

# NEVADA STATE BOARD OF PHARMACY

## BOARD MEETING

November 10<sup>th</sup>, 2020

Zoom

<https://zoom.us/j/5886256671>

Meeting ID: 5886256671

Please do not remove the book from the meeting room.



# Nevada State Board of Pharmacy

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Date Posted: November 3, 2020

## AMENDED AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Tuesday, November 10, 2020 at 1:30 pm.

Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom:  
<https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833  
 Meeting ID: 588 625 6671

### 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 three minutes per person. You may call into the videoconference by following the link or calling the phone number listed above. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Public comment may also be submitted to the Board at [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).

**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.

◆ REGULAR AGENDA ◆

1. Call to Order and Roll Call – Establishment of Quorum
2. 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)
3. Approval of October 14-15, 2020, Minutes (**FOR POSSIBLE ACTION**)

◆ PUBLIC HEARING ◆

Tuesday November 10, 2020 – 1:30 pm

4. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) (**FOR POSSIBLE ACTION**):

**Amendment of Nevada Administrative Codes (NAC) 639 and 453:** Proposed amendment relating to the manner in which a prescription must be given to pharmacies. (LCB File No. R083-20)

5. Approval of Revised Wholesaler Application (**FOR POSSIBLE ACTION**)
6. Date and Location of Next Scheduled Board Meeting:

December 2-3, 2020 – Las Vegas, NV

7. 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)
8. Adjournment

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 Kristopher Mangosing 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 [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

No Continuing Education credit, will be given for attending this Board meeting.

This notice has been posted at [www.notice.nv.gov](http://www.notice.nv.gov) and [www.bop.nv.gov](http://www.bop.nv.gov) pursuant to Governor's Declaration of Emergency Directive 006.

**1**

**2**

**3**



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: [bop.nv.gov](http://bop.nv.gov)

Minutes  
October 15-16, 2020

## Board Meeting

Via Videoconference at Zoom:  
<https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833  
Meeting ID: 588 625 6671

### Board Members Present:

Helen Park	Gener Tejero	Wayne Mitchell	Jade Jacobo
Krystal Freitas	Richard Tomasso	Rolf Zakariassen	

### Board Staff Present:

David Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Courtney Lee	Joe Dodge	Dena McClish
Luis Curras	Leo Basch	Ken Scheuber	Sophia Long

Shannon Reichman

President Park 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.

Dave Wuest congratulated Rolf Zakariassen for his re-appointment as a Board Member.

### 1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board Members were present and a quorum was established.

### 2. Public Comment October 15, 2020 9:00AM

Jamie Hernandez stated that he is present for the Board Meeting in compliance with his Board Order.



◆ CONSENT AGENDA ◆

3. September 2-3, 2020 Minutes

The Board noted no corrections to be made.

Board Action:

Motion: Jade Jacobo moved to approve the September 2-3, 2020 Minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Pharmacy License – Non-appearance  
(**FOR POSSIBLE ACTION**)

- A. Advanced InfusionCare – Dallas, TX
- B. ApothecoRX – New York, NY
- C. Ascension Michigan Pharmacy – Farmington Hills, MI
- D. Biologics by McKesson – Cary, NC
- E. Biologics by McKesson – Cary, NC
- F. Complete Medical Supplies, Inc – Coral Springs, FL
- G. divvyDOSE – Moline, IL
- H. Eagle Pharmacy – Virginia Beach, VA
- I. Galaxy Pharmacy – Long Beach, CA
- J. LA Pharmacy LLC – Alhambra, CA
- K. Magnolia Pharmacy – Cumming, GA
- L. MedWiseRx – Tucson, AZ
- M. MK Pharmacy – Houston, TX
- N. Morris Apothecary LLC – Parsippany, NJ
- O. Pharmxpress Pharmacy – Tampa, FL
- P. Princeton Medical Pharmacy LLC – Princeton, NJ
- Q. Spring Creek Pharmacy, LLC – Edmond, OK

4.2 Application for Out-of-State Compounding Pharmacy License – Non-appearance (**FOR POSSIBLE ACTION**)

- S. Saveway Market Pharmacy – Salmon, ID

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

- T. Bonds Therapeutics LLC – Columbiana, OH
- U. Capital Medical Corporation – Tallahassee, FL
- V. DJO, LLC – Carlsbad, CA
- W. Gordian Medical, Inc. – Irvine, CA

- X. Gordian Medical II, Inc. – Spring, TX
- Y. Gordian Medical IV, Inc. – Riverside, CA
- Z. Gordian Medical V, Inc. – Houston, TX
- AA. Gordian Medical VI, Inc. – Irvine, CA
- BB. Hanger Clinic – Salt Lake City, UT
- CC. Mendtronix Inc. – Poway, CA
- DD. Nexel Health – Katy, TX
- EE. Next Level Medical Supply LLC – Ft. Lauderdale, FL
- FF. Permobil, Inc. – Lebanon, TN
- GG. SourceMark, LLC – Hebron, KY

4.4 Applications for Nevada Medical, Devices, Equipment and Gases License – Non-appearance (**FOR POSSIBLE ACTION**)  
None

4.5 Applications for Out-of-State Wholesaler License – Non-appearance (**FOR POSSIBLE ACTION**)

**Background Check Not Required by Law.**

4.5.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))  
None

4.5.2 Manufacturer (NAC 639.593(7)(d))

- HH. Exelead, Inc. – Indianapolis, IN
- II. RVL Pharmaceuticals, Inc. – Sayreville, NJ
- JJ. Slayback Pharma, LLC – Princeton, NJ
- KK. Time-Cap Laboratories, Inc. – Melville, NY
- LL. QED Therapeutics, Inc. – Brisbane, CA

4.5.3 Publicly Traded (NAC 639.593(7)(a))

- MM. McKesson Medical-Surgical Government Solutions LLC – Henrico, VA
- NN. McKesson Medical-Surgical Minnesota Supply Inc. – Henrico, VA

4.5.4 VAWD-Accredited (NAC 639.593(7)(c))

- OO. MD Logistics, LLC – Plainfield, IN
- PP. RxCrossroads 3PL LLC – Mason, OH

4.5.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

- QQ. MD Logistics, LLC – Plainfield, IN
- RR. MD Logistics, LLC – Plainfield, IN

4.5.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

SS. Rhythm Pharmaceuticals, Inc. – Boston, MA

4.5.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

TT. McKesson Medical-Surgical Inc. – Clear Brook, VA

UU. McKesson Medical-Surgical Inc. – Rock Hill, SC

VV. McKesson Specialty Distribution, LLC

WW. McKesson Specialty Distribution, LLC

4.5.7 **Background checks completed in compliance with NRS 639.500. No Disqualifying Events.**

XX. SC Wholesale – St. George, UT

4.6 Application for Nevada Compounding Pharmacy License – Non-appearance  
**(FOR POSSIBLE ACTION)**

YY. Renown Pharmacy – Reno, NV

4.7 Application for Ambulatory Surgery Center License- Non-appearance **(FOR POSSIBLE ACTION)**

ZZ. Affordable Excellence Surgery Center – Las Vegas, NV

AAA. Desert Orthopaedic Pain Center – Las Vegas, NV

BBB. First Specialty Surgery Center – Las Vegas, NV

CCC. Signature Surgery Center – Las Vegas, NV

DDD. Ultimate Specialty Surgery Center – Las Vegas, NV

Mr. Wuest asked that Agenda Items 4ZZ, 4BBB, and 4DDD be removed from the Consent Agenda and requested to appear.

Item 4R was removed from the Consent Agenda due to an incomplete application.

**Board Action:**

**Motion:** President Park moved to approve the Consent Agenda with exception to items 4ZZ, 4BBB, and 4DDD.

**Second:** Jade Jacobo

**Action:** Passed unanimously.

**◆ REGULAR AGENDA ◆**

**5. Discipline**

A. Katherine Kuehl, RPH

(19-035-RPH-B-S)

Katherine Kuehl appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt provided background that Ms. Kuehl was the new managing pharmacist at Divine Touch. Ms. Kuehl failed to properly conduct an initial inventory of the pharmacy, and that prescription labels did not include the expiration date for the medication.

