots process, and encourages Associates to share ideas and feedback throughout the year. Translates Associate Opinion Survey results into action plans, and gains Manager and Associate commitment and buy-in to implement them. Provides input into the analysis of business issues negatively affecting Associate health and well-being, and contributes to the development of programs to eliminate or minimize their impact. Communicates the importance and value of Associate engagement through personal example, clear direction, and appropriate reinforcement. Places a high priority on promoting Associate engagement by seeking and listening to Associate concerns and recommendations, identifying and communicating opportunities for improvement, and creating buy-in for processes designed to improve engagement.

Rating by JOANN THOMAS:  
Rating: Solid Performer

Rating by JOSE FERRAN:  
Rating: Solid Performer

**Section Comments:**  
**Managers Comments:**  
 Creates an environment that challenges others to continually seek out and implement ways to increase levels of Customer service, build trust, and strengthen relationships.  
**Associates Comments:**  
 No comments

Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions.

Conveys a sense of urgency in ways that motivate others to complete responsibilities and achieve goals.

**Diversity**

Our culture values diversity and those qualities each associate brings to the organization. Use the Performance Standard link to help distinguish the diversity rating for this performance year. A comment box for both the manager and associate is provided at the end of this section.

Click here to access the Performance Standards: [Walmart Stores Performance Standards](#)

**Diversity (D)**  
 Drives Strategy for a Diverse and Inclusive Workforce and Workplace: Identifies up and coming and high-performing talent, including diverse talent, provides for accelerated development opportunities, and ensures direct reports do the same. Demonstrates awareness and value of diverse teams by creating and maintaining an environment of objectivity, open communication, and respect. Implements and supports strategies and initiatives that build high-performing, diverse and inclusive teams. Actively supports formal diversity goal requirements.

**Rating by JOANN THOMAS:** **Rating by JOSE FERRAN:**  
**Rating:** Solid Performer **Rating:** Exceeds Expectations  
**Manager's Comments:** **Associate's Comments:**  
 Actively supports formal diversity goal requirements.(SP) **No comments**

Demonstrates awareness and value of diverse teams by creating and maintaining an environment of objectivity, open communication, and respect.

**Strengths and Opportunities (Associate Comments)**

Completed by the associate during their self evaluation, this section provides a personal perspective on their performance results and accomplishments throughout the year.

**Strengths**  
 Continuing to cater to and maintain diverse customer base in order to keep business growing

**Opportunities**  
 Focus on controlling payroll and inventory in order to increase profit margins while maintaining excellent level of customer service.

**Strengths and Opportunities (Manager Comments)**

Completed by the manager, this section provides specific feedback to the associate on their performance results, accomplishments and observed behavior throughout the year.

**Strengths**

- Servant Leader-leads by example by providing excellent customer service.
- Increased rx count by 26.9%
- Increased otc counts by 6.9%
- Good working relationship with store management.

**Opportunities**

- Become Model Pharmacy in FY2012
- Continue to improve instock in otc.

**Summary**

This section provides a review of the objective and competency ratings which were calculated to establish the associate's overall rating for the current performance cycle. Clicking Save or moving the form to the next step will allow the summary page to update and reflect revised ratings.

**Overall Performance Rating: Solid Performer**

<b>Section Rating for Performance Objectives - Imported</b>	<b>Final Performance Rating</b>
<b>Summary</b>	Rating
<b>Competencies</b>	Solid Performer
<b>A. Job Specific: Manages Finances</b>	Solid Performer
<b>A. Job Specific: Manages Pharmacy Operations (SM)</b>	Exceeds Expectations
<b>A. Job Specific: Oversees Inventory Flow</b>	Exceeds Expectations
<b>B. Thought Leadership: Judgment: Make Informed Judgments</b>	Exceeds Expectations
<b>C. Results Leadership: Customer Centered: Ensure Customer Centered Performance</b>	Exceeds Expectations
<b>C. Results Leadership: Execution and Results: Ensure Execution and Achieve Results</b>	Exceeds Expectations
<b>C. Results Leadership: Planning and Improvement: Ensure Planning and Improvement</b>	Solid Performer
<b>D. People Leadership: Build Relationships: Network Internally and Externally</b>	Exceeds Expectations
<b>D. People Leadership: Influence and Communicate: Build and Influence Team</b>	Exceeds Expectations
<b>D. People Leadership: Talent: Manage and Leverage Talent</b>	Exceeds Expectations
<b>E. Personal Leadership: Ethics and Compliance: Ensure Ethics and Compliance</b>	Exceeds Expectations
<b>F. Company Initiative: Associate Engagement (D)</b>	Solid Performer
<b>Diversity</b>	Solid Performer
<b>Diversity (D)</b>	Solid Performer

null

Overall Performance Objective Rating 3.0 / 5.0  
 Adjusted Objective Rating: 3.0 / 5.0  
 Overall Competency Rating 3.66 / 5.0

Adjusted Competency Rating: 4.0 / 5.0

Annual Associate Discussion Acknowledgment

By completing this section the associate acknowledges they have had an annual performance discussion with their manager.

- Yes, I have reviewed and discussed my performance evaluation with my manager.

Overall Comments

Comments by JOSE FERRAN:

I will strive this year to continue creating a model pharmacy, increase script volume and sales, and improve my relationship with my customers. I am pleased with the progress the pharmacy has accomplished this past year and look forward to continuing the momentum.

Manager Signature

The signature of the manager is required and acknowledges the performance evaluation process is complete.

Manager: JOANN THOMAS

04/20/2011

JOANN THOMAS

**Exhibit G.**  
**“Character Reference.”**  
2.15.18 Lanette Escovedo

2-15-2018

To whom it may concern,

This letter is in behalf of Mr. Joe Ferran. When you feel someone has done so much for you and others its only right to be there for them. Thank You Joe for all you have done for us all

### MEDICAL IS NOW HARDER

New rules and changes.

Not that long ago private health insurance policy existed which is unheard of today. Everything was a yes, no approvals were needed and all doors were open. But now like so many others our personal insurance has vanished and we're left with a band-aid with no adhesive called insurance.

It gets worse. Great doctors have quit their practice and medicine is being taken away from people who actually care about their health. Real patients feel like they are meant to die, so self-centered street drug addicts can be saved. There's no stopping them. Many are thieves and will do whatever for that next high including soap and glue. On taxpayers' dime, they are in and out of drug rehab multiple times just to fall short once again. Meanwhile everything is being taken away from true patients. It can be very depressing for many ill people and their loved ones, as they see they have been robbed of health and joy. Some poor souls have already taken their life because they just couldn't handle anymore beaten down hard struggles.

### HORRIBLE SERVICE AND MANAGERS

Just because someone is next in line for manager position does not mean they are meant for the job.

Bad management will destroy employees' morale.

**This is not the place for customers to feel short changed.**

The medical world has become very hard on patients and it's getting worse. Most of the time it's cold, hard, stagnant, straight-faced, and numb to patient's needs. The list goes on with incompetent employees just putting time in for the paycheck. Many employees do not acknowledge the customer at the register because they are too busy multitasking, talking or complaining to fellow employees. Mistakes are made not only with cash but twice, Kmart pharmacy actually handed me another customers meds. Being a caregiver for a loved one, or ill yourself is hard enough than having to return because of some incompetent employee. Some pharmacies are so unorganized you have to come back the next day to pick up your prescription because they can't keep up, and many times the phone goes unanswered because they turned it off. If this is not enough. Some pharmacies are using intimidating tactics on clients. Making them feel like they do not want your business as if you were a criminal. It's harsh cold and unprofessional for employees to do this to clients. Life is hard enough for these customers with medical in their life.

### MEDICAL FACULTIES

Many people working in the medical field are burnt out and numb

Many medical faculties are silent and clients are seen as nothing more than cattle with not even a smile from anyone. These same ill people have been hit hard, with every part of their medical. They now go home to a silent world. Feeling depressed like they are meant to die.

Because everything involving medical is now harder for patients than it should be.  
I think you can see why it take a special kind of person to work around people with medical  
Mr. Joe Ferran nailed it!

## Us

I have been going to pharmacies monthly for over 20 years straight. Only because I helped 2 relatives and a friend when they were stricken with cancer. Then my husband had full body lupus for many years and was hit again with cancer. We were able to beat those beasts, and now we're dealing with a much more sinister one which still has me going to the pharmacy monthly. But because I have seen so much I can honestly say, "The way Joe Ferran ran the pharmacy was the best service I have ever experienced."

## MR. FERRAN

This man has many remarkable achievements.

Mr. Ferran has amazing leadership and manager qualities. He's dedicated and determined as he set strong values with perfection, and encourages coworkers to make a difference which they have. He made the work area pleasant for everyone who came to the pharmacy picking up your prescriptions. He's an outstanding professional manager who treated everyone with respect and understanding. A kind, gentle man but don't underestimate him. He's no pushover by any means and knows how to use stern authority when needed. Joe Ferran is way above any other manager I have ever seen. He's cautious, out to protect the position and job he loves - the company he works for, plus his clients and employees. Right there! Right there, that's impressive. Because most employees are just out for themselves, but not him. He took the management position very serious and treated it that way. He's careful, sharp and discreet by wanting to know who's at his counter. Even while Mr. Ferran was doing his own job, he was totally aware what's going on around him as if he was 360. I would joke with employees and say "Does he have a microphone under the counter, or what?" He was always ready to jump in any direction when needed like a personal goal where no one waits. He made things easier and more efficient for all. Nothing got passed him. If an employee with a customer standing at the computer to long no one had to ask him for help. He was already there which always impressed me. He did many things to benefit his team to keep them strong as team players. Like no one was left behind. If a tech was overloaded he helped. Data input, cash register, etc. and my favorite was the phone never went pass a few rings because he did that also. This was not like other places. There's none to compare that I know of. It was true management with real customer service. I've seen him do every job there is, including vacuuming.

I saw a new employee who did not fit in. He acted like so many other cancerous pharmacies places. He did not care about the job as he was just looking for the paycheck. You could tell Mr. Ferran quickly shaped him up to become part of the team. And you could see Mr. Ferran placed him under his wing because this new employee became ambitious with a great attitude. He was nothing at first then Austin became my go to guy because I was that impressed with his fast achievements. Mr. Ferran did a great job on Austin.

## MR. FERRAN STAFF

This staff always showed the highest respect for Mr. Ferran by always willing to go above and beyond that extra mile. They were a devoted team and you could see they were happy working together. He ran a tight crew. You never heard complaints or problems and you didn't see or feel any stress. In fact, you only saw them for a few moments but they had a way of melting stress away. You never felt mistreat like some other places. It takes a special group of employees to handle so many different personalities. Especially people with an illness in the family as it can change them into who they are not. These employees have no idea what customers are going through but they realize the customers coming to them have something going on in their life to be at the pharmacy. Their also aware their dealing with people's hearts. They always greeted everyone with the same warm greeting and pleasant cheerful happy to see you. They not only knew your name but they ask how the person is your picking the meds up for. This is all a reflection of how this Manager Joe Ferran ran this pharmacy. Which was Superb! Can you see it?

Can you see how different this pharmacy was? Seriously! We have all been to pharmacies before but have you ever experienced everything Mr. Ferran has created with all these qualities and how he and his employees treat the customers? I have never come across anything as excellent as this! It was that special.

With all the medical changes in the past few years, people are feeling under attack with major hits. Many times, it's a major fight every inch of the way just with insurance company. And taking care of your spouse as now their caregiver could give you more tremendous stress. "They knew how to treat people with gentle kindness. Just by them being there they helped their customers be calm, melted walls and become human again more like themselves. That is a mighty gift from Mr. Ferran. It was so positive and inspirational as it lifts you up. Even with all your challenges it helped you get through the rest of your day

Is a Reflection of him, this great manager

**MR. FERRAN MADE THE JOB EXCITING**

The race

A good manager recognizes where changes need to be made to get the best out of the team. He found good balance where everything worked smooth to accomplish his goals. When they got busy it was like the champion race started. Watching an exciting sports game where the team was out to win the trophy. No one lost sight on how to treat people with friendly service. It was Joe Ferran code of ethic. An amazing race to win! Everyone's moving fast as they pumped it out with smiles and the best attitudes. You could see they wanted this win! There was no confusion or stumbles. Flawless they nailed it every time. They were on a mission staying focused for the ultimate goal. No matter how hard they were slammed the line never grew out of control and you still got your meds 30 minutes or less. What an awesome achievement! The teamwork, the impact they had on all of us was always impressive. Seeing this always charged me up. Renewed my strength in taking care of my husband's challenges.

Many have said Joe Ferran is a hero and rightfully so. I'll always remember everything he created, a legend, a team like no other. Because it was that special. Consistent, efficient, phenomenal strong team who accomplished many undefeated wins. Best of all this man was respected so much, these employees had the same commitment and attitude even on his days off.

I don't know what happened, but a lot of people were hurt hearing this team leader Joe Ferran was no longer there. With all the values, morals and integrity he has, I along with many others can't imagine anyone wanting to destroy the best productive, high performance team we have ever seen. Especially knowing how well these people truly loved working together as it was always a win, win all the way.

**CUSTOMERS ARE DEVASTATED**

Winning was not only a personal goal.

Joe Ferran actually won the highest award he could have ever achieved

Never in my life have I witnessed customers and employees throughout a store so devastated they are literally crying and shedding tears over an employee losing their job. Seriously have you ever heard of this? I have not until I saw it myself. Believe me! It's so overwhelming you would never forget a sight like this. I saw Kleenex at the registers and listened to many stories as these people felt a need to share what Mr. Ferran meant to them. You just don't see or hear anything like this, ever! Some were grieving so hard and upset. Heartbroken they immediately took their business away and went to another pharmacy. Others said he was the heart, backbone and glue to the pharmacy. But one woman's story stood out more the others. She said, Joe Ferran did not feel comfortable filling out her prescription and for her safety he would not, until she went back to her doctor. Seems after 10 years this medicine could have hurt her and he caught it. "Right there, right there it shows how intelligent Mr. Ferran is and he's not just filling out prescriptions but truly cares for the wellbeing of his customers." Just like this woman many others also

said Joe Ferran was there hero. He made them feel safe and made you feel like you were in the best hands. I myself felt the same. That's what Mr. Joe Ferran was to people. There were many more people saying how shocked and disbelief they were but I think you can see and feel how devastating this highly unforgettable scene was. You can also see he was not the only one who suffered this tremendous loss of him losing his job, but the customers and fellow employees suffered this great sadness along with him. I could not remember the last time I cried because it's been over 10 years. My husband's medical is so hard I'm forced to stay focused and cannot breakdown. I now remember the last time I cried it was over this pharmacy manager Mr. Ferran. as I felt tears running down my face. I can understand how some people took their business away because it was that devastating to lose someone who did so much buy creating a pharmacy like no other, Mr. Ferran had many goals for his team to achieve and they did win those awards. They won them from the customers. The same customers and employees who literally cried when this team was broken up because Mr. Joe Ferran is no longer there.

### TO THE BOARD,

#### The Public is Requesting

With all due respect, because of the devastation I saw at the store with so many grieving. I believe when I speak about Mr. Ferran I also speak for many others. I am asking this board to be compassionate towards people with illnesses. Without Mr. Ferran or his team knowing their clients' struggles they had a way of lightening your day. You could have one of the worst medical day and leave that counter smiling, refreshed to take on more medical battles. Our community needs Mr. Ferran and more like him. Sometime bad things happen to good people and need a helping hand. This is one of those times. By letting him continue to be a pharmacist and manager he will only spread his wonderful ways to all those around him which is greatly needed and appreciated in this crazy world we now live in. True statement. Right now, someone needs a blessing. They are struggling so hard with medical and losing all hope. They feel like they are looked at like criminals and given the worst possible service you could ever imagine which only brings them down further than they already are. They wish to find anything with their medical to go smooth without struggling so hard which has broken them down further than they already are. Many feel they are now meant to die and some have already taken their life because they just couldn't handle any more negative. Others think about it all the time and just need the courage. I know a man that was to cripple to jump off his apartment ledge. His family from Texas finally came to rescue him. The way Mr. Ferran ran things may sound so little to you, but means the world to people who have medical somewhere in their lives, including the loving caregivers. Our community actually needs him, and again I am asking you to please place it in your hearts be our hero. Reach out to Joe Ferran and give him a hand. He truly deserves it for all he has done. Let him keep the job he truly loves as he helps so many people with his valuable goals. It was truly an extraordinary sight to witness so many employees and customers crying over a man who has lost their job. I'll never forget it. This is your chance to help the blameless innocent folks who are stuck in the middle with little to no help from this now harder medical world. It's yours and my loved ones along with our neighbors who will benefit because he holds that much value to our community. He's already won the highest award he could have ever achieved when so many people cried over this major loss of losing him. The people in our community would very much appreciate this court to granting our request.

"I declare under penalty of perjury of the laws of the State of Nevada and the United States Constitution that the foregoing is totally true and correct to the best of my knowledge."

I Sincerely Thank You

  
Lanette Escovedo

**13**

**13A**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler     Ownership Change     Name Change     Location Change  
 (Please provide current license number if making changes: WH\_\_\_\_\_)

Publicly Traded Corporation – Page 1,2,3,4     Partnership - Page 1,2,3,6a,6b  
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b     Sole Owner – Page 1,2,3,7  
 Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: FENWAL, INC.