Mr. Kandt presented an Order and Stipulation for the Board's consideration. This Order and Stipulation shall serve as public reprimand. Ms. Kuehl may not work as a managing pharmacist for the period of one year. Ms. Kuehl must complete two additional continuing education credits on pharmacy management as well as pay a \$1,000 fine in four month installments beginning November 2020. Ms. Kuehl must also pay \$500 to partially reimburse the Board for recoverable attorney fees and costs.

Sophia Long, Deputy Attorney General sitting as Board Counsel, reminded the Board that it is the Order and Stipulation that they are to make a motion on.

Ms. Kuehl answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved to approve the Order and Stipulation with the modification that installment fees begin in November 2020.

Second: Jade Jacobo

Action: Passed unanimously.

B. Lily Akana, PT

(19-075-PT-S)

Krystal Freitas recused from participation in this matter due to a past work relationship with Lily Akana.

Ms. Akana appeared and was sworn by President Park prior to answering questions or offering testimony.

Kevin Murphy was present as legal counsel for Ms. Akana.

Ms. Lee provided background on the case that while Ms. Akana was employed at Walgreen's, a total of 42 tablets of controlled substances were diverted by Ms. Akana from either valid prescriptions dispensed to patients or directly from Walgreen's inventory.

Ms. Lee presented an Order and Stipulation for the Board's consideration, that Ms. Akana pay a \$500 fine, and \$250 to partially reimburse the Board for recoverable attorney fees and costs, that her license be revoked for one year. If Ms. Akana would like her license reinstated she must appear before the Board.

Ms. Akana answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the Order and Stipulation as presented.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Ashley Carrier, APRN

(19-089-CS-S)

Ashley Carrier appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt provided background on the case. Ms. Carrier admitted to a DUI arrest, and diversion of controlled substances. Mr. Kandt asked the Board to dismiss Causes of Actions 6, 7, and 8 as unlawful prescribing was being disputed.

Board Action:

Motion: Richard Tomasso moved to remove Causes of Action 6, 7, and 8 in the Accusation.

Second: Jade Jacobo

Action: Passed Unanimously.

Mr. Kandt proposed four exhibits to be admitted into the record.

Mr. Kandt presented a Board of Pharmacy Cease and Desist issued August 11, 2020 and asked that this be admitted into the record as Exhibit 1.

Mr. Kandt presented Ms. Carrier's DEA Surrender for Cause executed August 12, 2020 and asked that this be admitted into the record as Exhibit 2.

Mr. Kandt presented the Nevada Board of Pharmacy Notice of Suspension issued August 21, 2020 and asked that this be admitted into the record as Exhibit 3.

Mr. Kandt presented Ms. Carrier's Nevada State Board of Nursing License Verification Report for Ms. Carrier's APRN License No. APRN002874.

Ms. Carrier did not have objections and President Park admitted Exhibits 1-4 into the record.

Board Action

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 2-7 and 9-12 in the Accusation.

Second: Krystal Freitas

Action: Passed Unanimously.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law paragraphs 14-23, and 30-32 consistent with the Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to revoke Controlled Substance Registration number CS27118 for Ms. Carrier, and that Ms. Carrier may not petition for reinstatement for one year.

Second: Rolf Zakariassen

Action: Passed unanimously.

D. Theodore Herrera

(19-079-IN-S)

President Park recused from participation in this matter due to her employment at Roseman University where Mr. Herrera was enrolled.

Theodore Herrera appeared and was sworn by Acting President Wayne Mitchell, prior to answering questions or offering testimony.

Charles Diaz was present as legal counsel representing Mr. Herrera.

Ms. Lee provided background on the case that during Mr. Herrera's employment at Walgreens as a pharmacist intern, Mr. Herrera diverted a total of sixty-six tablets of controlled substances.

Ms. Lee presented an Order and Stipulation for the Board's consideration. Mr. Herrera shall pay a \$1,000 fine, \$500 in recoverable attorney fees and costs, Mr. Herrera may not work in any facility licensed by the Nevada Board of Pharmacy, and Mr. Herrera must reappear before the Board to petition for reinstatement of his pharmacy intern license. This Order and Stipulation will serve as Public Reprimand for Mr. Herrera.

Board Action:

Motion: Jade Jacobo moved to approve the Order and Stipulation as presented.

Second: Krystal Freitas

Action: Passed unanimously.

E. Jerald Clyde, RPH

(19-061-RPH-S)

F. Smith's Pharmacy #366

(19-061-PH-S)

President Park disclosed that she had a past work relationship with Dan Heller, but is able to participate fairly and without bias.

Nick Meza was present as counsel representing Jerald Clyde and Smiths Pharmacy #366,

Dan Heller, Pharmacy Practice Coordinator, and Mr. Clyde were sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt provided background on the case, that Jerald Clyde failed to detect a misfilled prescription prior to being dispensed to the patient, and minor patient harm occurred.

Mr. Kandt presented an Order and Stipulation for the Board's consideration. Mr. Clyde shall pay a \$1,000 fine, and \$1,000 for recoverable attorney fees and costs. Smith's Pharmacy #366 shall pay a \$1,000 fine, and \$1,000 for recoverable attorney fees and costs.

Board Action:

Motion: Jade Jacobo moved to accept the Order and Stipulation as presented.

Second: Wayne Mitchell

Action: Passed unanimously.

G. Abdel M. Khalek, MD

(19-003-CS-A-S)

This Item has been continued.

H. Robert Chancellor, MD

(19-003-CS-B-S)

This Item has been continued.

I. Lindsay Hoffman, PA-C

(19-003-CS-C-S)

This Item has been continued.

J. Bernard Kofi Addo-Quaye, MD

(19-242-CS-A-S)

Maria Nutile was present as legal counsel representing Bernard Kofi Addo-Quaye.

Dr. Addo-Quaye appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Lee provided summarized the facts of the case where Mr. Addo-Quaye allowed individuals to use his credentials to write and authorize prescriptions while he was out of the country.

Ms. Lee presented an Order and Stipulation for the Board's consideration. Dr. Addo-Quaye's Controlled Substance Registration No. CS10103 be revoked, the revocation stayed and his registration placed on probation for two years. Dr. Addo-Quaye shall pay a \$5,000 fine and \$2,000 for recoverable attorney fees and costs. Dr. Addo-Quaye cannot have a professional affiliation with Victor Bruce, and Mr. Addo-Quaye shall comply with all state and federal laws. Dr. Addo-Quaye shall have no additional charges while on probation, and this Stipulation and Order shall be Public Reprimand.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented.

Second: Krystal Freitas

Aye: Park, Jacobo, Tejero, Freitas, Zakariassen

Nay: Mitchell, Tomasso

Action: Motion carries.

K. Mukwel Aiyuk, APRN

(19-242-CS-B-S)

Courtney Lee prosecuted the matter on behalf of the State.

Lynn Beggs appeared as counsel representing Mukwel Aiyuk.

Mr. Aiyuk appeared and was sworn by President Park prior to answering questions or offering testimony.

The parties made opening statements. Ms. Lee provided background on the case that Mr. Aiyuk unlawfully prescribed controlled substances/dangerous drugs under Dr. Addo-Quaye's name and credentials for at least three patients.

Ms. Lee provided four exhibits and asked that they be admitted into the record.

Exhibit 1 a statement from Mr. Aiyuk dated July 15, 2020 taken by Dena McClish, Board Investigator.

Exhibit 2 appointment records, treatment records, and prescription copies for patient L.P.

Exhibit 3 appointment records, treatment records, and prescription copies for patient C.B.



Exhibit 4 appointment records, treatment records, and prescription copies for patient M.L.

Ms. Beggs objected to the admission of Exhibits 2, 3 and 4.

President Park admitted Exhibit 1 into the record.

Ms. Lee proceeded to establish foundation for Exhibits 2, 3 and 4.

Dr. Addo-Quaye appeared and was reminded by President Park that he is still under oath. Ms. Lee examined Dr. Addo-Quaye on his electronic prescribing practices in his office.

President Park admitted Exhibits 2-4 into the record.

Mr. Aiyuk was subject to direct and cross-examination on his electronic prescribing practices.

Ms. Lee made her closing statement and asked the Board to make findings of fact and conclusions of law consistent with the Accusation and revoke Mr. Aiyuk's controlled substance registration No. CS25545, that the revocation be stayed and Mr. Aiyuk placed on one year probation, that Mr. Aiyuk pay a \$3,000 fine, \$704.75 for recoverable attorney fees and costs, and that Mr. Aiyuk comply with all State and Federal laws.

Ms. Beggs provided her closing statement.

The Board asked additional questions of Mr. Aiyuk. DAG Sophia Long reminded the Board to direct their questions to specific individuals and to be clear with the questions.

Board Action:

Motion: Jade Jacobo moved to find the respondent not guilty.

Second: Wayne Mitchell

Action: Passed unanimously.

L. Jeff Chen, MD (20-001-CS-N)

This item has been continued.

M. Kirash Mirkia, MD (19-090-CS-S-A)

This Item has been continued.

6. Appeal hearings for citation and fine pursuant to NRS 639.2895(2).

Vinay Kumar Bararia, MD (19-003-CS-D-S)

This item has been continued.

7. Petition for Reinstatement of Pharmacist Registration and Request to Appear Before the Board – Appearance.

Daniel Niel, RPH

Daniel Niel appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Lee summarized that Mr. Niel's pharmacist registration was summarily suspended and stated that Mr. Niel is requesting his registration be reinstated.

Mr. Niel asked that the Board move to closed session.

Board Action:

Motion: Gener Tejero moved to go into closed session.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to go into open session.

Second: Gener Tejero

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to lift the suspension on Mr. Niel's pharmacist registration.

Second: Rolf Zakariassen

Action: Passed unanimously.

8. Applications for Pharmacist Registration by Examination – Appearance.

Michael Shimoide

Michael Shimoide appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Lee stated that Mr. Shimoide is here to disclose discipline on his license.

Mr. Shimoide disclosed that in 2015 he was issued a citation in the state of California.

Mr. Shimoide answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved to approve the application for Pharmacist Registration by Examination for Michael Shimoide.

Second: Jade Jacobo

Action: Passed unanimously.

9. Applications for Pharmaceutical Technician in Training Registration– Appearance.

A. Gina Chiofolo

Gina Chiofolo appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Lee provided background on the cases that Ms. Chiofolo previously appeared before the Board. At the time the Board tabled Ms. Chiofolo's application at her request, to provide time to submit additional documentation.

Ms. Chiofolo provided additional documentation in regards to past criminal history.

Ms. Chiofolo answered questions to the Board's satisfaction regarding her status in the treatment program and employment history.

Board Action:

Motion: Wayne Mitchell moved to approve pharmaceutical technician in training application for Gina Chiofolo pending receipt of documentation of completion of the treatment program.

Second: Richard Tomasso

Action: Passed unanimously.

B. Jasmine McLaurie

Jasmine McLaurie appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. McLaurie disclosed criminal history from 2014.

Ms. McLaurie answered questions to the Boards satisfaction regarding her criminal history and changes she's made to prevent future occurrences.

Board Action:

Motion: Wayne Mitchell moved to approve pharmaceutical technician in training application for Jasmine McLaurie.

Second: Jade Jacobo

Action: Passed unanimously.

10. Application for Veterinarian Authority to Dispense Drugs Registration – Appearance.

A. Carrie Lambert, DVM

Carrie Lambert appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest provided background that Ms. Lambert has been in treatment for alcohol abuse for the last three years and is currently in treatment. She is in compliance with her program and is applying for Veterinarian Authority to Dispense Dangerous Drugs.

Ms. Lambert stated that Mr. Wuest's summary is correct.

Ms. Lambert answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved that the application for Ms. Lambert be approved with conditions that she comply with the Nevada State Board of Veterinary Medical Examiners' Stipulated Agreement, and that quarterly PRN-PRN evaluations be submitted to the Nevada State Board of Pharmacy Staff.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. APS Pharmacy – Palm Harbor, FL

Yarisi Valero, Quality Control, and Dave Hill, CEO, appeared and were sworn by President Park prior to answering questions or offering testimony.

Joe Dodge, Board inspector, questioned Mr. Hill and Ms. Valero regarding APS Pharmacy's products and services provided, product testing, shipping procedures, and past FDA inspections.

Ms. Valero described the changes APS Pharmacy has made to address the observations listed in the FDA's inspection.

The Board removed the affidavit not to ship sterile compounded products into Nevada from APS Pharmacy's application at Mr. Hill's request.

Ms. Valero and Mr. Hill answered questions to the Board's satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve the ownership application for APS Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

B. Carolina Infusion – Ridgeland, SC

There were no representatives for Carolina Infusion present.

C. Hunt Valley PharmaLAB – Cockeysville, MD

Brian Trentler, managing pharmacist, Sarah Tew, compliance, DeJarnette Trice, compliance director, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Mr. Trentler, Ms. Tew and Ms. Trice regarding Hunt Valley PharmaLAB's products and services provided, product testing, shipping procedures, and past FDA inspections.

Mr. Trentler described the changes Hunt Valley PharmaLAB has made to address the observations listed in the FDA's inspection.

The Board removed the affidavit not to ship sterile compounded products into Nevada from Hunt Valley PharmaLAB's application at Mr. Trentler's request.

Hunt Valley PharmaLAB answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved to approve Hunt Valley PharmaLAB's application for Out-of-State Compounding Pharmacy.

Second: Jade Jacobo

Action: Passed unanimously.

Gener Tejero was excused from the Board Meeting on October 15<sup>th</sup>, 2020 at 1:30 PM.

#### D. Olympia Pharmacy – Orlando, FL

Confidence Ekeanyanwu, quality manager, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Ms. Ekeanyanwu regarding Olympia Pharmacy's products and services provided and the results of the company's past FDA inspections.

Ms. Ekeanyanwu described the changes Olympia Pharmacy has made to address the observations listed in the FDA's inspection.

Ms. Ekeanyanwu answered questions to the Board's satisfaction regarding Olympia Pharmacy's 503A facility.

The Board removed the affidavit not to ship sterile compounded products into Nevada from Olympia Pharmacy's application at Ms. Ekeanyanwu's request.

##### Board Action:

Motion: Jade Jacobo moved to approve the Out of State Pharmacy application for Olympia Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

#### E. Option Care – Roseville, MN

Alexandra Demello, pharmacy manager, appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Demello stated that she would provide a Letter of Authorization allowing her to speak on behalf of the company.

Ms. Demello answered questions to the Board's satisfaction regarding Option Care's products and services provided, sterile compounding procedures and shipping procedures.

##### Board Action:

Motion: Jade Jacobo moved to approve the Out of State Pharmacy License application for Option Care.

Second: Rolf Zakariassen

Action: Passed unanimously.

#### F. Pope Shenouda LLC – Holiday, FL

George Hanna, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Mr. Hanna regarding Pope Shenouda's products and services provided, sterile compounding policies, and product testing.

The Board removed the affidavit not to ship sterile products into Nevada from Pope Shenouda's application and Mr. Hanna's request.

After discussion, the Board expressed concern that Mr. Hanna was unable to answer all Mr. Dodge's questions regarding sterile compounding.

President Park offered Mr. Hanna the option to table Pope Shenouda's application to appear at a future meeting with the compounding pharmacists.

The Board tabled Pope Shenouda's application at Mr. Hanna's request.

#### G. Procure Pharmaceutical Services – Burgettstown, PA

Michelle Mikus, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Ms. Mikus regarding Procure Pharmaceutical Services' products and services provided, non-sterile compounding procedures and staff training.

Ms. Mikus answered questions to the Board's satisfaction.

#### Board Action:

Motion: Krystal Freitas moved to approve Procure Pharmaceutical Services' Application for Out-of-State Compounding Pharmacy License.

Second: Rolf Zakariassen

Action: Passed unanimously.

#### 12. Application for Nevada Medical, Devices, Equipment and Gases License – Appearance.

##### A. ActivStyle, Inc. – Reno, NV

Shontaia Dixon, compliance officer, and Caitlyn Beckman, compliance analyst, appeared and were sworn by President Park prior to answering questions or offering testimony.