Physical Address: 5245 N. Sloan, Suite 300B, North Las Vegas, NV 89115

Mailing Address: Attn: Legal Dept., Three Corporate Drive

City: Lake Zurich State: IL Zip Code: 60047

Telephone: 847-550-5595 Fax: 847-550-7126

Toll Free Number: 888-391-6300

E-mail: FK-USALegalDept@fresenius-kabi.com Website: www.fenwalinc.com

Facility Manager: Gladys Hawkins

Professional qualifications and experience of facility manager: Four years experience as warehouse operations manager with MBA from Benedictine University.

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies     Practitioners     Hospitals     Wholesalers  
 Other: clinics, community & hospital blood centers, plasma collection centers, distributors, veterinarians

**Type of Products to be handled or wholesaled by firm:**

Legend Pharmaceuticals, Supplies or Devices     Hypodermic Devices  
 Poisons or Chemicals     Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes  No   
 (If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes  No   
 (If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- 1) Fenwal International, Inc., Road 122 Km 0.5 Industrial Camino Real, San German, Puerto Rico, 00683  

Name	Address
Manufacturer of medical devices and pharmaceutical products	
Business	
- 2) Baxter Healthcare, Inc. Highway 221 North, Marion, NC 28752  

Name	Address
Manufacturer of pharmaceutical products	
Business	
- 3) \_\_\_\_\_  

Name	Address
Business	
- 4) \_\_\_\_\_  

Name	Address
Business	

**Within the last five (5) years:**

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

JACK C. SILHAVY

Print Name of Authorized Person

2/22/19

Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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## APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Fresenius Kabi Pharmaceuticals Holding, LLC

Corporation Name: Fenwal, Inc.

Mailing Address: Three Corporate Drive

City: Lake Zurich State: IL Zip: 60047

Telephone: 847-550-2300 Fax: 847-550-7126

Contact Person: Cynthia Engdahl

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

- a) N/A. Corporation is wholly-owned by Fresenius Kabi Pharmaceuticals Holding, LLC.
- | Name | Address |
|------|---------|
| b)   |         |
| c)   |         |
| d)   |         |

**NOTE:** All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 1,000
- 3) What was the price paid per share? \$0.01
- 4) What date did the corporation actually receive the cash assets? 12-13-2012
- 5) Provide a copy of the corporation's stock register evidencing the above information

See attached share transfer record and Amended Articles of Incorporation.

### FENWAL, INC. SHARE TRANSFER RECORD

Date	Shareholder	Shares Issued	Shares Surrendered	Total Shares Issued
12/13/2012	Fenwal Holdings, Inc.	1,000		1,000
12/31/2014	Fenwal Holdings, Inc.* Fresenius Kabi Pharmaceuticals		1,000	0
1/1/2015	Holding, Inc. Fresenius Kabi Pharmaceuticals	1,000		1,000
1/1/2018	Holding, Inc.** Fresenius Kabi Pharmaceuticals		1,000	0
1/1/2018	Holding, LLC	1,000		1,000

\*Fenwal Holdings, Inc. merged into Fenwal, Inc. and the grandparent, Fresenius Kabi Pharmaceuticals Holding, Inc., became the parent and sole shareholder.

\*\*Fresenius Kabi Pharmaceuticals Holding, Inc. converted to a Limited Liability Company.

NOTE: By-Laws provide that all shares of capital stock shall be uncertificated.

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "FENWAL, INC.", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2012, AT 7:03 O'CLOCK P.M.

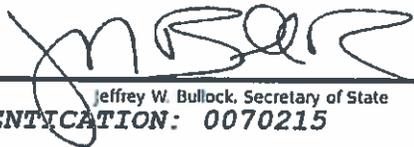
A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

4231925 8100

121339379

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0070215

DATE: 12-14-12

State of Delaware  
 Secretary of State  
 Division of Corporations  
 Delivered 07:36 PM 12/13/2012  
 FILED 07:03 PM 12/13/2012  
 SRV 121339379 - 4231925 FILE

**AMENDED AND RESTATED  
 CERTIFICATE OF INCORPORATION  
 OF  
 FENWAL, INC.**

Fenwal, Inc., a corporation organized and existing under the laws of the State of Delaware (the "Corporation"), does hereby certify as follows as to this Amended and Restated Certificate of Incorporation, dated as of December 13, 2012:

- (1) The name of the Corporation is Fenwal, Inc.
- (2) The original Certificate of Incorporation of the Corporation was filed with the Secretary of State of the State of Delaware on October 26, 2006.
- (3) This Amended and Restated Certificate of Incorporation was duly adopted by the Board of Directors of the Corporation (the "Board of Directors") and by the sole stockholder of the Corporation in accordance with the provisions of Sections 228, 242 and 245 of the General Corporation Law of the State of Delaware.
- (4) This Amended and Restated Certificate of Incorporation restates and integrates and further amends the Certificate of Incorporation of the Corporation by amending its registered agent and registered office address.
- (5) The text of the Certificate of Incorporation of the Corporation as amended hereby is restated to read in its entirety, as follows:

FIRST: The name of the Corporation is Fenwal, Inc. (hereinafter the "Corporation").

SECOND: The address of the registered office of the Corporation in the State of Delaware is 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, 19808. The name of its registered agent at that address is Corporation Service Company.

THIRD: The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware as set forth in Title 8 of the Delaware Code (the "GCL").

FOURTH: The total number of shares of stock which the Corporation shall have authority to issue is one thousand (1,000) shares of common stock, each having a par value of one cent (\$.01).

FIFTH: The following provisions are inserted for the management of the business and the conduct of the affairs of the Corporation, and for further definition, limitation and regulation of the powers of the Corporation and of its directors and stockholders:

(1) The business and affairs of the Corporation shall be managed by or under the direction of the Board of Directors.

(2) The number of directors of the Corporation shall be as from time to time fixed by, or in the manner provided in, the By-Laws of the Corporation. Election of directors need not be by written ballot unless the By-Laws so provide.

(3) No director shall be personally liable to the Corporation or any of its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) pursuant to Section 174 of the GCL or (iv) for any transaction from which the director derived an improper personal benefit. Any repeal or modification of this Article FIFTH by the stockholders of the Corporation shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification with respect to acts or omissions occurring prior to such repeal or modification.

(4) In addition to the powers and authority hereinbefore or by statute expressly conferred upon them, the directors are hereby empowered to exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to the provisions of the GCL, this Certificate of Incorporation, and the By-Laws; provided, however, that no By-Laws hereafter adopted by the stockholders shall invalidate any prior act of the directors which would have been valid if such By-Laws had not been adopted.

**SIXTH:** Meetings of stockholders may be held within or without the State of Delaware, as the By-Laws may provide. The books of the Corporation may be kept (subject to any provision contained in the GCL) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the By-Laws of the Corporation.

**SEVENTH:** The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the Corporation has caused this Amended and Restated Certificate of Incorporation to be executed on its behalf as of the date first-above written.

FENWAL, INC.

By: Jack Silhavy  
Name: Jack Silhavy  
Title: Secretary

**Fenwal, Inc.**  
**Officers and Directors**

**Officers:**

John Robert Ducker	President and Chief Executive Officer and Director Three Corporate Drive, Lake Zurich, IL 60047
Steven J. Adams	Executive Vice President and Chief Financial Officer Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Executive Vice President and General Counsel Three Corporate Drive, Lake Zurich, IL 60047

**Directors:**

John Robert Ducker	Three Corporate Drive, Lake Zurich, IL 60047
Gerrit Steen	Else-Kröner-Straße 1, 61352 Bad Homburg, Germany
Mats Henriksson	Else-Kröner-Straße 1, 61352 Bad Homburg, Germany

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FENWAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FENWAL, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4231925 8300  
SR# 20165573111

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202908684

Date: 08-30-16

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 3/4/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Fenwal, Inc. New Wholesaler Application  
Nature of Pharmacy or Wholesaler  
Fenwal, Inc. at 5245 N. Sloan, Suite 300B, North, NY 18915  
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Hawkins First Name Gladys Middle Name Gail

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Weaver (Maiden name)

Present Residence Address-Street or RFD 600 Supreme Drive City Bensenville State/Zip IL 60106

Present Business Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Present Position with the Pharmacy or Wholesaler Operations Manager Dates Jan 15, 2018 - present

Phone: Residence 630-496-7078  
Business \_\_\_\_\_

Chicago, Cook County, IL

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) \_\_\_\_\_

51

Female

Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

Color of Eyes Brown Color of Hair Black Complexion Brown Weight 190 Build Medium Height 5'9

Scars, tattoos or distinguishing marks and/or characteristics Black mole on left Top of head  
No tattoos

Are you a citizen of the United States? Yes  No  If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial GH

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/31/1993 Chicago, Cook County, IL  
Date City, County and State  
 Spouse's full name (Maiden) Anthony B. Hawkins S.S. No.  
 Date of Birth 7 Place of Birth Chicago  
 Resident address Trillium Lane Plainfield, IL 60544  
Street City State Zip  
 Telephone: Residence 6 815-609-6969 Business  
 Spouse's employer Savis, Inc Occupation Digital Marketing Mgr  
 Address of employer 23736 W 119th Plainfield, IL 60585  
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Khaleel Hawkins	11-1-92	Chicago	Trillium Ln, Plainfield, IL 60544
Imani Hawkins	11-1-92	Chicago	Trillium Ln, Plainfield, IL 60544
Jibneel Hawkins	11-1-92	Chicago	Trillium Ln, Plainfield, IL 60544

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial GH

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name .....  
 Address.....  
 Contact person.....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

John Weaver, Deceased. Construction  
 S. 17th Ave, Maywood, IL 60153

Mother

Artie Anderson - Weaver, Deceased. Home maker  
 S. 17th Ave, Maywood, IL 60153

Father-in-Law

Theodore Hawkins, Deceased. U.S. Navy  
 W. North Ave, Chicago, IL 60610

Mother-in-Law

Marilyn Hawkins (Bingham). Maiden. Asst Dean of Students  
 W. North Ave, Chicago, IL 60610

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Michael Anderson. Retired Sheriff  
 Springleaf Dr, Bolingbrook, IL 60440

Spouse

Divorced

John Weaver. P.O. Box ... Maywood, IL 60153 Code Enforcement Officer

Spouse

Ashley Bell-weaver. P.O. Box ... Maywood, IL 60153 Day care provider

Spouse

Michelle Turner. Berkeley Dr, Bolingbrook, IL 60440 Sr Accountant

Spouse

Eric Turner. Berkeley Dr, Bolingbrook, IL 60440 Corporate Engineer

Spouse

Charlene Weaver. Peering Ln, Bolingbrook, IL 60440 Day care provider

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School	Roosevelt Elementary Broadview, IL	78-81	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Proviso East Maywood, IL	81-85	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	VIC Chicago, IL	89-93	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Benedictine University	2015-2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any MBA

College or university where obtained Benedictine University

Applicant's initial GH

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when? ..... city, county and state .....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? ..... city, county and state .....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial GH ..... Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes  No  (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/2006 - Present	Trilium Ln	Plainfield,	IL
4/2004 - 8/2006	2001 S 9th Ave	Maywood,	IL
5/2002 - 4/2004	1518 N. Harlem Ave	River Forest,	IL
1/1994 - 5/2002	1834 S. 17th Ave	Maywood,	IL

Applicant's initial GH

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Dec 2015	Cardinal Health 2353 Prospect Dr Aurora, IL 60502	6,240
Warehouse Operations Mgr	Manage outboard operations	Dan Hamiger

Jan 2018	Prescribers Keli Good Supreme Dr, Bensenville, IL 60106	2,400
Warehouse Operations Mgr	Responsible for site	Brian Kurz

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name: <u>Jamal Buho</u>	Home:	<u>iCamden, Aurora, IL</u>	<u>60502</u>	<u>6</u>	<u>630-449-0613</u>	<u>5 1/2 years</u>
Employer: <u>Cardinal Health</u>	Business:	<u>2353 Prospect Dr, Aurora, IL</u>	<u>60502</u>		<u>630-449-0613</u>	
Name: <u>Sela Brown</u>	Home:	<u>2 Pearson Street, Matteson, IL</u>	<u>60648</u>			<u>11 yrs</u>
Employer: <u>Seyfarth Shaw LLP</u>	Business:	<u>233 S. Wacker Dr, St 8000, Chicago, IL</u>	<u>60606</u>		<u>312-460-6719</u>	
Name: <u>Karyn Pitner</u>	Home:	<u>Cliffondale Dr, Atlanta, GA</u>	<u>30349</u>			<u>11 yrs</u>
Employer:	Business:	<u>Recently moved, seeking employment</u>				
Name: <u>Taylor Thompson</u>	Home:	<u>Springbrook Trail S, Oswego, IL</u>	<u>60543</u>			<u>7 yrs</u>
Employer: <u>Daven Muehle</u>	Business:	<u>101 Overland Dr, North Aurora, IL</u>	<u>60542</u>		<u>630-264-0253</u>	<u>6 yrs</u>
Name: <u>Joy Thomas</u>	Home:	<u>1 S Michigan Ave, Unit 307, Chicago, IL</u>	<u>60680</u>			<u>30 yrs</u>
Employer: <u>Grainger</u>	Business:	<u>8600 W Bryn Mawr, Chicago, IL</u>			<u>773-308-1030</u>	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

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11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

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13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

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If yes to the above, state where, when and for what reason:

Applicant's initial GH

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes  No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes  No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes  No



Date of photograph 3/4/19

Applicant's initial GH

STATE OF ILLINOIS

ss.

COUNTY OF DUPAGE

I, GLADYS HAWKINS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Gladys Hawkins

Original Signature of Applicant

Subscribed and Sworn to before me this 4<sup>TH</sup> day of

MARCH

2019

Cynthia L Engdahl  
Notary Public



(seal)

Applicant's initial GH

ADDITIONAL INFORMATION

Additional Siblings

Latasha Weaver - Springleaf Dr, Bolingbrook, IL 60440  
Mental Health Specialist

NO spouse

Latrina Weaver - Deceased, 517th Ave  
Maywood, IL 60453

Divorced

Applicant's initial GH

**Fenwal, Inc.**  
**Employees Who Handle Drugs on a Daily Basis**

Gladys Hawkins

This is a new facility with plans to be operational approximately October 1, 2019.  
Additional names to be provided prior to receipt and storage of drugs products.

2-22-2019

**13B**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler     Ownership Change     Name Change     Location Change  
 (Please provide current license number if making changes: WH\_\_\_\_\_)

Publicly Traded Corporation – Page 1,2,3,4     Partnership - Page 1,2,3,6a,6b  
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b     Sole Owner – Page 1,2,3,7  
 Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: FRESENIUS KABI, LLC

Physical Address: 5245 N. Sloan, Suite 300A, North Las Vegas, NV 89115

Mailing Address: Attn: Legal Dept., Three Corporate Drive

City: Lake Zurich State: IL Zip Code: 60047

Telephone: 847-550-5595 Fax: 847-550-7126

Toll Free Number: 888-391-6300

E-mail: FK-USALegalDept@fresenius-kabi.com Website: www.fresenius-kabi.com/us

Facility Manager: Stephen Shaw

Professional qualifications and experience of facility manager: Over 12 years  
experience as manager of distribution logistics of pharmaceutical products at Teva Pharmaceuticals.

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies     Practitioners     Hospitals     Wholesalers  
 Other: veterinarians, U.S. government

**Type of Products to be handled or wholesaled by firm:**

Legend Pharmaceuticals, Supplies or Devices     Hypodermic Devices  
 Poisons or Chemicals     Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_



### APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

JACK C. SILHAVY  
 Print Name of Authorized Person

2/22/19  
 Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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## APPLICATION FOR NEVADA WHOLESALER LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION - LLC**

State of Incorporation: Formed in Delaware

Parent Company if any: Fresenius Kabi Pharmaceuticals Holding, LLC

Corporation Name: Fresenius Kabi, LLC

Mailing Address: Three Corporate Drive

City: Lake Zurich State: IL Zip: 60047

Telephone: 847-550-2300 Fax: 847-550-7126

Contact Person: Cynthia Engdahl

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A. Limited Liability Company does not issue any shares.

Name Address

b) \_\_\_\_\_

Name Address

c) \_\_\_\_\_

Name Address

d) \_\_\_\_\_

Name Address

**NOTE:** All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. Limited Liability Company has no shares

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

N/A

## **Fresenius Kabi, LLC**

### **Description of Administrative Actions Taken Within the Last Five (5) Years**

Fresenius Kabi, LLC provides this summary of a disciplinary action taken by Michigan against a license held in the name of Fresenius Kabi USA, LLC formerly known as APP Pharmaceuticals, LLC ("APP")\*. The action described below was made against the **Bensenville, Illinois distribution facility only** resulting from delayed issuance of the home state license and subsequent late filing of our Colorado and Montana non-resident state license documents, not due to misconduct by APP. The delay in filing resulted from the 2007 reorganization and name change of APP, a complex corporate transaction of which each state was notified. None of the actions involved controlled substances or resulted in harm to any patient.