Yenh Long provided background on ActivStyle, Inc. who is appearing for ownership change.

Ms. Dixon stated that she would provide a Letter of Authorization allowing her to speak on behalf of the company.

Ms. Dixon stated that ActivStyle submitted documentation changing the MDEG administrator from Justin Garcia to Amanda Bussard.

Amanda Bussard appeared and was sworn by President Park prior to answering questions or offering testimony.

The Board questioned Ms. Bussard regarding the products and services provided by ActivStyle, her past employment history and experience with enteral products.

After discussion, the Board expressed concern regarding Ms. Bussard's lack of experience and training with enteral products.

President Park offered Ms. Dixon, Ms. Beckman, and Ms. Bussard the option to table ActivStyle's application to a future meeting.

The Board tabled ActivStyle's application at Ms. Dixon's request.

#### B. Evolve Prosthetics & Orthotics – Henderson, NV

David Kobach, owner, appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Long stated that Evolve Prosthetics & Orthotics is appearing for a MDEG license ownership change.

Evolve Prosthetics & Orthotics has been licensed by the Nevada State Board of Pharmacy since 2002 and has had no inspection issues during that time.

Mr. Kobach answered questions to the Board's satisfaction.

#### Board Action:

Motion: Jade Jacobo moved to approve the ownership change for Evolve Prosthetics & Orthotics.

Second: Krystal Freitas

Action: Passed unanimously.

#### C. First Care Medical Supply LLC – Las Vegas, NV

Knarik Avagyan appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Long questioned Ms. Avagyan about her qualifications to be the MDEG Administrator.



Ms. Avagyan did not answer questions to the Board's satisfaction.

The Board tabled this matter to a future meeting at Ms. Avagyan's request. Ms. Avagyan will provide documentation of her qualifications to be the MDEG Administrator to Board Staff.

#### D. Nevada Limb & Brace, LLC – Henderson, NV

Vanis Ingrid Gardea, owner, and Roger Beihl, orthotist, appeared and were sworn by President Park prior to answering questions or offering testimony.

Ms. Long stated that Nevada Limb & Brace, LLC are applying for licensure as a new MDEG. Ms. Gardea is a first time owner.

Ms. Long questioned Ms. Gardea about her experience and qualifications to be the administrator.

After discussion, the Board expressed concern regarding Ms. Gardea's lack of experience.

President Park offered Ms. Gardea the option to table this application. Ms. Gardea will submit an updated administrator form.

The Board tabled Nevada Limb & Brace, LLC's application and Ms. Gardea's request.

13. Application for Nevada Wholesaler License – Appearance  
None

14. Applications for Out-of-State Wholesaler License – Appearance.

#### **Background Check Not Required by Law.**

14.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))  
None

14.2 Manufacturer (NAC 639.593(7)(d))

#### A. Sheffield Pharmaceuticals LLC – New London, CT

Anthony Sollima, CSO and EVP of Regulatory Affairs, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest stated that Sheffield Pharmaceuticals, LLC is applying as new Out of State Wholesaler.

Mr. Sollima disclosed Sheffield Pharmaceuticals LLC's past disciplinary actions and explained that the company has been in compliance since 2014.

Mr. Sollima answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the Out of State Wholesaler application for Sheffield Pharmaceuticals LLC.

Second: Richard Tomasso

Action: Passed unanimously.

B. Sun Pharmaceuticals Industries, Inc. – Billerica, MA

Daniel O'Brien, Senior Director of Operations, and Praveen Devakadaksham, Director of Regulatory Affairs, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. O'Brien answered questions to the Board's satisfaction regarding Sun Pharmaceuticals Industries, Inc.'s past FDA inspections, changes the company has made to address the FDA's observations and past discipline.

Board Action:

Motion: Jade Jacobo moved to approve Sun Pharmaceutical Industries, Inc.'s Application for Out-of-State Wholesaler License.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Zydus Pharmaceuticals (USA) Inc. – Pennington, NJ

Louis Pastor, facility manager, Krystal Fisher, treasurer, and Srinivas Gurram, regulatory affairs, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Pastor stated that he would provide a Letter of Authorization allowing him to speak on behalf of the company.

The Board questioned Mr. Pastor regarding Zydus Pharmaceuticals Inc.'s parent company Cadila Healthcare Ltd.'s interaction with the FDA in their India facility.

Mr. Pastor stated that the Zydus Pharmaceuticals location in Pennington, NJ has had no inspection issues.

Mr. Pastor answered questions to the Board's satisfaction.

Board Action:

Motion: Richard Tomasso moved to approve Zydus Pharmaceuticals Inc.'s with conditions. Zydus Pharmaceuticals Inc. shall provide Board Staff with documentation of Cadila Healthcare Ltd.'s FDA response and corrective actions. Board Staff is authorized to review and approve Zydus Pharmaceuticals Inc.'s application upon a positive review.

Second: Jade Jacobo

Action: Passed unanimously.

14.3 Publicly Traded (NAC 639.593(7)(a))  
None

14.4 VAWD-Accredited (NAC 639.593(7)(c))  
None

14.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))  
None

14.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))  
None

14.7 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))  
None

14.8 **Background checks completed in compliance with NRS 639.500. Disqualifying Events.**

D. Apnar Pharma LP – Chino, CA

Dharmesh Patel, facility manager, and Umesh Patel, part owner, appeared and were sworn by President Park prior to answering questions or offering testimony.

Umesh Patel disclosed a DUI charge from 2000. He stated that he has paid all fines and complied with all penalties.

Mr. Wuest stated that Mr. Umesh Patel's disclosure is consistent with the results of his background check.

Board Action:

Motion: Krystal Freitas moved to approve Apnar Pharma LP's Application for Out-of-State Wholesale License.

Second: Jade Jacobo

Action: Passed unanimously.

14.9 **Background checks completed in compliance with NRS 639.500. No Disqualifying Events.**

None

15. Application for Out-of-State Outsourcing Facility – Appearance.

A. Optum Compounding Services, LLC – Phoenix, AZ

Jade Jacobo recused from participation in this matter due to her employment with Optum.

Christopher Dinoffria, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Mr. Dinoffria regarding Optum Compounding Services, LLC's ownership structure, products and services provided and past FDA inspections.

Mr. Dinoffria explained the changes Optum Compounding Services, LLC has made to address FDA's observations.

Mr. Dinoffria answered questions to the Board's satisfaction.

**Board Action:**

**Motion:** Krystal Freitas moved to approve Optum Compounding Services, LLC's application for Out-of-State Outsourcing Facility License.

**Second:** Gener Tejero

**Action:** Passed unanimously.

B. Imprimis NJOF, LLC – Ledgewood, NJ

Heidi Morales, administrative assistant, and Kathleen Fucillo, managing pharmacist, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Ms. Morales and Ms. Fucillo regarding Imprimis NJOF, LLC's ownership structure, products and services provided, past FDA inspections and past discipline in other states.

Ms. Fucillo described the changes Imprimis NJOF, LLC made to address the FDA's observations.

Ms. Fucillo and Ms. Morales answered questions to the Board's satisfaction.

**Board Action:**

Motion: Jade Jacobo moved to approve the Out of State Outsourcing Facility License for Imprimis NJOF, LLC, pending a positive inspection by the Nevada Board of Pharmacy at the company's expense. Imprimis NJOF, LLC shall submit the results of their recent FDA inspection. Board Staff is authorized to review and evaluate the results of FDA inspection results.

Second: Krystal Freitas

Action: Passed unanimously.

#### C. KRS Global Biotechnology, Inc. – Boca Raton, FL

Scott Stanislaw, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Mr. Stanislaw about KRS Global Biotechnology, Inc.'s products and services provided, past FDA inspections, past product recalls and disciplinary actions in other states.

After discussion, the Board expressed concern regarding the number of issues observed by the FDA.

President Park offered Mr. Stanislaw the option to table KRS Global Biotechnology, Inc's application to provide the most recent FDA inspection results.

The Board tabled KRS Global Biotechnology, Inc's application and Mr. Stanislaw's request.

#### D. Nephron Sterile Compounding Center, LLC – West Columbia, SC

Stuart Tolman, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Tolman stated that he would provide a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Dodge provided a summary of Nephron Sterile Compounding Center's past FDA inspections.

Mr. Dodge questioned Mr. Tolman about the company's policies and procedures.

Mr. Tolman was unable to answer Mr. Dodge's questions to the Board's satisfaction.

President Park offered Mr. Tolman the option to table this application to reappear with a representative who could answer questions regarding the FDA inspections.

The Board tabled Nephron Sterile Compounding Center, LLC's application at Mr. Tolman's request.

### E. Olympia Pharmacy – Orlando, FL

President Park reminded Ms. Ekeanyanwu that she was still under oath.

Mr. Dodge questioned Ms. Ekeanyanwu regarding Olympia Pharmacy's products and services provided and the results of the company's past FDA inspections.

Ms. Ekeanyanwu described the changes Olympia Pharmacy has made to address the observations listed in the FDA's inspection.

Ms. Ekeanyanwu answered questions to the Board's satisfaction regarding Olympia Pharmacy's 503B facility.

#### Board Action:

Motion: Jade Jacobo moved to approve the Out of State Outsourcing Facility License for Olympia Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

### F. QuVa Pharma, Inc. – Sugar Land, TX

Varsha Gaitonde, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Gaitonde stated that she would provide a Letter of Authorization allowing her to speak on behalf of the company.

Mr. Dodge questioned Ms. Gaitonde regarding QuVa Pharma, Inc's products and services provided and past FDA inspections.

Ms. Gaitonde described the changes QuVa Pharma, Inc made in order to address the FDA's observations.

Ms. Gaitonde answered questions to the Board's satisfaction

#### Board Action:

Motion: Gener Tejero moved to approve the Out of State Outsourcing Facility License for QuVa Pharma, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

### G. QuVa Pharma, Inc. – Temple, TX

Travis Leeah, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Leeah stated that he would provide a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Dodge questioned Mr. Leeah regarding QuVa Pharma, Inc's products and services provided and past FDA inspections.

Mr. Leeah described the changes QuVa Pharma, Inc made in order to address the FDA's observations.

Mr. Leeah answered questions to the Boards satisfaction.

Board Action:

Motion: Krystal Freitas moved to approve the Out of State Outsourcing Facility License for QuVa Pharma, Inc.

Second: Jade Jacobo

Action: Passed unanimously.

H. Sincerus Florida, LLC – Pompano Beach, FL

Jenny Liu, managing pharmacist, Michael Morelli, Director of Regulatory Compliance and Quality, Abul Bhuiyan, Vice President of Scientific Affairs, and Ondrej Staviscak-Diaz, General Counsel, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Ms. Liu, Mr. Morelli, Mr. Bhuiyan and Mr. Staviscak-Diaz regarding Sincerus Florida, LLC's products and services provided, past FDA inspections and past discipline in other states.

Board discussion ensued regarding a practitioner's ability to resell a compounded product shipped to them by an outsourcing facility.

President Park offered Sincerus Florida, LLC the option to table their application to allow Sincerus Staff and Board Staff to discuss the company's business practices.

The Board tabled Sincerus Florida, LLC's application at Mr. Morelli's request.

I. Wedgewood Connect, LLC – San Jose, CA

Paul Yamamoto, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Yamamoto stated that he would provide a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Dodge questioned Mr. Yamamoto about the three observations from the most recent FDA inspection.

Mr. Yamamoto answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Wedgewood Connect, LLC's application for Out-of-State Outsourcing Facility License.

Second: Wayne Mitchell

Action: Passed unanimously.

16. Application for Nevada Pharmacy License – Appearance.

A. Plus One Pharmacy, LLC – Las Vegas, NV

Anisha Patel, owner, and Serj Markarian, managing pharmacist, appeared and were sworn by President Park prior to answering questions or offering testimony.

Ms. Long provided background information.

Ms. Long questioned Ms. Patel and Mr. Markarian regarding the company's products and services provided, Ms. Patel's work experience, Mr. Markarian's past discipline in California and Mr. Markarian's recent pharmacy experience.

After discussion, the Board expressed concern that Mr. Markarian has not practiced as a pharmacist since 2014.

President Park offered Ms. Patel the option to table Plus One Pharmacy, LLC's application to allow Ms. Patel time to hire a managing pharmacist.

At the request of Ms. Patel, President Park tabled Plus One Pharmacy, LLC's application.

B. All City Pharmacy LLC – Las Vegas, NV

Janice Rose, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Leo Basch, Inspector Nevada State Board of Pharmacy, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest provided background that All City Pharmacy LLC had a fire and they had to find a new location.



Mr. Basch reported that All City Pharmacy LLC met the qualifications on their pre-opening inspection.

Ms. Rose answered questions to the Board's satisfaction regarding her past pharmacy experience.

Board Action:

Motion: Jade Jacobo moved to approve the change of location for All City Pharmacy, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

17. Request for Pharmacist Applicant to Retake the Nevada MPJE Exam – Appearance.

A. Sathish Ariarra Cariappa

Sathish Ariarra Cariappa appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest provided background information that Mr. Cariappa is requesting the Board's approval to retake the Nevada MPJE Exam for a sixth attempt.

Board discussion ensued regarding Mr. Cariappa's study and preparation for the exam.

Board Action:

Motion: Jade Jacobo moved to approve one attempt at the Nevada MPJE Exam for Sathish Cariappa.

Second: Krystal Freitas

Action: Passed unanimously.

B. Matthew Phillips

Matthew Phillips appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Phillips voluntarily and knowingly waived his right to notice under NRS 241.033 and 241.034.

Mr. Wuest provided background information that Mr. Phillips is requesting the Board's approval to retake the Nevada MPJE Exam for a sixth attempt.

Board discussion ensued regarding Mr. Phillips' study and preparation for the exam.

Board Action:

Motion: Jade Jacobo moved to approve one attempt at the Nevada MPJE Exam for Matthew Phillips

Second: Richard Tomasso

Action: Passed unanimously.

18. Application for Advanced Practice Registered Nurse Prescribe Registration – Appearance.

Natalie Wynn, APRN

Natalie Wynn appeared and was sworn by President Park prior to answering questions or offering testimony.

Larry Espadero, PRN-PRN, appeared and was sworn by President Park prior to answering questions or offering testimony.

Bridget Kelly was present as legal counsel representing Natalie Wynn.

Mr. Wuest provided background information.

Ms. Kelly requested to go into closed session.

Board Action:

Motion: Jade Jacobo moved to go into closed session.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Krystal Freitas moved to go into open session.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board Action:

Motion: Wayne Mitchell moved to reinstate Controlled Substance Registration for Natalie Wynn .

Second: Jade Jacobo

Action: Passed unanimously.

19. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance.

A. KayLynn Bowman, RPH

KayLynn Bowman appeared and was sworn by President Park prior to answering questions or offering testimony.

President Park disclosed that Ms. Bowman is also employed by Roseman University, but stated that she is able to participate fairly and without bias.

Mr. Wuest stated that Ms. Bowman is here to ask permission to add additional locations that she can provide MTM services outside a pharmacy, such as telehealth.

Ms. Bowman answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve KayLynn Bowman's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

B. James Kim, RPH

James Kim appeared and was sworn by President Park prior to answering questions or offering testimony.

Wayne Mitchell recused from participation in this matter due to his employment at Carson Tahoe Regional Medical where Mr. Kim is also employed.

Mr. Kim stated to the Board that he is requesting permission to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Mr. Kim answered questions to the Board's satisfaction regarding the MTM services he will provide.

Board Action:

Motion: Jade Jacobo moved to approve James Kim's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

20. Approval of Revised Wholesaler Application.

This Agenda Item has been continued.

21. Rehearing of Order in Case No. 20-008-PT-S on Application of Jevons Wang pursuant to NRS 639.252

Mr. Wang was not present.

22. Applications for Controlled Substance Registration– Appearance.

Kim Kemmerly, DMD

Kim Kemmerly appeared and was sworn by President Park prior to answering questions or offering testimony.