**Please note that the Bensenville, Illinois facility that was the subject of this action has only been owned and operated by Fresenius Kabi, LLC since 2018. Fresenius Kabi, LLC currently maintains a valid license and is good standing in each state, as required. No disciplinary actions are pending.**

#### **Michigan Administrative Action**

**Action:** An Administrative Complaint was issued by the State of Michigan Dept. of Licensing and Regulatory Affairs on April 10, 2014, which alleged that Fresenius Kabi USA violated Michigan's Public Health Code based solely on disciplinary actions taken against Fresenius Kabi USA by the Colorado and Montana Boards of Pharmacy in 2008 and 2009, respectively. (The Colorado and Montana actions were as a result of delayed issuance of the home state license and subsequent license filings in these states.) Importantly, under the Board's Complaint, Fresenius Kabi USA did not commit any violations of Michigan law that impacted the safety or healthcare needs of Michigan's citizens.

**Outcome:** On September 8, 2014 the Michigan Dept. of Licensing and Regulatory Affairs executed a Consent citing the Stipulation of Fresenius Kabi USA and imposing an administrative fine of \$1,000.00 to resolve the matter.

*The foregoing is a true and accurate description of administrative actions taken within the past five (5) years.*



*Jack C. Silhavy*  
*Executive Vice President & General Counsel*

**\* This administrative action occurred while operating under the name of APP Pharmaceuticals, LLC. On August 1, 2012, the company changed its name to Fresenius Kabi USA, LLC.**

*March 6, 2019*

**Fresenius Kabi, LLC**  
**Officers and Directors**

**Officers:**

John Robert Ducker	President and Chief Executive Officer and Director Three Corporate Drive, Lake Zurich, IL 60047
Steven J. Adams	Executive Vice President and Chief Financial Officer Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Executive Vice President and General Counsel Three Corporate Drive, Lake Zurich, IL 60047

**Directors:**

N/A LLC does not have directors

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6556485 8300

SR# 20191198104

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202294141

Date: 02-20-19

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 2-28-2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Fresenius Kabi, LLC New Wholesaler Application  
Nature of Pharmacy or Wholesaler  
Fresenius Kabi, LLC at 5245 N. Sloan, Suite 300A, North Las Vegas, NV 89115  
Name and Address of Business for Which Designated Representative Is Requested  
N/A  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name <b>Shaw</b>	First Name <b>Steven</b>	Middle Name <b>Michael</b>
--------------------------	-----------------------------	-------------------------------

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

**Steve**

Present Residence Address-Street or RFD <b>West 28th Street</b>	<small>Dates</small>	City <b>Beach Park</b>	State/Zip <b>IL 60099</b>
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Present Business Address <b>600 Supreme Drive</b>	<small>Dates</small>	City <b>Bensenville</b>	State/Zip <b>IL 60106</b>
--	----------------------	----------------------------	------------------------------

Present Position with the Pharmacy or Wholesaler <b>Operations Manager</b>	Phone: Residence <u>                    </u> Business <b>847-550-2300</b>
---	---

Date of Birth	Place of Birth (City, County, State) <b>Oneida, Madison, New York</b>
---------------	--

Age <b>55</b>	Social Security Number <b>                    </b>	Sex <b>Male</b>
------------------	---	--------------------

Color of Eyes <b>Blue</b>	Color of Hair <b>Gray</b>	Complexion <b>White</b>	Weight <b>220 lbs</b>	Build <b>Medium/Large</b>	Height <b>5' - 11"</b>
------------------------------	------------------------------	----------------------------	--------------------------	------------------------------	---------------------------

Scars, tattoos or distinguishing marks and/or characteristics..Surgery.scars:..Left.shoulder,..stomach,..hernia

Are you a citizen of the United States? Yes  No  If alien, registration No.....

If naturalized, certificate No..... Date.....

Place.....(If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial 

## MARITAL INFORMATION-Continued

A. **Current Marriage** 4-14-1984 Zion, Lake, Illinois  
Date City, County  
 Spouse's full name (Maiden) Lisa Renee Shaw (Armstrong) S.S. No.:  
 Date of Birth \_\_\_\_\_ Place of Birth Waukegan, Illinois  
 Resident address J West 28th Street Beach Park IL 60099  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 847-872-3846  
 Spouse's employer Village of Winthrop Harbor Occupation Finance/HR Director  
 Address of employer 830 Sheridan Road Winthrop Harbor IL 60096  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

### 3. FAMILY INFORMATION:

#### A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Melissa J. Poisl (Shaw)		Vaukegan IL	/almon Lane Volo IL 60073
Steven J. Shaw		Waukegan IL	Stockberry West Chicago IL 60185
Kristi L. Shaw		Waukegan IL	West 28th Street Beach Park IL 60099

#### B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SS

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

James M. Shaw (deceased) 2 Ocean Circle, Davenport FL 33897 Associate Pastor

Mother

Phyllis M. Shaw (Friend) t h Ave Apt. 203B, Pleasant Prairie WI 53152 Secretary

Father-in-Law

James W. Armstrong Thompson, Winthrop Harbor IL 60096 Superintendent

Mother-in-Law

Caroline Armstrong (Sanchez) t Thompson, Winthrop Harbor IL 60096 Factory

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Annette M Anderson (Shaw) t 108th Ave, Kenosha WI 53142 Administration

Spouse

Don Anderson J 108th Ave, Kenosha WI 53142 Engineer

James M Shaw Jr. 3 N. Montecito Ave, Sun City West AZ 85375 HR Mgr.

Spouse

Laura Shaw (Heinold) J N. Montecito Ave, Sun City West AZ 85375 Homemaker

Suzette Y Riley (Shaw) ? 257th Ave, Trevor WI 53179 Homemaker

Spouse

Carl Riley 257th Ave, Trevor WI 53179 Electrical Engineer

Chris E Shaw Glen Cove Drive, Arden NC 28704 Property Management

Spouse

Catherine Wegner (Shaw) Glen Cove Drive, Arden NC 28704 Office Manager

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School West Elementary/Central Jr. High	Zion IL	1972 - 1977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Zion-Benton Township High School	Zion IL	1977 - 1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Carthage College	Kenosha WI	1991 - 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.. Business Administration - Business .....

College or university where obtained.. Carthage College .....

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County Lake ..... State Illinois ..... Date registered Approx 1990 .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when? ..... city, county and state .....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? ..... city, county and state .....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
3-1985 to 2-1990	2810 Elizabeth Ave	Zion	IL 60099
3-1990 to 5-1994	600 Russell Ave	Winthrop Harbor	IL 60096
6-1994 to 11-2006	6227 66th Ave	Pleasant Prairie	WI 53158
12-2006 to 2-2014	7319 147th Ave	Kenosha	WI 53142
2-2014 to Present	West 28th Street	Beach Park	IL 60099

Applicant's initial SS Page 5

**8. EMPLOYMENT:**

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

5-2005 to 12-2018 Teva Pharmaceuticals <sup>605 TRI-STATE PARKWAY</sup> <sup>GURNEE, IL 60031</sup> 28,426

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours  
 Transportation Mgr.      Manage Import/Export Compliance & Distribution/Logistics of pharmaceutical products      Raymond Flynn

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RF Page 6

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Mike Marshall <small>Name</small>	Home	Bauer Rd	Albuquerque	NM 87123		45 Years
Sandia National Labs <small>Employer</small>	Business	1515 Eubank Blvd.	Albuquerque	NM 87123		
Tom Haman <small>Name</small>	Home	Windsor Circle,	Union Grove	WI 53182		15 Years
Culvers <small>Employer</small>	Business	723 S. Sylvania Ave,	Union Grove	WI 53182		
Carl Ciske <small>Name</small>	Home	Main St	Union Grove	WI 53182		15 Years
IC School <small>Employer</small>	Business	2121 Paul Jones St,	Great Lake	IL 60088		
Jeff Talbert <small>Name</small>	Home	204th Court,	Bristol	WI 53104		10 Years
Westosha Lakes Church <small>Employer</small>	Business	24823 74th St,	Salem	WI 53168		3
Scott Miller <small>Name</small>	Home	63rd St,	Kenosha	WI 53142		5 Years
CBRE <small>Employer</small>	Business	321 N. Clark St,	Suite 3400	Chicago	IL 60654	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

.....

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

.....

.....

If yes to the above, state where, when and for what reason:

Applicant's initial SS Page 7

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

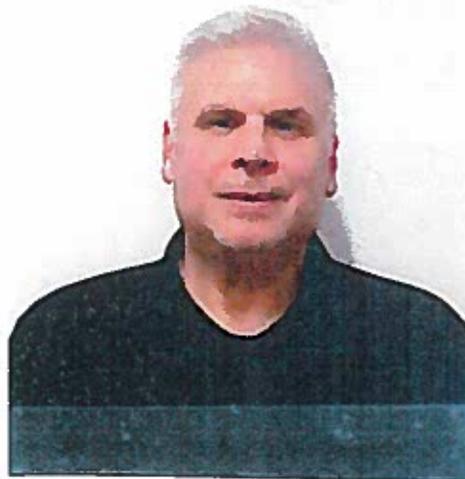
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes  No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes  No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes  No



Date of photograph 2-26-19

Applicant's initial SS

STATE OF Illinois

ss.

COUNTY OF Lake

I, Steven Michael Shaw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

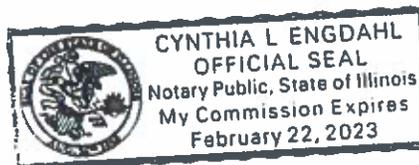
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of

February 2019

Notary Public



(seal)

Applicant's initial SS Page 9



**Fresenius Kabi, LLC**  
**Employees Who Handle Drugs on a Daily Basis**

Steven Shaw

This is a new facility with plans to be operational approximately October 1, 2019.  
Additional names to be provided prior to receipt and storage of drugs products.

2-22-2019

**14**

**14A**

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: **PH** \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

**Publicly Traded Corporation** – Pages 1,2,3,7

**Partnership** - Pages 1,2,5,7

**Non Publicly Traded Corporation** – Pages 1,2,4,7

**Sole Owner** – Pages 1,2,6,7

#### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cure Stat Rx Home Infusion and Specialty Pharmacy, Inc

Physical Address: 6725 Mesa Ridge Rd, #202 and 230

Mailing Address: 6725 Mesa Ridge Rd, #202 and 230

City: San Diego State: CA Zip Code: 92121

Telephone: 858-275-2144 Fax: 858-281-0045

Toll Free Number: 888-963-6544 (Required per NAC 639.708)

E-mail: pharmacy@curestatrx.com Website: www.curestatrx.com

Managing Pharmacist: Ramesh Chigurupati License Number: RPH 46131

#### TYPE OF PHARMACY AND

#### SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Home Infusion and Specialty Pharmacy

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral \*\*
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding \*\*
- Non Sterile Compounding
- Mail Service Sterile Compounding \*\*
- Other Services: Home Infusion and Specialty Pharmacy, veterinary compounding

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

**APPLICATION FOR OUT-OF STATE PHARMACY LICENSE**

This page must be submitted for all types of ownership.

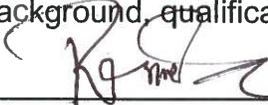
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Ramesh Chigurupati  
Print Name of Authorized Person

01/24/19  
Date

Page 2

**Board Use Only**

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: California

Parent Company if any: \_\_\_\_\_

Mailing Address: 6725 Mesa Ridge Rd, Suite# 202, 230City: San Diego State: CA Zip: 92121Telephone: 888-963-6544 Fax: 858-281-0045Contact Person: Ramesh Chigurupati

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Ramesh Chigurupati 10451 Blue Summit Ct, San Diego, CA 92131  
Name Addressb) \_\_\_\_\_  
Name Addressc) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
Name Address2) Provide the number of shares issued by the corporation. 25,0003) What was the price paid per share? 40 cents4) What date did the corporation actually receive the cash assets? 02/14/17

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: — %: —

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**Monday thru Friday 8:30 am 5:00 pm Saturday 0 am 0 pmSunday 0 am 0 pm 24 Hours —

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Ramesh Chigurupati

Business Name: Cure Stat Rx Home Infusion And Specialty Pharmacy, Inc

Current Business Address: 6725 Mesa Ridge Rd, Suite# 202, 230

City: San Diego State: CA Zip Code: 92121

Telephone: 888-963-6544 Fax: 858-281-0045

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>8:30</u> am	<u>5:00</u> pm	Saturday	<u>0</u> am	<u>0</u> pm
Sunday	<u>0</u> am	<u>0</u> pm	24 Hours	_____	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ramesh Chigurupati

Responsible Person of Cure Stat Rx Home Infusion and Specialty Pharmacy, Inc

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Ramesh Chigurupati  
Print Name of Authorized Person

01/24/19  
Date

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

CURE STAT RX HOME INFUSION AND SPECIALTY PHARMACY, INC.

FILE NUMBER: C3994213  
FORMATION DATE: 02/14/2017  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of December 28, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA**  
Secretary of State


**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834  
 Phone: (916) 574-7900  
 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

December 31, 2018

Nevada State Board of Pharmacy  
 431 W Plumb Lane  
 Reno, NV 89509

**California State Board of Pharmacy License Verification**

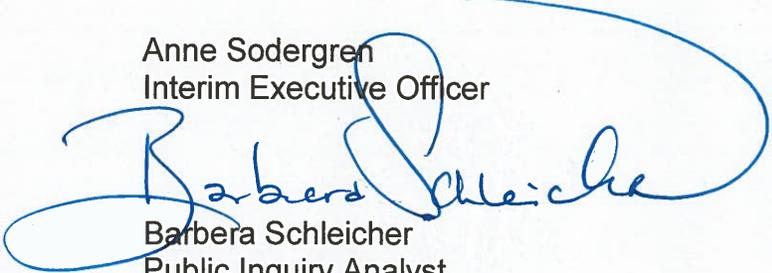
This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** CURE STAT RX  
**License Type:** PHARMACY  
**License Number:** PHY 55691  
**Status:** ACTIVE  
**Issue Date:** 07/31/17  
**Expiration Date:** 07/01/19  
**Address of Record:** 6725 MESA RIDGE RD STE 202 & 230 SAN DIEGO CA 92121  
**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

**Licensee Name:** CURE STAT RX  
**License Type:** STERILE COMPOUNDING  
**License Number:** LSC 101091  
**Status:** ACTIVE  
**Issue Date:** 12/20/17  
**Expiration Date:** 07/01/19  
**Address of Record:** 6725 MESA RIDGE RD STE 202 & 230 SAN DIEGO CA 92121  
**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren  
 Interim Executive Officer

By

  
 Barbera Schleicher  
 Public Inquiry Analyst  
 (916) 574-7922  
 Barbera.Schleicher@dca.ca.gov



Visit our website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)



STATE BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

# Retail Pharmacy Permit

LICENSE NO. PHY 55691  
RECEIPT NO. 81240929

VALID UNTIL JULY 01, 2019

CURE STAT RX  
6725 MESA RIDGE RD STE 202 & 230  
SAN DIEGO CA 92121

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, this firm name herein is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.  
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder more than 10 percent share change, administrator or pharmacist-in-charge.  
This permit is valid only at the address shown.

05/08/18 The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900



# Sterile Compounding License

LICENSE NO. LSC 101091  
RECEIPT NO. 00148566

VALID UNTIL JULY 01, 2019

CURE STAT RX  
6725 MESA RIDGE RD STE 202 & 230  
SAN DIEGO CA 92121

06/13/18  
06/13/18

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

In accordance with the Provisions of Chapter 5 of Division 2 of the Business and Professions Code, the form herein is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.  
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder more than 10 percent share change, administrator or pharmacist-in-charge.  
This permit is valid only at the address shown.

FORM WPHSC (12/31/05)

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF California )  
 ) ss.  
San Diego COUNTY )

I, Ramesh Chigurupati, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge & owner for Cure Stat Rx Home Infusion And Specialty Pharmacy, Inc (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

**FURTHER AFFIANT SAYETH NOT.**

I, Ramesh Chigurupati, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

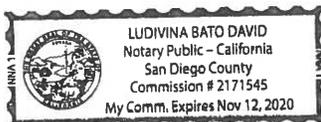
Ramesh Chigurupati 01/23/19

Name

SUBSCRIBED AND SWORN TO before me, a notary public this 23rd day of JANUARY, 2019.

[Signature]  
NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.



Ramesh Chigurupati, President & Owner

Cure Stat Rx Home Infusion And Specialty Pharmacy, Inc

6725 Mesa Ridge Rd, Suite# 202, 230

San Diego, CA 92121

INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA FEBRUARY 14, 2017

100,000

# Cure Stat Rx Home Infusion and Specialty Pharmacy, Inc.

See Riders for  
Certain Provisions

TOTAL AUTHORIZED ISSUE  
1,000,000 SHARES WITHOUT PAR VALUE  
COMMON STOCK

This is to Certify that Ramesh Chigurupati is the owner of

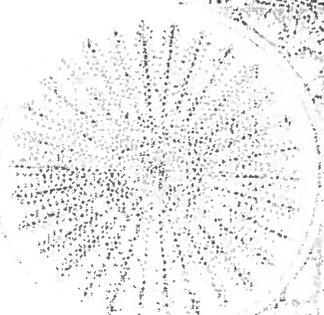
One hundred thousand (100,000) fully paid and non-assessable shares of the above Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

Witness, the seal of the Corporation and the signatures of its duly authorized officers.