Dr. Kemmerly disclosed past history of drug use and arrests. He also stated to the Board that he has made significant changes in his life.

Dr. Kemmerly answered questions to the Board's satisfaction regarding his status and conditions of licensure with the Nevada Board of Dental Examiners,

Board Action:

Motion: Jade Jacobo moved to approve the Controlled Substance application for Kim Kemmerly pending a positive PRN-PRN evaluation, Mr. Kemmerly shall comply with the Nevada Board of Dental Examiner's Stipulated Agreement, that Mr. Kemmerly be authorized to prescribe Schedule III-V controlled substances only, and if Mr. Kemmerly would like to request authorization to prescribe Schedule II controlled substances, he must appear before the Nevada Board of Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

23. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

Mr. Kandt updated the Board on pending cases and litigation.

24. Executive Secretary Report:

Mr. Wuest stated that Investigator Joseph Depczynski has retired and thanked him for his service.

Mr. Wuest introduced Mui Lee, inspector, and Monica Segedy, investigator, as the Board's newest employees.

Mr. Wuest stated that Krystal Freitas would be attending the NABP Board Member's Forum in January 2021.

A. Financial Report

Mr. Wuest presented the Financial Report to the Board's satisfaction.

B. Issuance of Temporary Licenses and Registrations

Two temporary licenses have been issued since the last meeting.

C. Meetings with Other Health Care Regulatory Boards

Mr. Wuest stated that Board Staff continues to meet with State leadership regarding COVID-19 related issues.

D. COVID-19 Response

- Emergency Regulation Update

E. Licensing Software Update

F. Licensing Activities Report

G. PMP Integration

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

**Amendment of Nevada Administrative Code (NAC) 453.510 Schedule I; 453.550**

**Schedule V.** The proposed amendment adds certain substances to schedule 1; provides that certain drug products are not a controlled substance; and removes certain drug products from schedule V. (LCB File No. R090-20)

Mr. Wuest provided background information.

President Park opened the floor to Public Comment.

There was no Public Comment.

President Park closed Public Comment.

Board Action:

Motion: Jade Jacobo moved to adopt LCB File No. R090-20

Second: Gener Tejero

Action: Passed unanimously.

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

- A. **Amendment of Nevada Administrative Code (NAC) 639.501 Inspections; provision of self-assessment form.** The proposed amendment to NAC 639.501 will remove the requirement to complete an assessment of workplace and modifies the requirement of an annual inspection.

Mr. Wuest provided background information.

President Park opened the floor to Public Comment.

Liz MacMenamin, RAN, stated that she is in support of the new language and thanked Board Staff for discussing the reasons behind the proposed amendment.

President Park closed Public Comment.

Board Action:

Motion: Jade Jacobo moved to approve the proposed language and move forward to Public Hearing.

Second: Rolf Zakariassen

Action: Passed unanimously.

- B. **Amendment of Nevada Administrative Code (NAC) 639.** The proposed amendment adds a new section thereto authorizing the issuance of a citation to and assessment of an administrative fine against a registered pharmacist and a licensed pharmacy pursuant to NRS 639.2895 for a prescription misfill in violation of Nevada law in certain instances.

Mr. Kandt provided background on the proposed amendment.

President Park opened Public Comment.

Lauren Paul, CVS Health, requested the Board consider assigning additional continuing education units instead of issuing a fine.

Mr. Kandt stated that the regulation allows for issuance of a citation and a fine may be imposed at the Executive Secretary's discretion.

Liz MacMenamin, RAN, expressed support that the licensee has the ability to appeal the citation and fine.

President Park closed Public Comment.

The Board expressed that the proposed language maintains public safety and is a general improvement to the current process.

Board Action:

Motion: Jade Jacobo moved to approve the proposed regulation and move forward to Public Hearing.

Second: Krystal Freitas

Action: Passed unanimously.

- C. **Amendment of Nevada Administrative Code (NAC) 639.010 Definitions, (NAC) 639.403 Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy; exemption for pharmacists who administer immunizations, (NAC) 639.406 Hearing to approve or deny application from pharmacist, (NAC) 639.409 Grounds for revocation, suspension or placement of restrictions on approval granted to pharmacist to practice pharmacy at site other than licensed pharmacy, (NAC) 639.412 Application for licensed pharmacy to use services of one or more pharmacists at site other than licensed pharmacy, (NAC) 639.415 Hearing to approve or deny application from licensed pharmacy, (NAC) 639.418 Grounds for revocation, suspension or placement of restrictions on approval granted to licensed pharmacy to use services of one or more pharmacists at site other than licensed pharmacy.** The proposed amendment to these regulations will modify the locations where a pharmacist may practice pharmacy.

Mr. Wuest provided background information.

Mr. Wuest presented additional proposed language regarding institutional pharmacies and independent contractors.

Mr. Wuest requested that the Board consider a modification to allow pharmacists employed by the State to be exempt.

President Park opened Public Comment.

Catherine O'Mara, HCA Healthcare, stated that she is in favor of this regulation change as patient care has been improved in facilities where this model is being implemented.

Ken Kunke, Roseman University, expressed support of the proposed regulation as this will increase efficiency and patient care.

Lauren Paul, CVS Health, requested that pharmacy technicians be able to work remotely under the proposed language. Ms. Paul requested that the Board consider language provided by the 2017 Practice Committee.

Liz MacMenamin, RAN, mirrored Ms. Paul's comments regarding the 2017 Practice Committee and expressed support of allowing pharmaceutical technicians to work remotely.

President Park closed Public Comment.

Board Action:

Motion: Jade Jacobo moved to approved the proposed regulation and move forward to Public Hearing with modifications to exempt pharmacists employed by the State.

Second: Wayne Mitchell

Action: Passed unanimously.

27. Date and Location of Next Scheduled Board Meeting:

November 10<sup>th</sup>, 2020 at 1:30pm

28. Public Comment October 15<sup>th</sup>, 2020 5:00pm

There was no Public Comment.

29. Adjournment



**4**

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R083-20**

October 13, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-3, NRS 639.070, 639.23535.

A REGULATION relating to pharmacy; requiring completion of a form to be exempted from certain requirements; revising provisions relating to certain controlled substances; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy. (NRS 639.070) Beginning January 1, 2021, existing law requires that a prescription for a controlled substance be given to a pharmacy by electronic transmission, with limited exceptions. Existing law authorizes the Board to grant an exemption to the requirement to transfer a prescription for a controlled substance electronically for up to 1 year if the Board determines the practitioner is unable to transmit a prescription electronically for certain reasons. (NRS 639.23535) **Section 1** of this regulation requires a practitioner who is exempted from the electronic transmission requirements to complete a form certifying that the practitioner is exempt from such requirements and to maintain the form in a manner that makes the form available to the Board upon request.

Existing regulations authorize a prescription for a dangerous drug or certain controlled substances to be transmitted to a pharmacy electronically in certain circumstances. (NAC 639.7105) **Section 2** of this regulation removes the authorization to transmit prescriptions for certain controlled substances to a pharmacy electronically. Existing regulations authorize a prescription for certain controlled substances to be transmitted to a pharmacy by a facsimile machine. (NAC 453.430) **Section 3** of this regulation removes this authorization.

**Section 4** of this regulation sets the effective date of this regulation to be January 1, 2021 or the date the regulation is filed with the Secretary of State, whichever occurs later. **Section 4** also expires by limitation **section 1** on December 31, 2021.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

*1. A practitioner who is exempted from the requirements of subsection 1 of NRS 639.23535 by the Board must complete a form furnished by the Board certifying that the practitioner is exempt from such requirements pursuant to subsection 2 of NRS 639.23535.*

*2. The certification form required pursuant to subsection 1 must be maintained by the practitioner in a form and manner that is readily retrievable by the practitioner and made available to the Board upon request.*

**Sec. 2.** NAC 639.7105 is hereby amended to read as follows:

639.7105 Except as otherwise provided in NAC 639.648 and 639.711:

1. A prescription for a dangerous drug ~~for a controlled substance listed in schedule II, III, IV or V~~ may be transmitted to a pharmacy electronically by a practitioner or, if the prescription is for a dangerous drug, the designated agent of the practitioner, if the patient:

- (a) Consents to the transmission of the prescription electronically; and
- (b) Approves the pharmacy where the prescription will be transmitted.