Dated

  
SECRETARY

  
PRESIDENT



**14B**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.  
 Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: MedRx Infusion Clinical Pharmacy  
 Physical Address: 415 - 417 N. Oak street, Inglewood CA 90302  
 Mailing Address: 415 - 417 N. Oak Street  
 City: Inglewood State: CA Zip Code: 90302  
 Telephone: 310) 671-2600 Fax: 310) 671-2601  
 Toll Free Number: (844) 671-2600 (Required per NAC 639.708)  
 E-mail: info@medrxinfusion.com Website: medrxinfusion.com  
 Managing Pharmacist: Lloyd, Warren Christopher License Number: 41161

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>sterile Compounding</u>		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

### APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

*Simon Javaheri*

Original Signature of Person Authorized to Submit Application, no copies or stamps

SIMON JAVAHERI

Print Name of Authorized Person

01/31/2019  
Date

<b>Board Use Only</b>	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: CALIFORNIA

Parent Company if any: \_\_\_\_\_

Corporation Name: MEDRX INFUSION CLINICAL PHARMACY LLC

Mailing Address: 417 N. OAK STREET

City: INGLEWOOD State: CA Zip: 90302

Telephone: 310 671 2600 Fax: 310 671 2601

Contact Person: SIMON JAVAHERI

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 01/23/2013

Registration number issued: 201302310357

Stock Exchange: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9</u> am	<u>5</u> pm	Saturday	_____ am	_____ pm
Sunday	_____ am	_____ pm	24 Hours	<u>on call</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

**Must be included with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: CALIFORNIA, LIMITED LIABILITY COMPANY

Parent Company if any: \_\_\_\_\_

Mailing Address: 417 N. OAK STREET

City: INGLEWOOD State: CA Zip: 90302

Telephone: 310 671 2600 Fax: 310 671 2601

Contact Person: \_\_\_\_\_

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A  
Name Address

b) N/A  
Name Address

c) N/A  
Name Address

d) N/A  
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: N/A %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours On Call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

**Must be included with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

SIMON JAVAHERI

ALEX STEINE

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_ Limited x

Partnership Name: MEDEX INFUSION CLINICAL PHARMACY LLC

Mailing Address: 417 N. OAK STREET

City: INGLEWOOD State: CA Zip Code: 90302

Telephone Number: 310 671 2600 Fax Number: 310 671 2601

Contact Person: \_\_\_\_\_

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>CLIFFWOOD MEDEX PARTNERS LLC</u>	<u>LLC</u>	<u>60</u>
<u>MEDEX PARTNERS LLC</u>	<u>LLC</u>	<u>40</u>

List names of 4 largest partners and percentage of ownership:

Name: ALEX STEINE %: 20%

Name: PEDRAM SHABATHAN %: 42%

Name: MARLEN ZHORNITSKY %: 20%

Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours on call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, SIMON JAVANEHI

Responsible Person of LOS ANGELES, CALIFORNIA

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

*Simon Javanehi*

Original Signature of Person Authorized to Submit Application, no copies or stamps

SIMON JAVANEHI

Print Name of Authorized Person

1/31/2019

Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF CALIFORNIA )  
 ) ss.  
LOS ANGELES COUNTY )

I, SIMON JAVAHERI, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CO CEO for MEDRX INFUSION CLINICAL <sup>PHARMACY</sup> (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, SIMON JAVAHERI, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Simon Javaheri  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC

**See Attached  
California  
Certificate**

# California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

} s.s.

Subscribed and sworn to (or affirmed) before me on this 1st day of February,  
Month

20 19, by Simon Javaheri and  
Name of Signer (1)

— n/a —, proved to me on the basis of  
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

Trish Smiley  
Signature of Notary Public



For other required information (Notary Name, Commission No. etc.)

Seal

### OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document

### Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

### Additional Information

#### Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:  
 form(s) of identification  credible witness(es)

Notarial event is detailed in notary journal on:

Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

#### Other

Affiant(s) Thumbprint(s)  Describe: \_\_\_\_\_

# State of California Secretary of State

## CERTIFICATE OF STATUS

ENTITY NAME: MEDRX INFUSION CLINICAL PHARMACY, LLC

FILE NUMBER: 201302310357  
FORMATION DATE: 01/23/2013  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 29, 2019.

ALEX PADILLA  
Secretary of State



# Board of Pharmacy



## Retail Pharmacy Permit

LICENSE NO. PHY 51821

ISSUE DATE OCTOBER 31, 2014

**MEDRX INFUSION CLINICAL PHARMACY**

415-417 N OAK ST  
INGLEWOOD CA 90302

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY	PHARMACIST IN CHARGE
---------------------------	----------------------

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)



## Retail Pharmacy Permit

BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

LICENSE NO. PHY 51821  
RECEIPT NO. 82110043

VALID UNTIL OCTOBER 01, 2019

**MEDRX INFUSION CLINICAL PHARMACY**  
415-417 N OAK ST  
INGLEWOOD CA 90302

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy. This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge. This permit is valid only at the address shown.



# Board of Pharmacy



## Sterile Compounding License

LICENSE NO. LSC 100692

ISSUE DATE DECEMBER 30, 2014

MEDRX INFUSION CLINICAL PHARMACY

415-417 N OAK ST  
INGLEWOOD CA 90302

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)



BOARD OF PHARMACY  
1625 NORTH MARKET BLVD., SUITE N-219  
SACRAMENTO, CA 95834  
(916) 574-7900

## Sterile Compounding License

LICENSE NO. LSC 100692  
RECEIPT NO. 00151269

VALID UNTIL OCTOBER 01, 2019

MEDRX INFUSION CLINICAL PHARMACY  
415-417 N OAK ST  
INGLEWOOD CA 90302

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown and is subject to the rules and regulations of the California State Board of Pharmacy. This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge. This permit is valid only at the address shown.

1/27/18

1/27/18 The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

NON-TRANSFERABLE --- POST IN PROMINENT VIEW

**14C**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  **Ownership Change** (Provide current license number if making changes: **PH 01895**)  
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7,8

Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vasco Rx

Physical Address: 4045 E. Bell Road, Suite 163

Mailing Address: 4045 E. Bell Road, Suite 163

City: Phoenix State: Arizona Zip Code: 85032

Telephone: 602-971-6950 Fax: 602-404-2504

Toll Free Number: 877-971-3001 (Required per NAC 639.708)

E-mail: admin@vascorx.com Website: https://vascorx.com

Managing Pharmacist: Kristine Lowe License Number: AZ #S015310  
NV #12361

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail  
  Hospital (# beds \_\_\_\_\_)  
  Internet  
  Nuclear  
  Ambulatory Surgery Center  
  Community  
  Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services  
  Parenteral \*\*  
  Parenteral (outpatient)  
  Outpatient/Discharge  
  Mail Service  
  Long Term Care  
  Sterile Compounding \*\*  
  Non Sterile Compounding  
  Mail Service Sterile Compounding \*\*  
  Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

### APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

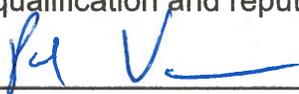
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Vasiliaskas

Print Name of Authorized Person

1/29/19

Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: California

Parent Company if any: Vitalab Pharmacy, Inc.

Mailing Address: 4045 E. Bell Road, Suite 163

City: Phoenix State: Arizona Zip: 85032

Telephone: 602-971-6950 Fax: 602-404-2504

Contact Person: Paul Vasiliauskas

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

		<u>4045 E. Bell Road, Suite 157</u>
a)	<u>AleraCare Holdings, LLC</u>	<u>Phoenix, AZ 85032</u>
	Name	Address

b)	_____	_____
	Name	Address

c)	_____	_____
	Name	Address

d)	_____	_____
	Name	Address

2) Provide the number of shares issued by the corporation. To be determined at closing

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? Date of actual closing

5) Provide a copy of the corporation's stock register evidencing the above information  
\* Will provide post-closing

List any physician shareholders and percentage of ownership.

Name: None %: N/A

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>7:30</u> am	<u>5:30</u> pm	Saturday	<u>9:00</u> am	<u>1:00</u> pm
Sunday	<u>closed</u> am	_____ pm	24 Hours	_____	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Paul Vasiliauskas

Responsible Person of Vasco Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Vasiliauskas

Print Name of Authorized Person

1/29/19

Date

**Vitalab Pharmacy, Inc. dba Vasco Rx  
Nevada Application for Out-of-State Pharmacy License**

**Officer / Director / Owner Information**

**Officers**

<b>Name</b>	<b>Title</b>	<b>Address of Record</b>
Russel Corvese	Chief Executive Officer	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032
Paul Vasiliauskas	Chief Operating Officer	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032
Thomas Pasco, Jr.	Chief Financial Officer	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032
Dina Lenchitsky	Chief Compliance Officer and Secretary	7039 Valjean Avenue Van Nuys, CA 91406

**Directors**

<b>Name</b>	<b>Title</b>	<b>Address of Record</b>
Vladimir Lenchitsky	Chairman	7039 Valjean Avenue Van Nuys, CA 91406
Paul Vasiliauskas	Director	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032

**Vitalab Pharmacy, Inc. dba Vasco Rx  
Nevada Application for Out-of-State Pharmacy License**

**Page 2, Item 3)**

**Discipline Summary for Vitalab Pharmacy, Inc. dba Vasco Rx  
4045 E. Bell Road, Suite 163  
Phoenix, AZ 85032**

1. **May 11, 2016:** Arizona State Board of Pharmacy – Consent Agreement - Failure to follow requirements of waiver from the Board of Pharmacy regarding the filling of compounded prescriptions. A \$22,275 Disciplinary Fine relating to filling compounded prescription was imposed and subsequently paid by the pharmacy.
2. **April 24, 2017:** Hawaii Board of Pharmacy – Settlement Agreement – In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – A \$2,500 fine was imposed and subsequently paid by the pharmacy.
3. **November 15, 2016:** Alabama State Board of Pharmacy – Consent Order – In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – A \$2,500 fine was imposed and subsequently paid by the pharmacy.
4. **December 27, 2016:** Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation – Consent Order - In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – No fine was imposed; however, the pharmacy received a license reprimand.
5. **February 27, 2018:** Pennsylvania State Board of Pharmacy – Order - In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – A \$1,000 civil penalty was imposed and subsequently paid by the pharmacy.
6. **March 7, 2018:** Indiana State Board of Pharmacy – Final Order – In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – The Company received a letter of reprimand and a \$2,005 fine was imposed. The fine was subsequently paid by the pharmacy.

Supporting documentation for all actions is enclosed.

**California Non-Discipline Summary for Vitalab Pharmacy, Inc. dba Vasco Rx  
4045 E. Bell Road, Suite 163  
Phoenix, AZ 85032**

1. The California Board of Pharmacy (the “CA BOP) issued four citations and fines to Vasco Rx related to routine pharmacy inspection findings. Per the CA BOP, the issuance of these citations is not considered a disciplinary action. The Board considers citations to be administrative actions resolving comments received incident to routine inspections.

It should be noted that the pharmacy has implemented corrective measures in an effort to better comply with California compounding requirements. Nonetheless, without admitting violations of the above requirements, the pharmacy and its supervising pharmacist now meet these and all other applicable rules and regulations relating to pharmacy and sterile compounding.

The citations are as follows:

**October 11, 2018** – Citation Number CI 2017 79790

**October 11, 2018** – Citation Number CI 2018 81580 (Same matter as CI 2017 79790)

**October 18, 2018** – Citation Number CI 2016 75547

**October 18, 2018** – Citation Number CI 2018 81589 (Same matter as CI 2016 75547)

2. **January 2, 2019** – Citation Number CI 2017 79432 – Issued to Vasco Rx in response to the aforementioned Arizona State Board of Pharmacy Consent Agreement. Again, the CA BOP considers the citation to be an administrative matter rather than a disciplinary action taken against the pharmacy.

Supporting documentation for all Citations is enclosed.

**ARIZONA STATE BOARD OF PHARMACY**  
**CONSENT AGREEMENT**

1 MARK BRNOVICH  
Attorney General  
2 (Firm State Bar No. 14000)

3 JEANNE M. GALVIN  
Assistant Attorney General  
4 State Bar No. 015072  
1275 W. Washington, SGD/LES  
5 Phoenix, Arizona 85007-2997  
Tel: (602) 542-7983  
6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

9  
10 In the Matter of:

11 **VASCO Rx**

12 Holder of Permit No. Y004706  
13 In the State of Arizona,

14 Respondent.

Board Case No. 16-0012-PHR

**CONSENT AGREEMENT  
FOR CIVIL PENALTY AND  
RECISSION OF DEVIATION**

15  
16 In the interest of a prompt and judicious settlement of this case, consistent with the  
17 public interest, statutory requirements and the responsibilities of the Arizona State Board  
18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Vasco Rx Pharmacy, holder of  
19 Permit No. Y004706 (hereinafter, "Respondent" or "Vasco Rx") and the Board enter into  
20 the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent  
21 Agreement") as a final disposition of this matter.

22 **RECITALS**

23 1. Respondent has read and understands this Consent Agreement and has had  
24 the opportunity to discuss this Consent Agreement with an attorney, or has waived the  
25 opportunity to discuss this Consent Agreement with an attorney.

26

1           2.     Respondent understands that it has a right to a public administrative hearing  
2 concerning this matter at which hearing it could present evidence and cross examine  
3 witnesses. By entering into this Consent Agreement, Respondent knowingly and  
4 voluntarily relinquishes all right to such an administrative hearing, as well as rights of  
5 rehearing, review, reconsideration, appeal, judicial review or any other administrative  
6 and/or judicial action, concerning the matters set forth herein.

7           3.     Respondent affirmatively agrees that this Consent Agreement shall be  
8 irrevocable.

9           4.     Respondent understands that this Consent Agreement or any part of the  
10 agreement may be considered in any future disciplinary action by the Board against it.

11          5.     Respondent understands this Consent Agreement deals with Board  
12 Complaint No. 4487 involving allegations of unprofessional conduct against Respondent.  
13 The investigation into these allegations against Respondent shall be concluded upon the  
14 Board's adoption of this Consent Agreement.

15          6.     Respondent understands that this Consent Agreement does not constitute a  
16 dismissal or resolution of any other matters currently pending before the Board, if any,  
17 and does not constitute any waiver, express or implied, of the Board's statutory authority  
18 or jurisdiction regarding any other pending or future investigation, action or proceeding.

19          7.     Respondent also understands that acceptance of this Consent Agreement  
20 does not preclude any other agency, subdivision, or officer of this State from instituting  
21 any other civil or criminal proceedings with respect to the conduct that is the subject of  
22 this Consent Agreement.

23          8.     Respondent acknowledges and agrees that, upon signing this Consent  
24 Agreement and returning this document to the Board's Executive Director, it may not  
25 revoke its acceptance of the Consent Agreement or make any modifications to the  
26

1 document regardless of whether the Consent Agreement has been signed by the  
2 Executive Director. Any modification to this original document is ineffective and void  
3 unless mutually agreed by the parties in writing.

4 9. This Consent Agreement is subject to the approval of the Board and is  
5 effective only when accepted by the Board and signed by the Executive Director. In the  
6 event that the Board does not approve this Consent Agreement, it is withdrawn and shall  
7 be of no evidentiary value and shall not be relied upon nor introduced in any action by  
8 any party, except that the parties agree that should the Board reject this Consent  
9 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the  
10 Board was prejudiced by its review and discussion of this document or any records  
11 relating thereto.

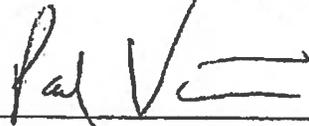
12 10. If a court of competent jurisdiction rules that any part of this Consent  
13 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement  
14 shall remain in full force and effect.

15 11. Respondent understands that this Consent Agreement is a public record that  
16 may be publicly disseminated as a formal action of the Board and may be reported as  
17 required by law to the National Practitioner Data Bank and the Healthcare Integrity and  
18 Protection Data Bank.

19 12. Respondent understands that any violation of this Consent Agreement  
20 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § 32-  
21 1901.01(A)(19).

22 13. Respondent agrees that the Board will adopt the following Findings of Fact,  
23 Conclusions of Law and Order.

1 ACCEPTED AND AGREED BY RESPONDENT

2 

3 Dated: 4/21/16

4 Paul Vasiliauskas on behalf of  
5 Vasco Rx

6 **FINDINGS OF FACT**

7 1. The Board is the duly constituted authority for licensing and regulating the  
8 practice of pharmacy in the State of Arizona.

9 2. Respondent Vasco Rx holds pharmacy permit no. Y004706.

10 3. In August of 2014, Paul Vasiliauskas appeared on behalf of Respondent  
11 before the Board with Jeffrey Karp, a representative of Integrity Rx Specialty Pharmacy  
12 ("Integrity Rx"), seeking a deviation related to a remote dispensing device. According to  
13 Respondent:  
14

15 a. Vasco Rx would place a remote dispensing device within Integrity  
16 Rx.

17 b. The remote dispensing device will contain medication compounded  
18 by Vasco Rx Pharmacy.