2. A practitioner shall not transmit a prescription for a controlled substance to a pharmacy electronically unless:

- (a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy; and
- (b) All requirements of 21 C.F.R. Part 1311 are satisfied.

3. The designated agent of a practitioner shall not transmit a prescription for a dangerous drug to a pharmacy electronically unless:

- (a) The practitioner prescribes the dangerous drug;

(b) The designated agent receives training from the practitioner regarding the electronic transmission of prescriptions and the practitioner keeps written documentation of such training at his or her office; and

(c) The practitioner documents in the medical record of the patient for whom the prescription is being transmitted electronically the intention of the practitioner to prescribe the dangerous drug and to have his or her designated agent transmit the prescription electronically.

4. If the designated agent of a practitioner transmits a prescription electronically to a pharmacy, the practitioner shall review the electronic prescription file not later than 24 hours after the electronic transmission.

5. In addition to the requirements set forth in NRS 639.2353 , [639.23535](#) and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

- (a) The telephone number of the prescribing practitioner;
- (b) The time and date of the transmission; and
- (c) The name of the pharmacy to which the prescription is sent.

6. In addition to the requirements set forth in subsection 5 and NRS 639.2353 , [639.23535](#) and 639.2589, a prescription for a controlled substance that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner; and

(b) If the technological capability exists to require such information to be transmitted electronically:

- (1) The Nevada controlled substance registration number of the prescribing practitioner;
- (2) The indication for use or the diagnosis code; and

(3) The date of the last physical examination of the patient.

7. A pharmacist who receives a prescription that is transmitted electronically shall keep a paper or electronic copy of the prescription for at least 2 years after the pharmacist receives the prescription. The copy of the prescription that is kept must be readily accessible to:

(a) Personnel of the pharmacy who are authorized to access records of prescriptions kept by the pharmacy; and

(b) Members, employees, agents and designees of the Board.

8. A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

9. A prescription that is transmitted and complies with the provisions of this section shall be deemed an original prescription.

10. The Board may suspend the privilege of a practitioner to transmit prescriptions electronically or take any other appropriate action if the Board reasonably suspects that the practitioner or the designated agent of the practitioner has transmitted a prescription electronically that is:

(a) Unlawful;

(b) Fraudulent; or

(c) Not for a legitimate medical purpose.

**Sec. 3.** NAC 453.430 is hereby amended to read as follows:

453.430 1. An individual practitioner may not issue a prescription in order to obtain controlled substances for the purpose of general dispensing to patients.

2. A prescription may not be issued for dispensing any narcotic drug to a person dependent on a narcotic drug for the purpose of continuing the person's dependence upon the drug except in the course of an authorized clinical investigation in the development of a program for rehabilitating narcotic addicts.

3. The administering or dispensing directly, but not the prescribing, of any narcotic drugs to a person dependent on a narcotic drug for the purpose of continuing the person's dependence upon the drug is permissible in the course of conducting a federally authorized clinical investigation in the development of a program for rehabilitating narcotic addicts if the activity is within the course of professional practice or research.

~~{4. A prescription for a controlled substance listed in schedule III, IV or V may be transmitted by a practitioner or his or her agent by a facsimile machine to a pharmacy pursuant to the provisions of NAC 639.711.}~~

Sec. 4. 1. This regulation becomes effective upon the later of:

(a) January 1, 2021; or

(b) The date this regulation is filed with the Secretary of State.

2. Section 1 of this regulation expires by limitation on December 31, 2021.

**5**

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

**Wholesaler Application**

**This application cannot be returned by fax or email.  
We must have an original signature and fee to process.**

NRS 639.016 "Wholesaler" defined. **"Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.**

Print and mail the completed application with a **non-refundable fee** of \$500.00 paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

All incomplete applications will be returned. Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a particular board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. **Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda.** Upon receipt of a completed application, the application will be placed on the agenda of the next regularly scheduled Board meeting. For application deadlines and meeting schedule please visit [bop.nv.gov](http://bop.nv.gov).

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

Where is the facility located? <input type="checkbox"/> Nevada <input type="checkbox"/> Out-of-State		
<b>Type of Application (check applicable box)</b>		<b>Wholesaler Business Type (check applicable box)</b>
<input type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change (in-state only)	* If making a change, provide current license number: WH _____	<input type="checkbox"/> Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) <input type="checkbox"/> Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) <input type="checkbox"/> Partnership (complete sections 1, 2, 3, 6, 8, 9) <input type="checkbox"/> Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Is your facility a reverse distributor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 1: General Information	
Facility Name: _____	
Physical Address: _____	
City: _____	State: _____ Zip: _____
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: _____	Website: _____
Name of Designated Representative (DR): _____	
Licensing Company Email: _____	DR Email: _____
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
<input type="checkbox"/> Pharmacies <input type="checkbox"/> Practitioners <input type="checkbox"/> Hospitals <input type="checkbox"/> Wholesalers <input type="checkbox"/> Others: _____	<input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices <input type="checkbox"/> Controlled Substances <input type="checkbox"/> Hypodermic Devices <input type="checkbox"/> Veterinary Legend Pharmaceuticals <input type="checkbox"/> Others: _____

Section 2: History of Company	Yes	No
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)?		
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?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		
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?		
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)?		
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 4: Publicly Traded Corporation**

State of Incorporation: \_\_\_\_\_  
 Parent Company (if any): \_\_\_\_\_  
 Corporation Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_  

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
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**Section 5: Non-Publicly Traded Corporation**

State of Incorporation: \_\_\_\_\_  
 Parent Company (if any): \_\_\_\_\_  
 Corporation Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_

**Section 6: Partnership**

Partnership Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_

**Section 7: Sole Owner**

Owner's Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the <b>Surety Bond form</b> at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a> .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the <b>Surety Bond form</b> at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a> .			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a>		✓	✓	✓
• <b>Personal History Record Application</b> must be completed by each shareholder/stockholder/partner/owner. Form is found at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a>		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
<b>ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.</b>				
• Submit Fingerprints following instructions found at: <a href="http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf">http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf</a> .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the <b>Surety Bond form</b> at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a> .		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name of Authorized Person Submitting Application \_\_\_\_\_

Original signature of Authorized Person (copies or stamps not accepted) \_\_\_\_\_

Date \_\_\_\_\_

Board Use Only	Date Received: _____	Amount: _____
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# 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)

Applicant Name: \_\_\_\_\_

**Payment:** Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

*Credit Cards are charged a 5% processing fee*

**Credit Type:**

☐ Visa   ☐ MasterCard   ☐ Discover

☐ American Express

**Credit Card #:**

\_\_\_\_\_

**Expiration Date:**

\_\_\_/\_\_\_/\_\_\_ (MM/YY)

**CVV (3 digits on back of card):**

\_\_\_\_\_

**License Amount:**

\$ \_\_\_\_\_

**Name on Card:**

\_\_\_\_\_

**Billing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
(775) 850-1440  
[bop.nv.gov](http://bop.nv.gov)

**NEVADA**  
**(For locations located in the State of Nevada)**  
**WHOLESALE APPLICATION**  
**INFORMATION AND CHECKLIST**

This application cannot be returned by fax or email.  
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

**Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.**

Please understand we cannot and will not accept incomplete applications. If there is not an appropriate response, so state with N/A. Review the checklist and return all required fees and documentation with the completed application.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

**REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP**

**You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.**

- Complete all required pages of the application. Must be original signature(s), no copies or stamps
- Fee made payable to: *Nevada State Board of Pharmacy*
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

## REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

Before you operate as a wholesaler, you must receive board approval and be inspected by Board of Pharmacy personnel. Please know that the receipt of drugs prior to licensing will be deemed a violation of Nevada Revised Statutes (NRS) 454.316 which provides possession of a drug unlawful and is a category E felony.