19 c. The remote dispensing device will be stocked by a pharmacist from  
20 Vasco Rx who will deliver the medication, inventory it, and log it in to the remote  
21 dispensing device.  
22

23 d. The remote dispensing device will track the lot number, expiration  
24 date and the inventory in and out.  
25  
26

1 e. The remote dispensing device inventory will only be accessed and  
2 scanned by a Vasco Rx employee pharmacist.

3 f. A Vasco Rx Pharmacist will be on-site at Integrity Rx every day at a  
4 designated time.

5 g. Integrity Rx receives a prescription for a compounded medication,  
6 and after patient authorization, transfers the prescription to Vasco Rx.  
7

8 h. The Vasco Rx operating system will talk to the remote dispensing  
9 device system and a label will print. Inventory will be checked by a Vasco Rx  
10 pharmacist.

11 i. All product dispensing will be labeled and checked by a Vasco Rx  
12 pharmacist and placed in a tote dedicated for that patient.  
13

14 4. Based upon the Respondent's representations, the Board granted  
15 Respondent a deviation.

16 5. A routine inspection conducted at Integrity Rx Specialty Pharmacy on  
17 February 5, 2016, revealed the following:  
18

19 a. No remote dispensing device provided by Vasco Rx was within the  
20 Integrity Rx. Rather, two file cabinets with locks labeled "property of Vasco Rx Specialty  
21 Pharmacy" were present. Jeffrey Karp indicated that no remote dispensing device was  
22 ever placed by Vasco Rx.  
23

24 b. Compounded medication labeled property of Vasco Rx was found in  
25 each file cabinet drawer.  
26

1 c. On request of Integrity Rx, Vasco Rx delivers compounded  
2 medication to Integrity Rx. The delivery is completed by an employee of Vasco Rx, not a  
3 pharmacist, and left with Integrity Rx staff. There is not usually a delivery invoice.

4 d. Lot number, expiration date, inventory in and out is maintained on a  
5 perpetual paper log.

6 e. Jeffrey Karp indicated that he has the keys to the file cabinets and  
7 either an Integrity Rx pharmacist or a technician will place the compounded medication  
8 in the file cabinet.

9 f. Neither Paul Vasiliauskas nor another Vasco Rx Pharmacist come to  
10 Integrity Rx.

11 g. Integrity Rx transfers the prescription to Vasco Rx after patient  
12 authorization using the shared computer system.

13 h. The prescription verification PV1 and PV2 is then completed by an  
14 Integrity Rx pharmacist, not a Vasco Rx pharmacist. A prescription label with Vasco Rx  
15 information then prints at Integrity Rx

16 i. The final product dispensing is completed by an Integrity Rx  
17 pharmacist, not a Vasco Rx pharmacist.

18 6. On March 1, 2016, Respondent filed a written response to the Complaint  
19 wherein it acknowledged the findings set forth in paragraph 3 above and further noted  
20 that the pharmacy "clearly failed to focus on the key elements of our proposal [for the  
21 deviation] which was to provide for an *automated* system." (emphasis in the original).  
22  
23  
24  
25  
26



1           3.     The failure to follow the processes described in the deviation request  
2 approved by the Board constitutes unprofessional conduct pursuant to A.R.S. §§ 32-  
3 1901.01(A)(18) (violating or attempting to violate, directly or indirectly, or assisting in or  
4 abetting the violation of, or conspiring to violate, the board's statutes or rules) as it relates  
5 to A.R.S. §32-1901(8) (Compounding means the preparation, mixing, assembling,  
6 packaging or labeling of a drug by a pharmacist or an intern or pharmacy technician  
7 under the pharmacist's supervision, for the purpose of dispensing to a patient based on a  
8 valid prescription order. Compounding includes the preparation of drugs in anticipation  
9 of prescription orders prepared on routine, regularly observed prescribing patterns and the  
10 preparation of drugs as an incident to research, teaching or chemical analysis or for  
11 administration by a medical practitioner to the medical practitioner's patient and not for  
12 sale or dispensing. Compounding does not include the preparation of commercially  
13 available products from bulk compounds or the preparation of drugs for sale to  
14 pharmacies, practitioners or entities for the purpose of dispensing or distribution), and  
15 Arizona Administrative Code R4-23-410(A)(3) (neither the pharmacy permittee nor a  
16 pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical  
17 product to a pharmacy, medical practitioner, or other person for dispensing or distributing  
18 except that a compounded pharmaceutical product may be provided to a medical  
19 practitioner to administer to a patient of the medical practitioner if each container is  
20 accompanied by the written list required in subsection (1)(5) and has a label that includes  
21 (1) the pharmacy name, address and telephone number, (2) the pharmaceutical product's  
22 name and the information required in subsection (1)(5) and (3) a lot or control number);  
23 and A.R.S. §32-1968(D) (any drug dispensed in accordance with subsection A of this  
24 section is exempt from the requirements of A.R.S. §32-1967(1), (10) and (11) and the  
25 packaging requirements of subsection A(7) and (8), if the drug container bears a label  
26

1 containing the name and address of the dispenser, serial number, date of dispensing,  
2 name of the prescriber, name of the patient, or if an animal, the name of the owner of the  
3 animal and the species of the animal, directions for use and cautionary statements, if any,  
4 contained in the order. This exemption does not apply to any drug dispensed in the  
5 course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or  
6 the internet or to a drug dispensed in violation of subsection A of this section.)

7  
8 **ORDER**

9 Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY  
10 ORDERED THAT Respondent shall:

11 1. Pay a civil penalty of \$10.00 per prescription filled/compounded in  
12 violation of the deviation granted by the Board and contrary to the Board's statutes and  
13 rules (2220 said prescriptions) for a total of \$22,200 within 180 days of the effective date  
14 of this Order. The effective date of this Order is the date it is signed by the Board's  
15 Executive Director.

16 2. Pay the investigative costs in this matter in the sum of \$175 within 180  
17 days of the effective date of this Order.

18 3. The deviation granted to Respondent in August of 2014, is hereby  
19 RESCINDED.

20 4. If Respondent violates this Order in any way or fails to fulfill the  
21 requirements of this Order, the Board, after giving the Respondent notice and the  
22 opportunity to be heard, may revoke, suspend or take other disciplinary actions against  
23 Respondent's permit. The issue at such a hearing will be limited solely to whether this  
24 Order has been violated.

1 DATED this 11<sup>th</sup> day of May, 2016.

3 ARIZONA STATE BOARD OF PHARMACY

4 (Seal)

5 By: Kam Gandhi  
6 KAMLESH GANDHI, PharmD.  
7 Executive Director

8 ORIGINAL OF THE FORGOING FILED  
9 this 11<sup>th</sup> day of May 2016, with:

10 Arizona State Board of Pharmacy  
11 1616 W. Adams, Ste. 120  
12 Phoenix, Arizona 85007

13 EXECUTED COPY OF THE FOREGOING MAILED  
14 BY CERTIFIED MAIL

15 this 6<sup>th</sup> day of July, 2016, to:

16 Vasco Rx  
17 4045 E. Bell Road, Ste. 163  
18 Phoenix, AZ 85032  
19 Respondent

20 EXECUTED COPY OF THE FOREGOING MAILED  
21 this 6<sup>th</sup> day of July, 2016, to:

22 Susan B. Trujillo  
23 Ouarles & Brady, LLP  
24 One Renaissance Square  
25 Two North Central Avenue  
26 Phoenix, Arizona 85004

Jeanne M. Galvin  
Assistant Attorney General  
1275 W. Washington Street, SGD/LES  
Phoenix, Arizona 85007  
Attorney for the Board

#5039394

**HAWAII BOARD OF PHARMACY  
SETTLEMENT AGREEMENT**

DARIA A. LOY-GOTO 6175  
JOHN T. HASSLER 5311  
Regulated Industries Complaints Office  
Department of Commerce and Consumer Affairs  
State of Hawaii  
Leiopapa A Kamehameha Building  
235 South Beretania Street, Suite 900  
Honolulu, Hawaii 96813  
Telephone: 586-2660

Attorneys for Department of Commerce  
and Consumer Affairs

2017 APR 26 A 9:50  
DEPT. OF COMMERCE  
AND CONSUMER AFFAIRS  
HEARINGS OFFICE  
2017 MAY 18 P 3:26

BOARD OF PHARMACY  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of ) PHA 2016-110-L  
)  
VITALAB PHARMACY, INC., doing )  
business as VASCO RX, ) SETTLEMENT AGREEMENT PRIOR TO  
) FILING OF PETITION FOR DISCIPLINARY  
) ACTION AND BOARD'S FINAL ORDER;  
Respondent. ) EXHIBIT "1"  
)

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION  
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'  
REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"),  
through its undersigned attorney(s) and Respondent VITALAB PHARMACY, INC., doing  
business as VASCO RX (hereinafter "Respondent"), enter into this Settlement Agreement on the  
terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 593. The permit was issued on or about March 13, 2009. The permit will expire or forfeit on or about December 31, 2017.

2. Respondent's mailing address for purposes of this action is 4045 E. Bell Road, Suite 163, Phoenix, Arizona 85032.

3. By letter dated May 19, 2016, Respondent reported it had been disciplined by the Arizona State Board of Pharmacy.

I HEREBY CERTIFY THAT THE ATTACHED  
IS A TRUE AND CORRECT COPY OF THE  
ORIGINAL ON FILE IN THE DEPARTMENT  
OF COMMERCE & CONSUMER AFFAIRS.

  
\_\_\_\_\_

4. RICO obtained a copy of a Consent Agreement from the Arizona State Board of Pharmacy issued to Respondent in Board Case No. 16-0012-PHR (hereinafter the "Arizona Agreement") (Exhibit "1"). The Arizona Agreement was based on allegations Respondent failed to follow processes described in a deviation request related to a remote dispensing device. Pursuant to the terms of the Arizona Agreement, the deviation was rescinded and Respondent was ordered to pay a \$22,200.00 civil penalty and \$175.00 in costs.

5. RICO alleges Respondent was disciplined by the State of Arizona.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

**B. REPRESENTATIONS BY RESPONDENT:**

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Consent Agreement from the Arizona State Board of Pharmacy issued to Respondent in Board Case No. 16-0012-PHR.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2016-110-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

**C. TERMS OF SETTLEMENT:**

1. **Administrative Fine.** Respondent agrees to pay a fine in the amount of TWO THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$2,500.00). Payment shall be made by cashier's check or money order made payable to "DCCA - Compliance Resolution Fund" and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9<sup>th</sup> Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. **Failure to Comply with Settlement Agreement.** If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. **Possible Further Sanction.** The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

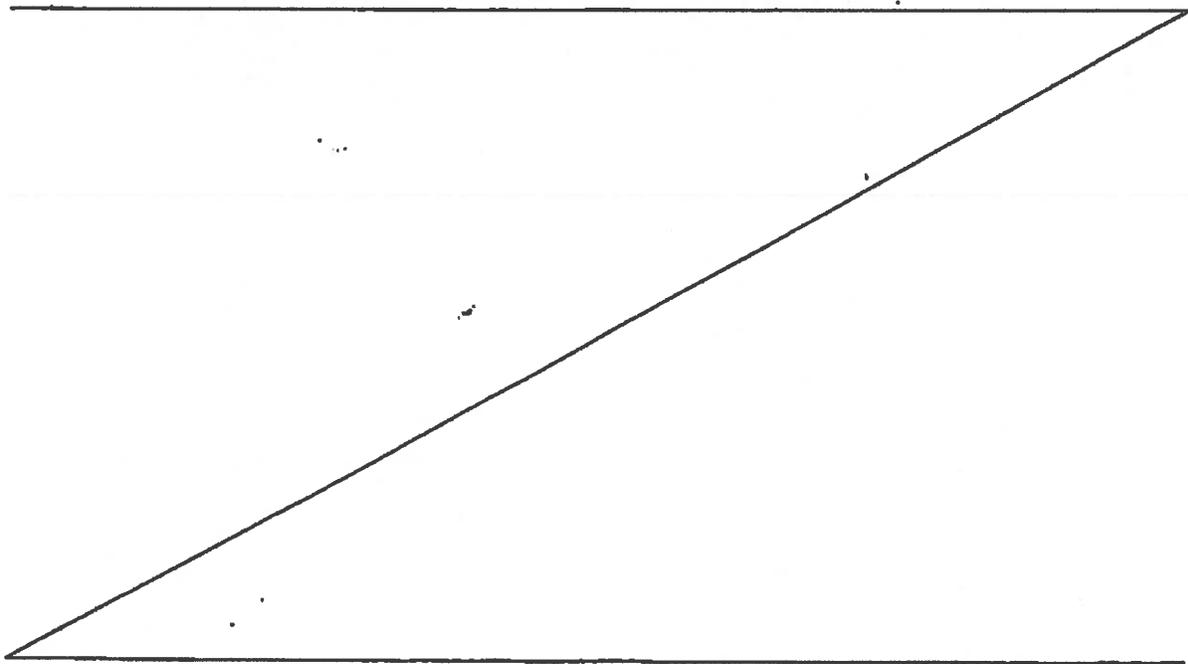
4. **Approval of the Board.** Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

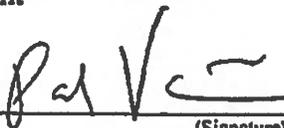
8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.



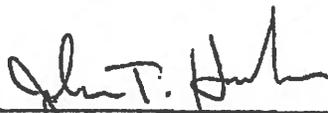
IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Phoenix, AZ, 04/24/2017  
(City) (State) (Date)

VITALAB PHARMACY, INC.,  
doing business as VASCO RX  
Respondent

By:   
(Signature)  
Paul Vasiliauskas  
(Print Name)  
Its President

DATED: Honolulu, Hawaii, APR 26 2017

  
DARIA A. LOY-GOTO  
JOHN T. HASSLER  
Attorneys for Department of Commerce  
and Consumer Affairs

-----  
IN THE MATTER OF THE MISCELLANEOUS PERMIT OF VITALAB PHARMACY, INC., DOING BUSINESS AS VASCO RX;  
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;  
EXHIBIT "1"; RICO CASE NO. PHA 2016-110-L

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF VITALAB PHARMACY, INC.,  
DOING BUSINESS AS VASCO RX; SETTLEMENT AGREEMENT PRIOR TO FILING OF  
PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1";  
RICO CASE NO. PHA 2016-110-L

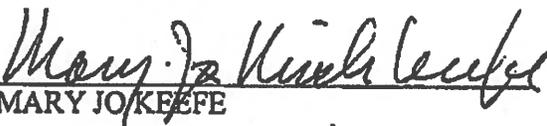
APPROVED AND SO ORDERED:  
BOARD OF PHARMACY  
STATE OF HAWAII

  
KERRI OKAMURA  
Chairperson

5/18/17  
DATE

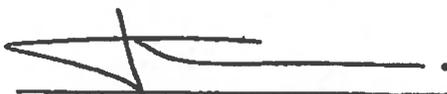
  
GARRETT A. LAU  
Vice Chairperson

MARCELLA CHOCK

  
MARY JO KEEFE

CAROLYN S. J. MA

  
RONALD WEINBERG

  
JULIE YURIE TAKISHIMA-LACASA

STATE OF AZ )  
 ) SS.  
COUNTY OF MARICOPA )

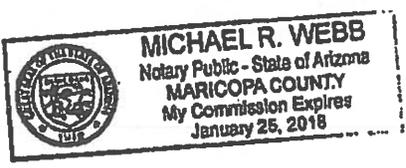
On this 24 day of APRIL, 2017, before me personally appeared PAUL VINCENT VASKIAUSKAS, to me known to be the person described, and who executed the foregoing instrument on behalf of VITALAB PHARMACY, INC., DOING BUSINESS AS VASCO RX as its PRESIDENT, and acknowledged that he/she executed the same as his/her free act and deed.

This 7-page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated

4/24/2017, 2017 was acknowledged before me by  
[Date Document Signed by Respondent]

PAUL VINCENT VASKIAUSKAS this 24 day of APRIL, 2017,  
[Name of Person Signing Document]

in the City of PHOENIX, in the County of MARICOPA, in the State of AZ.



[Signature]  
Name: MICHAEL R WEBB  
Notary Public, State of AZ

My Commission expires: 1/25/2018

**ALABAMA BOARD OF PHARMACY**  
**CONSENT ORDER**

IN THE MATTER OF:

VASCO RX

Non-Resident Pharmacy  
Permit Number: 113335

)  
)  
)  
)  
)

BEFORE THE ALABAMA STATE  
BOARD OF PHARMACY

CASE NO: 16-L-0083

**CONSENT ORDER**

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Vasco RX which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Vasco RX through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Vasco violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Vasco RX shall pay an administrative fine in the amount of Five Thousand Dollars (\$5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Vasco RX expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975),

§34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Vasco RX further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Vasco RX hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Vasco RX acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws, may, upon proof and hearing thereof, result in further disciplinary sanctions against Vasco RX's permit, including, but not limited to revocation.

6. Vasco RX acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Vasco RX acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 15<sup>th</sup> of November, 2016.

VASCO RX

BY: *Paul Vasco*

ITS: President

*SHL*  
Spencer H. Larche, attorney for Vasco RX

ALABAMA STATE BOARD OF PHARMACY

By: *T. A. Martin*  
Timothy A. Martin, Pharm.D., President

By: *J. S. Ward*  
James S. Ward,  
Attorney for the Alabama State  
Board of Pharmacy

**OF COUNSEL:**  
WARD & WILSON, LLC  
2100A Southbridge Parkway  
Suite 580  
Birmingham, AL 35209  
(205) 871-5404

IN THE MATTER OF:

VASCO RX

Non-Resident Pharmacy  
Permit Number: 113335

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)  
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)  
)

BEFORE THE ALABAMA STATE  
BOARD OF PHARMACY

CASE NO: 16-L-0083

**STATEMENT OF CHARGES AND NOTICE OF HEARING**

TO: VASCO Rx  
4045 E. Bell Road  
#163  
Phoenix, Arizona 85032

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on \_\_\_\_\_, 2016 at \_\_\_\_\_ m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate VASCO Rx (VASCO) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that VASCO has been guilty of the following, to-wit:

**COUNT ONE:**

Violating Code of Alabama (1975), § 34-23-33(6) based upon making certain representations to the Arizona State Board of Pharmacy in connection with obtaining a deviation related to a remote processing device, the Board relying on those representations in granting the deviation, the Board later determining those

representations were false, fraudulent and/or not performed. The specific representations made are set out in the Findings of Fact 3(a)-(l) and what was actually performed is set out in Findings of Fact 5(a)-(l) of a Consent Agreement For Civil Penalty and Recission of Deviation entered by the Arizona State Board of Pharmacy on May 11, 2016 attached hereto as Exhibit "A".

**COUNT TWO**

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Consent Agreement referenced above and/or some or all of the Conclusions of Law set out in Paragraph 3 under "Conclusions of Law".

**COUNT THREE**

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2-22(2)(d) based upon any or all of the allegations of the preceding Counts.

**COUNT FOUR**

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2-22(2)(f) based upon any or all of the allegations of Counts One and/or Two above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et.

seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

**COUNT FIVE**

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: \_\_\_\_\_  
Susan Alverson  
Secretary

1 **MARK BRNOVICH**  
Attorney General  
2 (Firm State Bar No. 14000)

3 **JEANNE M. GALVIN**  
Assistant Attorney General  
4 State Bar No. 015072  
1275 W. Washington, SGD/LES  
5 Phoenix, Arizona 85007-2997  
Tel: (602) 542-7983  
6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**  
9

10 In the Matter of:

11 **VASCO Rx**

12 Holder of Permit No. Y004706  
13 In the State of Arizona,

14 Respondent.

Board Case No. 16-0012-PHR

**CONSENT AGREEMENT  
FOR CIVIL PENALTY AND  
RECISSION OF DEVIATION**

15  
16 In the interest of a prompt and judicious settlement of this case, consistent with the  
17 public interest, statutory requirements and the responsibilities of the Arizona State Board  
18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Vasco Rx Pharmacy, holder of  
19 Permit No. Y004706 (hereinafter, "Respondent" or "Vasco Rx") and the Board enter into  
20 the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent  
21 Agreement") as a final disposition of this matter.

22 **RECITALS**

23 I. Respondent has read and understands this Consent Agreement and has had  
24 the opportunity to discuss this Consent Agreement with an attorney, or has waived the  
25 opportunity to discuss this Consent Agreement with an attorney.  
26

1           2.    Respondent understands that it has a right to a public administrative hearing  
2 concerning this matter at which hearing it could present evidence and cross examine  
3 witnesses. By entering into this Consent Agreement, Respondent knowingly and  
4 voluntarily relinquishes all right to such an administrative hearing, as well as rights of  
5 rehearing, review, reconsideration, appeal, judicial review or any other administrative  
6 and/or judicial action, concerning the matters set forth herein.

7           3.    Respondent affirmatively agrees that this Consent Agreement shall be  
8 irrevocable.

9           4.    Respondent understands that this Consent Agreement or any part of the  
10 agreement may be considered in any future disciplinary action by the Board against it.

11           5.    Respondent understands this Consent Agreement deals with Board  
12 Complaint No. 4487 involving allegations of unprofessional conduct against Respondent.  
13 The investigation into these allegations against Respondent shall be concluded upon the  
14 Board's adoption of this Consent Agreement.

15           6.    Respondent understands that this Consent Agreement does not constitute a  
16 dismissal or resolution of any other matters currently pending before the Board, if any,  
17 and does not constitute any waiver, express or implied, of the Board's statutory authority  
18 or jurisdiction regarding any other pending or future investigation, action or proceeding.

19           7.    Respondent also understands that acceptance of this Consent Agreement  
20 does not preclude any other agency, subdivision, or officer of this State from instituting  
21 any other civil or criminal proceedings with respect to the conduct that is the subject of  
22 this Consent Agreement.

23           8.    Respondent acknowledges and agrees that, upon signing this Consent  
24 Agreement and returning this document to the Board's Executive Director, it may not  
25 revoke its acceptance of the Consent Agreement, or make any modifications to the  
26

1 e. The remote dispensing device inventory will only be accessed and  
2 scanned by a Vasco Rx employee pharmacist.

3 f. A Vasco Rx Pharmacist will be on-site at Integrity Rx every day at a  
4 designated time.

5 g. Integrity Rx receives a prescription for a compounded medication,  
6 and after patient authorization, transfers the prescription to Vasco Rx.

7 h. The Vasco Rx operating system will talk to the remote dispensing  
8 device system and a label will print. Inventory will be checked by a Vasco Rx  
9 pharmacist.  
10 pharmacist.

11 i. All product dispensing will be labeled and checked by a Vasco Rx  
12 pharmacist and placed in a tote dedicated for that patient.  
13 pharmacist and placed in a tote dedicated for that patient.

14 4. Based upon the Respondent's representations, the Board granted  
15 Respondent a deviation.

16 5. A routine inspection conducted at Integrity Rx Specialty Pharmacy on  
17 February 5, 2016, revealed the following:  
18 February 5, 2016, revealed the following:

19 a. No remote dispensing device provided by Vasco Rx was within the  
20 Integrity Rx. Rather, two file cabinets with locks labeled "property of Vasco Rx Specialty  
21 Pharmacy" were present. Jeffrey Karp indicated that no remote dispensing device was  
22 ever placed by Vasco Rx.  
23 ever placed by Vasco Rx.

24 b. Compounded medication labeled property of Vasco Rx was found in  
25 each file cabinet drawer.  
26 each file cabinet drawer.



1           3. The failure to follow the processes described in the deviation request  
2 approved by the Board constitutes unprofessional conduct pursuant to A.R.S. §§ 32-  
3 1901.01(A)(18) (violating or attempting to violate, directly or indirectly, or assisting in or  
4 abetting the violation of, or conspiring to violate, the board's statutes or rules) as it relates  
5 to A.R.S. §32-1901(8) (Compounding means the preparation, mixing, assembling,  
6 packaging or labeling of a drug by a pharmacist or an intern or pharmacy technician  
7 under the pharmacist's supervision, for the purpose of dispensing to a patient based on a  
8 valid prescription order. Compounding includes the preparation of drugs in anticipation  
9 of prescription orders prepared on routine, regularly observed prescribing patterns and the  
10 preparation of drugs as an incident to research, teaching or chemical analysis or for  
11 administration by a medical practitioner to the medical practitioner's patient and not for  
12 sale or dispensing. Compounding does not include the preparation of commercially  
13 available products from bulk compounds or the preparation of drugs for sale to  
14 pharmacies, practitioners or entities for the purpose of dispensing or distribution), and  
15 Arizona Administrative Code R4-23-410(A)(3) (neither the pharmacy permittee nor a  
16 pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical  
17 product to a pharmacy, medical practitioner, or other person for dispensing or distributing  
18 except that a compounded pharmaceutical product may be provided to a medical  
19 practitioner to administer to a patient of the medical practitioner if each container is  
20 accompanied by the written list required in subsection (1)(5) and has a label that includes  
21 (1) the pharmacy name, address and telephone number, (2) the pharmaceutical product's  
22 name and the information required in subsection (1)(5) and (3) a lot or control number);  
23 and A.R.S. §32-1968(D) (any drug dispensed in accordance with subsection A of this  
24 section is exempt from the requirements of A.R.S. §32-1967(1), (10) and (11) and the  
25 packaging requirements of subsection A(7) and (8), if the drug container bears a label  
26

1 containing the name and address of the dispenser, serial number, date of dispensing,  
2 name of the prescriber, name of the patient, or if an animal, the name of the owner of the  
3 animal and the species of the animal, directions for use and cautionary statements, if any,  
4 contained in the order. This exemption does not apply to any drug dispensed in the  
5 course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or  
6 the internet or to a drug dispensed in violation of subsection A of this section.)

7  
8 **ORDER**

9 Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY  
10 ORDERED THAT Respondent shall:

11 1. Pay a civil penalty of \$10.00 per prescription filled/compounded in  
12 violation of the deviation granted by the Board and contrary to the Board's statutes and  
13 rules (2220 said prescriptions) for a total of \$22,200 within 180 days of the effective date  
14 of this Order. The effective date of this Order is the date it is signed by the Board's  
15 Executive Director.

16 2. Pay the investigative costs in this matter in the sum of \$175 within 180  
17 days of the effective date of this Order.

18 3. The deviation granted to Respondent in August of 2014, is hereby  
19 RESCINDED.

20 4. If Respondent violates this Order in any way or fails to fulfill the  
21 requirements of this Order, the Board, after giving the Respondent notice and the  
22 opportunity to be heard, may revoke, suspend or take other disciplinary actions against  
23 Respondent's permit. The issue at such a hearing will be limited solely to whether this  
24 Order has been violated.

25

26

1 DATED this <sup>th</sup> 11 day of May, 2016.

2  
3 (Seal)

ARIZONA STATE BOARD OF PHARMACY

4  
5 By: Kamlesh Gandhi  
6 KAMLESH GANDHI, PharmD.  
Executive Director

7 ORIGINAL OF THE FORGOING FILED  
8 this 11<sup>th</sup> day of May, 2016, with:

9 Arizona State Board of Pharmacy  
10 1616 W. Adams, Ste. 120  
Phoenix, Arizona 85007

11 EXECUTED COPY OF THE FOREGOING MAILED  
12 BY CERTIFIED MAIL  
13 this 6<sup>th</sup> day of July, 2016, to:

14 Vasco Rx.  
4045 E. Bell Road, Ste. 163  
15 Phoenix, AZ 85032  
Respondent

16 EXECUTED COPY OF THE FOREGOING MAILED  
17 this 6<sup>th</sup> day of July, 2016, to:

18 Susan B. Trujillo  
19 Quarles & Brady, LLP  
One Renaissance Square  
20 Two North Central Avenue  
21 Phoenix, Arizona 85004

22 Jeanne M. Galvin  
Assistant Attorney General  
23 1275 W. Washington Street, SGD/LES  
24 Phoenix, Arizona 85007  
Attorney for the Board

25  
26 #5039394

**ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION**  
**CONSENT ORDER**

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL	)	
REGULATION, DIVISION OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	)	Complainant,
v.	)	No. 2016-11188
VITALAB PHARMACY, INC	)	
License No. 054.016668,	)	Respondent.

**CONSENT ORDER**

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by and through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and VITALAB PHARMACY INC, Respondent, hereby agree to the following:

**STIPULATIONS**

VITALAB PHARMACY INC (hereinafter the "Respondent") is the holder of a pharmacy license in the State of Illinois, License No. 054.016668. Said license is currently in active status. At all times material to the matters set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (hereinafter the "Department") has had jurisdiction over the subject matter and parties herein.

The Department received a self-report from Respondent on December 27, 2016, indicating the Respondent was disciplined by multiple states due to an action taken by Arizona's Board of Pharmacy in case number 16-0012-PHR. On or about July 6, 2016, Respondent was assessed a civil penalty of twenty-two thousand two hundred dollars (\$22,200.00) by the Arizona Board of Pharmacy due to multiple violations found during a routine inspection on February 5,

2016, and for failing to meet the terms of a deviation granted to their Arizona license for a remote dispensing device.

The aforementioned conduct, if proven to be true, would constitute grounds for disciplinary action against Respondent's pharmacy license on the authority of 225 ILCS 85/30 (a)(2), and (8).

Respondent has been advised of the right to have the pending allegation(s) reduced to written charges, the right to counsel, 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 Respondent has entered into this Consent Order freely and of Respondent's 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 that Respondent be permitted to enter into this 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 Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and VITALAB PHARMACY INC, Respondent, agree:

- A. The pharmacy license of VITALAB PHARMACY INC, license No. 054.016668, is REPRIMANDED.
- B. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Department.
- C. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Practitioner Databank. This Consent Order will be available to the general public.
- D. The above-named Respondent consents to electronic service of the Final Director's ~~Order-in-lieu-of-service-by-certified-mail~~. Service shall be made upon Respondent's email address.

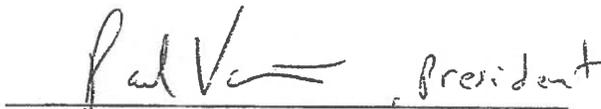
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DIVISION OF PROFESSIONAL REGULATION  
of the State of Illinois

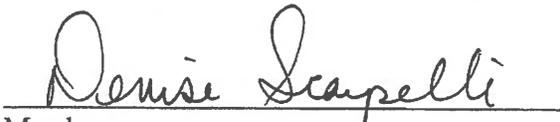
10/4/17  
DATE

  
Brandon R. Thom  
Enforcement Attorney, Health-Related Prosecutions

10/2/17  
DATE

  
VITALAB PHARMACY INC.  
Respondent

10/19/17  
DATE

  
Member-  
Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 2 DAY OF December, 20 17.

ILLINOIS DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION  
OF THE STATE OF ILLINOIS  
BRYAN SCHNEIDER, SECRETARY  
DIVISION OF PROFESSIONAL REGULATION

  
JESSICA BAER  
DIRECTOR

Case No. 2016-11188  
License No. 054.016668

**PENNSYLVANIA STATE BOARD OF PHARMACY**  
**ORDER**

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF PHARMACY**

PROTHONOTARY  
2018 MAR 21 AM 10:24  
Department of State

**Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs**

vs.

**Vasco Rx,  
Respondent**

**File No.: 17-54-05737**

**Docket No: 1603-54-17**

**CONSENT AGREEMENT AND ORDER**

**PARTIES**

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and Vasco Rx ("Respondent") stipulate as follows in settlement of the above-captioned case.

**APPLICABLE LAW**

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, Act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), *as amended*, 63 P.S. §§ 2201-2207.

**LICENSURE STATUS**

2. At all relevant and material times, Respondent held the following registration to practice as a non-resident pharmacy in the Commonwealth of Pennsylvania: registration no. NP000488, which was originally issued on July 5, 2016, and which is currently set to expire on August 31, 2019.

**STIPULATED FACTS**

3. The Respondent admits that the following allegations are true:

a. Absent additional Board action, Respondent's registration may be continually reactivated, renewed, or reinstated upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known office address on file with the Board is: 4045 E. Bell Road, #163, Phoenix, AZ 85032.

c. At all relevant and material times, Respondent was authorized to practice as a pharmacy in the State of Arizona.

d. On or about May 11, 2016, the Arizona State Board of Pharmacy ("Arizona Board") approved a Consent Agreement for Civil Penalty and Recission of Deviation In the Matter of Vasco Rx, Respondent.

e. The Arizona Board ordered Respondent to pay a civil penalty of \$22,200.00 to the State of Arizona.

f. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Alabama.

g. On or about November 15, 2016, the Alabama State Board of Pharmacy ("Alabama Board") approved a Consent Order In the Matter of Vasco Rx, Non-Resident Pharmacy Permit Number: 113335 at Case No: 16-L-0083.

h. A true and correct copy of the Consent Order referenced in paragraph 3g is attached and incorporated as **Exhibit 1**.

i. The Alabama Board ordered Respondent to pay an administrative fine of \$5000.00 to the State of Alabama.

j. Respondent reported the state disciplinary actions referenced in paragraph 3d and 3g in a timely manner to the Pennsylvania State Board of Pharmacy.

#### **ALLEGED VIOLATIONS**

4. The Commonwealth alleges that the Board is authorized to suspend or revoke, or otherwise restrict Respondent's license under Section 4.1(e) of the Act, 63 P.S. §§ 390-4.1(e); or impose a civil penalty under Section 8 of the Act, 63 P.S. §390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 4.1(g), 63 P.S. § 390-4.1(g), in that Respondent had a permit to conduct a nonresident pharmacy disciplined by the proper licensing authority of another state.

#### **PROPOSED ORDER**

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend or revoke, or otherwise restrict Respondent's license under Section 4.1(e) of the Act, 63 P.S. §§ 390-4.1(e); or impose a civil penalty under Section 8 of the Act, 63 P.S. §390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 4.1(g), 63 P.S. § 390-4.1(g), in that Respondent had a permit to conduct a nonresident pharmacy disciplined by the proper licensing authority of another state.

**PUBLIC REPRIMAND**

b. A **PUBLIC REPRIMAND** shall be placed on Respondent's permanent disciplinary record with the Board.

**CIVIL PENALTY**

c. A **CIVIL PENALTY** of one thousand dollars (\$1,000.00) is levied upon Respondent. Respondent shall tender the full sum of one thousand dollars (\$1,000.00) with this executed Consent Agreement and shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.). Payment shall be made payable to the "Commonwealth of Pennsylvania," and shall be valid for a period of at least one hundred eighty (180) days. Respondent agrees that payment shall only be made by one of the methods indicated above and shall not be made by uncertified personal or corporate check.

d. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

e. This Consent Agreement contains and represents the entirety of the Board's discipline associated with the Arizona Board's Consent Agreement, the Alabama Board's Consent Order, and any other reciprocal discipline associated with those actions or any other action associated with or resulting from the Arizona Board's Consent Agreement. The Board agrees that it will not impose further discipline upon Respondent for any state board of pharmacy's action associated with the Arizona Board's Consent Agreement or any discipline imposed by any other state for that discipline.

f. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

**ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS**

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

**ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING**

7. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and knowingly and voluntarily waives the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

**ACKNOWLEDGMENT OF RIGHT TO ATTORNEY**

8. Respondent acknowledges that it is aware that it has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. Respondent had an opportunity to consult with Attorney Joseph McHale, regarding this Consent Agreement.

**WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS**

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may

assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts, that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

#### **NO MODIFICATION OF ORDER**

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

#### **AGREEMENT NOT BINDING ON OTHER PARTIES**

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues an Order approving and adopting this Consent Agreement.

#### **EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT**

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not

prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

**AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS**

13. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

**ENTIRE AGREEMENT**

14. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

**VERIFICATION OF FACTS AND STATEMENTS**

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

*Keith E. Bashore*

Keith E. Bashore  
Prosecuting Attorney

DATED: 12/15/17

*Paul Vasiliauskas*

For Vasco Rx Paul Vasiliauskas, President  
Respondent

DATED: 12/16/17

*Joseph McHale*

Joseph McHale  
Attorney for Respondent

DATED: 12/17/17

**EXHIBIT  
1**

IN THE MATTER OF:

VASCO RX

Non-Resident Pharmacy  
Permit Number: 113335

)  
)  
)  
)  
)

BEFORE THE ALABAMA STATE  
BOARD OF PHARMACY

CASE NO: 16-L-0083

**CONSENT ORDER**

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Vasco RX which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Vasco RX through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Vasco violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Vasco RX shall pay an administrative fine in the amount of Five Thousand Dollars (\$5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Vasco RX expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975),

§34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Vasco RX further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Vasco RX hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Vasco RX acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Vasco RX's permit, including, but not limited to revocation.

6. Vasco RX acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Vasco RX acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 15<sup>th</sup> of November, 2016.

VASCO RX

BY: Pal Vasco

ITS: President

1 10 2  
Spencer H. Larche, attorney for Vasco RX

ALABAMA STATE BOARD OF PHARMACY

By: Timothy A. Martin  
Timothy A. Martin, Pharm.D., President

By: James S. Ward  
James S. Ward,  
Attorney for the Alabama State  
Board of Pharmacy

**OF COUNSEL:**  
WARD & WILSON, LLC  
2100A Southbridge Parkway  
Suite 580  
Birmingham, AL 35209  
(205) 871-5404

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
VASCO RX	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0083
Permit Number: 113335	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: VASCO Rx  
4045 E. Bell Road  
#163  
Phoenix, Arizona 85032

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 15, 2016 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate VASCO Rx (VASCO) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that VASCO has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(6) based upon making certain representations to the Arizona State Board of Pharmacy in connection with obtaining a deviation related to a remote processing device, the Board relying on those representations in granting the deviation, the Board later determining those

representations were false, fraudulent and/or not performed. The specific representations made are set out in the Findings of Fact 3(a)-(i) and what was actually performed is set out in Findings of Fact 5(a)-(i) of a Consent Agreement For Civil Penalty and Recission of Deviation entered by the Arizona State Board of Pharmacy on May 11, 2016 attached hereto as Exhibit "A".

#### COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Consent Agreement referenced above and/or some or all of the Conclusions of Law set out in Paragraph 3 under "Conclusions of Law".

#### COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Counts.

#### COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Counts One and/or Two above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et.

seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

**COUNT FIVE**

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 6<sup>th</sup> day of October, 2016.

ALABAMA STATE BOARD OF PHARMACY



By: Susan Alverson  
Secretary

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF PHARMACY**

**Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs**

vs.

**Vasco Rx,**

**Respondent**

**File No.: 17-54-05737**

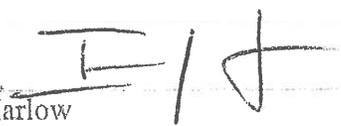
**Docket No: 1603-54-17**

**ORDER**

*AND NOW*, this *27<sup>th</sup>* day of *February*, 2018, the STATE BOARD OF PHARMACY ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

**BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS**

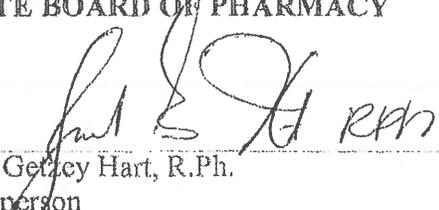
  
Ian J. Harlow  
Commissioner

For the Commonwealth:

For the For the Respondent:

Date of mailing:

**BY ORDER:  
STATE BOARD OF PHARMACY**

  
Janet Getzley Hart, R.Ph.  
Chairperson

Keith E. Bashore, Prosecuting Attorney  
Pennsylvania Department of State  
P.O. Box 69521  
Harrisburg, PA 17106-9521

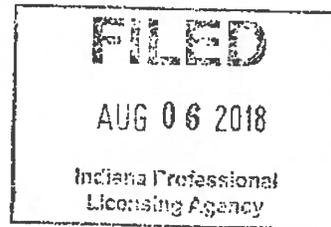
Joseph McHale, Esquire  
Stradley Ronon Stevens & Young, LLP  
30 Valley Stream Parkway  
Malvern, PA 19355-1481

*March 1, 2018*

**INDIANA STATE BOARD OF PHARMACY**  
**LETTER OF REPRIMAND**

**BEFORE THE INDIANA  
BOARD OF PHARMACY  
CAUSE NO. 2018 IBP 0017**

**IN THE MATTER OF THE LICENSE OF )  
 )  
VITALAB PHARMACY, INC. )  
 )  
 )  
LICENSE NO: 64000975A )**



**FINAL ORDER ACCEPTING PROPOSED FINDINGS OF FACT,  
CONCLUSIONS OF LAW, AND ORDER**

The State of Indiana (“Petitioner”), represented by the Office of the Indiana Attorney General by Roxanne M. Hilton, Deputy Attorney General, and Paul Vasiliauskas, President of Vitalab Pharmacy Inc., signed a Proposed Settlement Agreement (“Agreement”), which purports to resolve all issues involved in the aforementioned action by Petitioner and the Indiana Board of Pharmacy (“Board”) regarding the Administrative Complaint filed against Respondent, and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the June 11, 2018 meeting held in room W064 of the Indiana Government Center South, 302 West Washing Street, Indianapolis, Indiana, now finds it has been entered into fairly and without fraud, duress, or undue influence, and it is fair and equitable between the parties. The Board hereby incorporates the Agreement which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 7-0-0. Incorporate into the Agreement was the consensus of both parties to Findings of Fact, Conclusions of Law, and Order.

**[BALANCE OF PAGE INTENTIONALLY LEFT BLANK]**

**WHEREFORE**, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby **ORDERED** to abide by all the terms of the Agreement as set forth below.

**ORDER**

1. Respondent shall receive a **LETTER OF REPRIMAND**.
2. Respondent shall pay a fine in the amount of **TWO THOUSAND DOLLARS (\$2,000.00)** payable to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency  
Attn: Indiana Board of Pharmacy  
402 West Washington Street, Rm. W072  
Indianapolis, IN 46204

3. Respondent shall, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE of FIVE DOLLARS (\$5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General  
Attn: Teresa Henson  
302 St Washington Street, 5th Floor  
Indianapolis, IN 46204.

4. Respondent further understands that a violation of the final order in this matter, any non-compliance with the statutes and regulations regarding the practice of pharmacy or any violation of this Agreement could subject him to further action.

**SO ORDERED**, this 6<sup>th</sup> day of August 2018.

**INDIANA BOARD OF PHARMACY**

By: Maurice Bennett  
for Winnie Landis, R.Ph., Board President

**CERTIFICATE OF SERVICE**

I certify that a copy of the "Final Order" has been duly served upon:

Vitalab Pharmacy  
C/O Paul Vasiliauskas  
4045 East Bell Road, Suite 163  
Phoenix AZ 85032  
**Service by U.S. Mail**

Roxanne M. Hilton  
Deputy Attorney General  
Office of the Indiana Attorney General  
302 W. Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204  
**Service by Email: Roxanne.Hilton@atg.IN.gov**

8/6/18

Date

  
Nathaniel Black Jr., Litigation Specialist

Indiana Board of Pharmacy  
Indiana Government Center South  
402 West Washington St., Room W072  
Indianapolis, IN 46204  
Phone: (317) 234-2067  
Fax: (317) 233-4236  
Email: pla4@pla.in.gov

**Explanation of Service Methods**

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

BEFORE THE INDIANA  
BOARD OF PHARMACY  
CAUSE NO. 2018 IBP 0017

IN THE MATTER OF THE LICENSE OF )  
 )  
VITALAB PHARMACY, INC. )  
 )  
LICENSE NO: 64000975A )



**PROPOSED SETTLEMENT AGREEMENT**

The State of Indiana ("Petitioner"), by counsel, Deputy Attorney General Roxanne M. Hilton, on behalf of the Office of the Indiana Attorney General, and Vitalab Pharmacy, Inc. ("Respondent"), hereby execute this Proposed Settlement Agreement ("Agreement") in disposition of the Administrative Complaint filed in this cause on March 7, 2018. This Agreement is subject to review and approval of the Indiana State Board of Pharmacy ("Board") pursuant to Ind. Code § 25-1-9 and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3.

**STIPULATED FACTS**

1. Respondent's address on file with the Indiana Board of Pharmacy ("Board") is 4045 East Bell Road, Suite 163, Phoenix, Arizona 85032.
2. Respondent is a licensed non-resident pharmacy in the State of Indiana having been issued license number 64000975A on June 15, 2009.
3. In August 2014, Respondent requested and received a deviation from the Arizona State Board of Pharmacy ("Arizona Board") to place a remote dispensing device within Integrity Rx Specialty Pharmacy. This deviation was based upon the following:
  - a. The device would electronically track all transactions; and
  - b. A Respondent pharmacist would verify, label, and dispense the compounded

**EXHIBIT A**

medications.

4. On February 5, 2016, an inspection of the remote dispensing device found that:
  - a. Two locked filed cabinets labeled “property of [Respondent]” were used to house the medications compounded by Respondent;
  - b. Lot number, expiration date, inventory in and out was maintained on a perpetual paper log; and
  - c. An Integrity Rx pharmacist would verify, label, and dispense the compounded medications—a pharmacist from Respondent’s pharmacy had never been on site to stock or dispense medications.

#### ARIZONA VIOLATIONS

5. On May 11, 2016, Respondent entered into a consent agreement with the Arizona Board (“Consent Agreement”).

6. The Arizona Board found that Respondent violated Arizona Administrative Code § 4-23-410(B)(3), which states:

neither the pharmacy permittee nor a pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical produced to a pharmacy . . . or other person for dispensing or distributing except that a compounded pharmaceutical product may be provided to a medical practitioner to administer to a patient . . . if each container . . . has a label that includes (a) the pharmacy name, address, and telephone number, (b) the pharmaceutical product’s name and the information required in subsection (1)(4) and (c) a lot or control number.

7. Ariz. Admin. Code § 4-23-410(B)(3), is similar to Ind. Code § 16-42-3-4(1) and(2) which states:

A drug . . . is considered to be misbranded . . . (1) If the labeling of the drug or device is false or misleading in any way. (2) If the drug or device is in package form unless the drug or device bears a label containing: (A) the name and place of business of the manufacturer, packer, or distributor; and (B) an accurate statement of the quantity of the contents in terms of weight, measure, or numerical count.

8. The Arizona Board found that Respondent violated Arizona Revised Statute ("A.R.S") § 32-1968(D), which states:

Any drug dispensed . . . is exempt from the requirements of section 32-1967 . . . if the drug container bears a label containing the name and address of the dispenser, the serial number, the date of dispensing, the name of the prescriber, the name of the patient . . . directions for use and cautionary statements, if any.

9. A.R.S. § 32-1968(D) is similar to 856 IAC 1-23-1 which states:

. . . in the sale or dispensing of any prescription drug . . . the pharmacist shall be required to affix . . . a label bearing the following information: (1) the name, address, and telephone number of the establishment from which such drug was sold . . . (4) the name of the practitioner who prescribed the drug (5) the name of the patient . . . (6) the directions for use of the drug as contained in the prescription (7) the name of the drug . . . in compliance with the Generic Drug Law found in IC 16-42-22.

10. As part of the Consent Agreement, Respondent was fined \$22,375, and the deviation granted in August 2014 was revoked.

### STIPULATED CONCLUSIONS OF LAW

11. By Respondent's conduct in violating Ariz. Admin. Code § 4-23-410(B)(3), which is similar to Ind. Code § 16-42-3-4(1) and (2), Respondent has violated Ind. Code § 25-1-9-4(a)(7) in that Respondent has had disciplinary action taken against his license to practice in any state or jurisdiction on grounds similar to Ind. Code § 25-1-9.

12. By Respondent's conduct in violating A.R.S. § 32-1968(D) which is similar to 856 IAC 1-23-1, Respondent has violated Ind. Code § 25-1-9-4(a)(7) in that Respondent has had disciplinary action taken against his license to practice in any state or jurisdiction on grounds similar to Ind. Code § 25-1-9.

**AGREED DISPOSITION**

It is therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.
2. The parties execute this Agreement voluntarily.
3. Both parties voluntarily waive their rights to a public hearing on the Administrative Complaint and all other proceedings in this action to which either party may be entitled by law, including judicial review.
4. Petitioner agrees the terms of this Agreement will resolve this claim, as well as any past, pending or future disciplinary action against Respondent imposed by any other state as reciprocal discipline related to the May 11, 2016, Arizona Consent Agreement.
5. Respondent shall receive a **LETTER OF REPRIMAND** attached hereto as "Exhibit A."
6. Respondent shall pay a fine in the amount of **TWO THOUSAND DOLLARS (\$2,000)** payable to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency  
Attn: Indiana State Board of Pharmacy  
302 West Washington Street  
Indianapolis, IN 46204
7. Pursuant to Ind. Code § 4-6-14-10(b), Respondent shall pay a fee of **Five Dollars (\$5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid within ninety (90) days of the issuance of the Final Order in this matter, submitted to the following address:

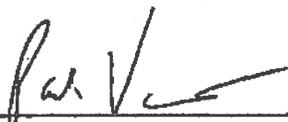
Indiana Office of the Attorney General  
Attn: Teresa Henson  
302 West Washington Street, 5<sup>th</sup> Floor

Indianapolis, IN 46204

8. Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a Final Order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

9. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy, or any violation of this Settlement Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

10. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

  
\_\_\_\_\_  
Paul Vasiliauskas, President.  
Vitalab Pharmacy, Inc.

6/5/18  
Date

  
\_\_\_\_\_  
Roxanne M. Hilton  
Deputy Attorney General  
Attorney No.: 34634-53

6/5/2018  
Date

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

August 6, 2018

Vitalab Pharmacy  
4045 east Bell Road, Suite 163  
Phoenix, AZ 85032

Re: In the Matter of the License of Vitalab Pharmacy  
Cause Number 2018 IBP 0017

Dear Mr. Vasiliauskas:

This letter of reprimand is issued in accordance with the Final Order Accepting the Recommended Findings of Fact, Conclusions of Law and Order issued by the Indiana State Board of Pharmacy resolving the administrative complaint against Vitalab Pharmacy's non-resident pharmacy license filed by the Office of the Attorney General on March 7, 2018.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a license to practice as a non-resident pharmacy in the State of Indiana. Further, there is an expectation that you will follow all pharmacy regulations, policies, and procedures with respect to ethics and professionalism.

The Findings of Fact and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice of pharmacy in accordance with the standards of the profession.

Sincerely,

INDIANA STATE BOARD OF PHARMACY

By: Maureen Bennett  
for Winnie Landis  
Board President

**CALIFORNIA BOARD OF PHARMACY**

**CITATION CI 2017 79790**



**California State Board of Pharmacy**  
 1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
 Phone (916) 574-7900  
 Fax (916) 574-8818  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

**October 11, 2018**

**DATED MATERIAL ENCLOSED**

VASCO RX  
 ATTN: PAUL VASILIAUSKAS, PRES  
 4045 E BELL RD STE 163  
 PHOENIX, AZ 85032

**RE: CI 2017 79790**  
**VASCO RX**  
**NSC 99468**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov), under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

**IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:**

- **November 10, 2018:** Unless the Citation is contested payment of fine(s) must be received by the Board.
- **October 25, 2018:** Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- **November 10, 2018:** Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two  
VASCO RX  
CI 2017 79790

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

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

**CITATION AND FINE**

<b>Citation Number</b>	<b>Name, License No</b>
CI 2017 79790	VASCO RX, NSC 99468

**JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)**

<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMT OF FINE</b>
CCR, Title 16, § 1735.2 subd. (i)	The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product	\$350.00
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...	\$350.00

**CONDUCT:**

California Code of Regulations section 1735.2(i) states every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies. Vasco Rx, NSC99468 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco assigned a beyond used date of 180 day for at least the following C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having the required studies to support this beyond use date. This is a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Vasco Rx, NSC99468 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco dispensed at least C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having a USP chapter 71 compliant sterility test confirming end product sterility. This is a violation of pharmacy law.

CITATION ISSUED ON: October 11, 2018

TOTAL AMOUNT OF FINE(S): \$700.00

PAYMENT OF FINE(S) DUE BY: November 10, 2018

**CALIFORNIA BOARD OF PHARMACY**

**CITATION CI 2018 81580**



**California State Board of Pharmacy**  
 1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
 Phone (916) 574-7900  
 Fax (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

**October 11, 2018**

**DATED MATERIAL ENCLOSED**

VASCO RX  
 ATTN: PAUL VASILIAUSKAS, PRES  
 4045 E BELL RD STE 163  
 PHOENIX, AZ 85032

**RE: CI 2018 81580  
 VASCO RX  
 NRP 856**

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov), under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

**IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:**

- **October 25, 2018:** Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- **November 10, 2018:** Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

Page two  
VASCO RX  
CI 2018 81580

**No fine has been assessed with this Citation and no proof of abatement has been ordered.**

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely



Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

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

<b>Citation Number</b>	<b>Name, License No</b>
CI 2018 81580	VASCO RX, NRP 856

**JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)**

<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>
CCR, Title 16, § 1735.2 subd. (i)	The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...

**CONDUCT:**

California Code of Regulations section 1735.2(i) states every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco assigned a beyond used date of 180 day for at least the following C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having the required studies to support this beyond use date. This is a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco dispensed at least C-methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having a USP chapter 71 compliant sterility test confirming end product sterility. This is a violation of pharmacy law.

**CITATION ISSUED ON October 11, 2018**

**CALIFORNIA BOARD OF PHARMACY**

**CITATION CI 2016 75547**



**California State Board of Pharmacy**  
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

October 18, 2018

VASCO RX  
ATTN: KRISTINE ANN LOWE, PIC  
4045 E BELL RD STE 163  
PHOENIX, AZ 85032

RE: CI 2016 75547  
VASCO RX  
NRP 856

The attached Citation CI 2016 75547, has been issued to VASCO RX, NRP 856. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in cursive script that reads "Virginia Herold".

Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

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

COPIES

<b>Citation Number</b>	<b>Name, License No</b>
CI 2016 75547	VASCO RX, NRP 856

**JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)**

VIOLATION CODE SECTION	OFFENSE
CCR, Title 16, § 1735.2 subd. (l)(3)(A)(B)(C)	Extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test and, (C) Stability Studies
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...

**CONDUCT:**

California Code of Regulations section 1735.2 (l)(3)(A)(B)(C) states in pertinent part, extension of a beyond use date is only allowable when supported by the following (A) Method Suitability Test (B) Container Closure Test (C) Stability Studies. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed a beyond use date of 180 day was assigned to at least 2,038 of these compounding leuprolide order. Vasco Rx had no stability study to allow this extension of the beyond use date. This was a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states in pertinent part, Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed end product sterility testing was done by SCAN RDI, not a USP chapter 71 compliant testing method. This was a violation of pharmacy law.

**CITATION ISSUED ON: October 18, 2018**

**CALIFORNIA BOARD OF PHARMACY**

**CITATION CI 2018 81589**



**California State Board of Pharmacy**  
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

October 18, 2018

VASCO RX  
ATTN: KRISTINE ANN LOWE, PIC  
4045 E BELL RD STE 163  
PHOENIX, AZ 85032

**RE: CI 2018 81589**  
**VASCO RX**  
**NSC 99468**

The attached Citation CI 2018 81589, has been issued to VASCO RX, NSC 99468. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

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

**CITATION AND FINE**

<b>Citation Number</b>	<b>Name, License No</b>
CI 2018 81589	VASCO RX, NSC 99468

**JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)**

<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMT. OF FINE</b>
CCR, Title 16, § 1735.2 subd. (i)(3)(A)(B)(C)	Extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test and, (C) Stability Studies	\$2,500.00
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...	\$2,500.00

**CONDUCT:**

California Code of Regulations section 1735.2 (i)(3)(A)(B)(C) states in pertinent part, extension of a beyond use date is only allowable when supported by the following (A) Method Suitability Test (B) Container Closure Test (C) Stability Studies. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed a beyond use date of 180 day was assigned to at least 2,038 of these compounding leuprolide order. Vasco Rx had no stability study to allow this extension of the beyond use date. This was a violation of pharmacy law

California Code of Regulations section 1751.7 (e)(1) states in pertinent part, Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed end product sterility testing was done by SCAN RDI, not a USP chapter 71 compliant testing method. This was a violation of pharmacy law.

**CITATION ISSUED ON: October 18, 2018**

**TOTAL AMOUNT OF FINE(S): \$5,000.00**

**PAYMENT OF FINE(S) DUE BY: November 17, 2018**

**CALIFORNIA BOARD OF PHARMACY**

**CITATION CI 2017 79432**



**California State Board of Pharmacy**  
 1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
 Phone (916) 574-7900  
 Fax (916) 574-8818  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN, JR.

**January 02, 2019**

**DATED MATERIAL ENCLOSED**

VASCO RX  
 ATTN: PAUL VASILIAUSKAS, PRS  
 4045 E BELL RD STE 163  
 PHOENIX, AZ 85032

**RE: CI 2017 79432**  
**VASCO RX**  
**NRP 856**

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov), under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

**IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:**

- February 01, 2019: Unless the Citation is contested payment of fine(s) must be received by the Board.
- January 16, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- February 01, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two  
VASCO RX  
CI 2017 79432

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Enforcement Analyst at (916) 574-7903.

Sincerely



Anne Sodergren  
Interim Executive Officer  
Board of Pharmacy

Attachments

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

**CITATION AND FINE**

<b>Citation Number</b>	<b>Name, License No</b>
CI 2017 79432	VASCO RX, NRP 856

**JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)**

<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMT OF FINE</b>
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	\$5,000.00

**CONDUCT:**

Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on July 6, 2016, the Arizona Board of Pharmacy rescinded a deviation granted to Vasco Rx in August 2014, and ordered it to pay \$22,175 (\$22,000 civil penalty, \$175 investigative costs) after finding that the pharmacy failed to meet the terms of the deviation granted for a remote dispensing device, which constituted unprofessional conduct.

**CITATION ISSUED ON: January 02, 2019**

**TOTAL AMOUNT OF FINE(S): \$5,000.00**

**PAYMENT OF FINE(S) DUE BY: February 01, 2019**



4045 E. BELL RD, STE 163  
 PHOENIX, AZ 85032  
 PH: 877-971-3001 FAX: 877-722-2936  
 Web: VASCORX.COM

February 1, 2019

**VIA Federal Express**  
**7743 7764 0765**

Nevada Board of Pharmacy  
 431 West Plumb Lane  
 Reno, NV 89509

RE: Vitalab Pharmacy, Inc. dba Vasco Rx  
 Phoenix, AZ  
 Out of State Pharmacy License #89509

Dear Sir/Madam:

This letter is sent as written notification of a pending transaction involving Vitalab Pharmacy, Inc. dba Vasco Rx ("Vasco") located at 4045 E. Bell Road, Suite 163, Phoenix, AZ 85032. AleraCare Holdings, LLC will be purchasing all of the outstanding shares of Vasco. Vasco will remain as the permit holder and AleraCare Holdings, LLC will become the parent company of Vasco.

The pharmacist-in-charge of Vasco will remain the same and there will be no change in the NCPDP, NPI, tax ID, or location. The contemplated transaction is expected to close on or around **February 15, 2019**. A chart showing the post-closing organizational structure is attached as *Exhibit A*.

As required for this type of transaction, enclosed is a completed *Application For Out of State Pharmacy License* with applicable attachments and fee. A copy of the new resident state pharmacy license and the new DEA Registration will be sent to you once the transaction has closed and the new numbers have been issued.

Should you have any questions, please contact me at 801-942-2968 or via email at [rhansen@rchconsult.com](mailto:rhansen@rchconsult.com) or Kristine Lowe at [kris.l@vascorx.com](mailto:kris.l@vascorx.com).

Sincerely,

A handwritten signature in blue ink that reads "Robyn C. Hansen".

Robyn C. Hansen  
 Regulatory Compliance Consultant

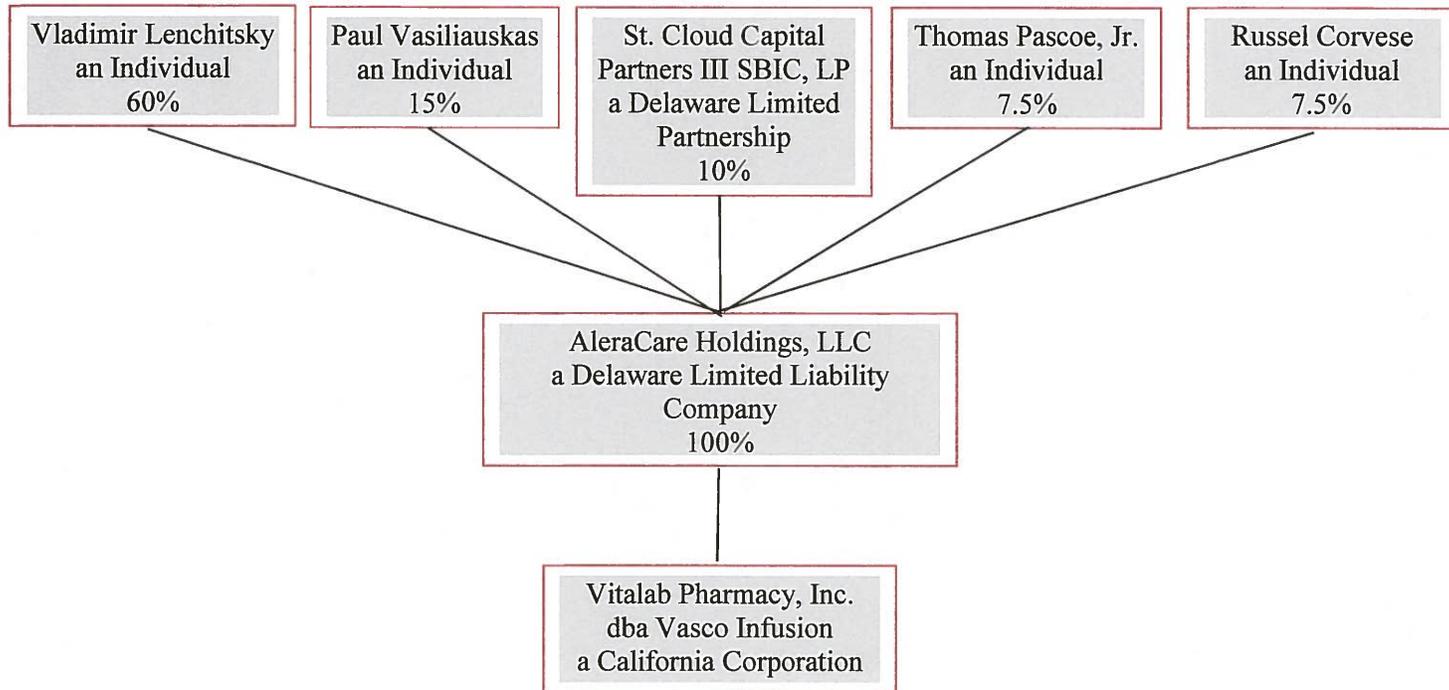
Enclosures



**EXHIBIT A**

**VITALAB PHARMACY, INC. dba VASCO INFUSION  
a California Corporation**

**Post Transaction Ownership Structure**



**15**

**16**

**17**

## **EXECUTIVE SECRETARY REPORT – March 10th, 2019**

- **FINANCIAL REPORT**
  
- **TEMPORARY LICENSES**
  
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - Legislature in Session
  - NASCSA Board of Directors – YenH
  - Roseman Student Rotation – Grace Field has finished her rotation
  - MPJE Test Writing Seminar– Leo and Darla
  
- **REPORT TO BOARD**
  - Licensing software update
  
- **BOARD RELATED NEWS**
  - Upcoming NABP National Meeting
  
- **ACTIVITIES REPORT**
  - PMP Integration
  - Legislative update

## Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
					03/13/18 05/03/18	04/12/18 06/07/18		
639 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18	06/15/18	06/26/18
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
639.220 Schedule of Fees								
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18 12/05/18		
639.250 – Technician Ratio (Non-dispensing)	09/05/18 10/11/18 12/05/18	01/30/19	R002-19					
453.550 – Schedule V – Adding New Substance (Cannabidiol)	12/05/18	12/26/18	R198-18	12/26/18	01/31/19	03/07/19	03/15/19	
453.520 – Schedule II – Dronabinol Oral Solution	01/17/19	01/30/19	R001-19					
639.NEW – FQHC Off-Site Dispensing	01/17/19	02/19/19	R004-19					
639.250 – Technician Ratio (Dispensing)	03/07/19 04/11/19							

TEMPORARY LICENSES  
(Issued since last board meeting)  
Updated 3/26/2019

No temporary licenses were issued since the last board meeting.



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521  
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
 • Web Page: [bop.nv.gov](http://bop.nv.gov)

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### MARCH 6-7, 2019, BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the March 2019 Board meeting.

#### Licensing Activity:

- 21 licenses were granted for Out-of-State pharmacies.
- 32 licenses were granted for Out-of-State wholesalers.
- 5 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 3 licenses were granted for Out-of-State Outsourcing Facilities
- 2 licenses were granted for Nevada MDEG companies pending receipt of a favorable inspection.
- 8 licenses were granted for Nevada pharmacies pending receipt of a favorable inspection.

#### Disciplinary Actions:

- Pharmacist NR shall receive a letter of reprimand, shall pay a fine of \$2750.00, and shall complete 2 additional CEU on error prevention for verifying a prescription which was labeled and dispensed to the wrong patient.
- Pharmacist JA shall receive a letter of reprimand, shall pay a fine of \$750.00, and shall complete 2 additional CEU on patient counseling for failing to counsel the patient.
- Pharmaceutical Technician LP's registration was revoked, the revocation stayed and the license placed on probation for 1 year. LP shall pay a fine of \$500.00, pay an administrative fee of \$1,000.00 and shall attend three of the next four meetings on discipline day.
- Pharmacist ML shall complete 4 additional CEU on pharmacy management.
- Pharmacist SP shall pay a fine of \$500.00, pay an administrative fee of \$1,000.00 and shall complete 4 additional CEU on cardiology or cardiac drugs for failing to speak to the prescriber before, at the time, or after declining to fill a patient's prescription for clopidogrel.
- RP shall receive a letter of reprimand, his controlled substance registration shall be placed on probation for 12 months, and he shall pay a fine of \$5,000.00, pay an administrative fee of \$2,500.00 and shall establish policies and procedures. RP's offices/clinics are subject to quarterly inspections for one year.

#### Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Licensing software update was provided.

**Workshop:**

**Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings.

**Public Hearing:**

**Amendment of Nevada Administrative Code Chapter 453 to add certain products to the controlled substances listed in schedule V in conformity with federal regulations.** (LCB File No. R198-18) The Drug Enforcement Administration (DEA) has added certain drug products which are approved by the U.S. Food and Drug Administration (FDA) and contain cannabidiol to the list of controlled substances in schedule V of the Federal Controlled Substances Act. The proposed amendment adds such drug products to the list of controlled substances in schedule V in conformity with federal regulations of the Uniform Controlled Substances Act.

**18**

**18A**

Documentation for this agenda item will be provided at a later date.

**18B**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop  
March 7, 2019

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

**A REGULATION relating to increasing the amount of pharmaceutical technicians that a pharmacist may supervise; requiring personnel handling prescription drugs to be licensed by the Board; and providing other matters properly relating thereto.**

**Section 1. NAC 639.250 is hereby amended as follows:** Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in this section, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than a total of *five* ~~three~~ pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of *four* ~~two~~ pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than a total of *five* ~~three~~ pharmaceutical technicians or *three* ~~one~~ pharmaceutical *technicians* ~~technician~~ and two pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

~~4. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:~~

~~—(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and~~

~~—(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.]~~

*4. Except as otherwise provided in NAC 639.520(4), no person working in a pharmacy may have access to or come into contact with any controlled substance, dangerous drug or private patient health information unless that person is registered*

*with the Board as a pharmacist, intern pharmacist, pharmaceutical technician or pharmaceutical technician in training.*

**Sec. 2.** NAC 639.701 is hereby amended as follows: ~~The following acts are not required to be performed by a pharmacist, intern pharmacist, pharmaceutical technician or pharmaceutical technician in training:~~

- ~~— 1. Entering information into the pharmacy's computer other than information contained in a new prescription concerning the prescription drug and the directions for its use.~~
- ~~— 2. Processing sales, including the operation of a cash register.~~
- ~~— 3. Stocking shelves.]~~
- ~~— 4. Delivering medication to a patient or to areas of a hospital where patients are cared for.]~~

**19**

**20**