Your application may be placed on the agenda of the next regularly scheduled board meeting. **APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED.** If an appearance is required, your company will be notified in writing two (2) weeks prior to the meeting. Otherwise assume appearance will not be necessary. Upon board approval and a satisfactory inspection a certificate of registration will be issued. This registration is renewed in October of even numbered years. A license is usually issued and mailed within 10 days from the board meeting date, if approved.

**Any change of ownership and/or location change, will require a new application and \$500.00 fee. If the address changes, a pre-opening inspection will be required**

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If the application is approved at the scheduled board meeting a letter with the information needed to schedule the required inspection will be mailed within 10 days from the date of the last meeting.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).



**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR NEVADA WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and non-transferable checks 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 1,2,3,6,6a  
☐ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b      ☐ Sole Owner – Page 1,2,3,7,7a  
 Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Facility Manager: \_\_\_\_\_

Professional qualifications and experience of facility manager: \_\_\_\_\_

**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: \_\_\_\_\_

## APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)

Yes ☐ No ☐

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☐

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)	_____	
	Name	Address
	_____	
	Business	
2)	_____	
	Name	Address
	_____	
	Business	
3)	_____	
	Name	Address
	_____	
	Business	
4)	_____	
	Name	Address
	_____	
	Business	

- 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

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Date

**Board Use Only**

Received: \_\_\_\_\_

Amount: \_\_\_\_\_

# APPLICATION FOR NEVADA WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ownership Information – Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

**Section 1:** List the corporations four largest shareholders:  
(Name and percentage of ownership)

- |          |          |
|----------|----------|
| 1. _____ | %: _____ |
| 2. _____ | %: _____ |
| 3. _____ | %: _____ |
| 4. _____ | %: _____ |

**Section 2:** 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: \_\_\_\_\_

\*Registration number issued: \_\_\_\_\_

\*Stock Exchange: \_\_\_\_\_

## **Include with the application for a publicly traded corporation**

List of officers and directors.

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.

## APPLICATION FOR NEVADA WHOLESALER LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) \_\_\_\_\_  
Name Addressb) \_\_\_\_\_  
Name Addressc) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
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. \_\_\_\_\_

3) What was the price paid per share? \_\_\_\_\_

4) What date did the corporation actually receive the cash assets? \_\_\_\_\_

5) Provide a copy of the corporation's stock register evidencing the above information

## Application for Nevada Wholesaler License

### Include with the application for a non-publicly traded corporation

#### List of officers and directors.

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.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

\*\*\*If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

\*\*\*If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

\*\*\*If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.
- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.



## APPLICATION FOR NEVADA WHOLESALER LICENSE

### OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### **Include with the application for a partnership**

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

\*\*\*If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

\*\*\*If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

\*\*\*If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.
- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

## APPLICATION FOR NEVADA WHOLESALER LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **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 under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

\*\*\*If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

\*\*\*If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.



\*\*\*If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.
- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

Nevada State Board of Pharmacy  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
 775-850-1440  
 bop.nv.gov

**OUT-OF-STATE**  
**(For locations shipping to the State of Nevada)**  
**WHOLESALE APPLICATION**  
**INFORMATION AND CHECKLIST**

**This application cannot be returned by fax or email.**  
**We must have an original signature and fee to process.**

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

**Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.**

Please note the application/documentation deadline date on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

**REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP**

**You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.**

- Complete all required pages of the application. Must be original signature(s), no copies or stamps.
- Fee made payable to: *Nevada State Board of Pharmacy*
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

- Letter of good standing from the state or regulatory board in which your company is located. The form on the website under documents for all types of businesses may be sent to your state board or a separate letter is acceptable.
- **Copy of current license or registration** for the wholesaler in the state of residence.
- Copy of your DEA certificate, if applicable.

Your application may be placed on the agenda of the next regularly scheduled board meeting. Please go to the website below for the current board meeting schedule and deadline dates.

[http://bop.nv.gov/board/ALL/Board Meeting Schedule/](http://bop.nv.gov/board/ALL/Board_Meeting_Schedule/)

APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is required, you will be informed by way of confirmation letter. Otherwise assume appearance will not be necessary. Upon board approval a certificate of registration will be issued.

**Any change of ownership will require a new application and \$500.00 fee.**

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the website under the tab "Nevada Statutes & Regulations" for the applicable laws.

If you have any questions, contact the Reno office at (775) 850-1440.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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
- |  |  |
|--|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4       | <input type="checkbox"/> Partnership - Pages 1,2,3,7,8 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 | <input type="checkbox"/> Sole Owner – Pages 1,2,3,9    |

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

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Facility Manager: \_\_\_\_\_

Professional qualifications and experience of facility manager: \_\_\_\_\_

### 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices      |
| <input type="checkbox"/> Poisons or Chemicals                        | <input type="checkbox"/> Veterinary Legend Drugs |
| <input type="checkbox"/> Controlled Substances (include copy of DEA) |  |
| <input type="checkbox"/> Other: _____                                |  |

# **APPLICATION FOR OUT-OF-STATE 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 Manufacturer by the FDA? Yes ☐ No ☐  
(If yes, provide a copy of your 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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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 ☐

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Date

**Board Use Only**

Date Processed: \_\_\_\_\_

Amount: \_\_\_\_\_



## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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: \_\_\_\_\_

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: \_\_\_\_\_

**Include 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 WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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) \_\_\_\_\_  
Name Business Addressb) \_\_\_\_\_  
Name Business Addressc) \_\_\_\_\_  
Name Business Addressd) \_\_\_\_\_  
Name Business Address

2) Provide the number of shares issued by the corporation. \_\_\_\_\_

3) What was the price paid per share? \_\_\_\_\_

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: \_\_\_\_\_

**Include with the application for a non-publicly traded corporation**List of officers and directors

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.



## **Include with the application for a non-publicly traded corporation continued**

\*\*\*If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

\*\*\*If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

\*\*\*If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General \_\_\_\_\_ Limited \_\_\_\_\_

List names of 4 largest partners and percentage of ownership:

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Partnership Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: \_\_\_\_\_

**Include with the application for a partnership**

\*\*\*If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

\*\*\*If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

\*\*\*If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: \_\_\_\_\_

**Include with the application for a sole owner**

\*\*\*If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

\*\*\*If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

\*\*\*If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

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 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 \_\_\_\_\_

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 \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) \_\_\_\_\_

Present Residence Address-Street or RFD \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Dates \_\_\_\_\_

Present Business Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Dates \_\_\_\_\_

Occupation \_\_\_\_\_

Phone: \_\_\_\_\_

Residence \_\_\_\_\_

Business \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) \_\_\_\_\_

Age \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_ Sex \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_ Complexion \_\_\_\_\_ Weight \_\_\_\_\_ Build \_\_\_\_\_ Height \_\_\_\_\_

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 \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

**2. MARITAL INFORMATION:**Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial \_\_\_\_\_



**A. Current Marriage**

Spouse's full name (Maiden) \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 SS# or ITIN \_\_\_\_\_

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

**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 \_\_\_\_\_

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

Mother

Father-in-Law

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

Spouse

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any \_\_\_\_\_

College or university where obtained \_\_\_\_\_

Applicant's initial \_\_\_\_\_

- 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 \_\_\_\_\_



- 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

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
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
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
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 \_\_\_\_\_

## 9. CHARACTER REFERENCES:

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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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
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 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 ☐

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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 ☐

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph \_\_\_\_\_

Applicant's initial \_\_\_\_\_

STATE OF \_\_\_\_\_

ss.

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of

.....  
.....  
Notary Public

(seal)

Applicant's initial \_\_\_\_\_



This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

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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 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 \_\_\_\_\_

Nature of Pharmacy or Wholesaler

-----  
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 First Name Middle Name

\_\_\_\_\_  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

\_\_\_\_\_  
Present Residence Address-Street or RFD City State/Zip

\_\_\_\_\_  
Present Business Address Dates City State/Zip

\_\_\_\_\_  
Present Position with the Pharmacy or Wholesaler  
Phone:  
Residence \_\_\_\_\_  
Business \_\_\_\_\_

\_\_\_\_\_  
Date of Birth Place of Birth (City, County, State)

\_\_\_\_\_  
Age Social Security Number or ITIN Sex

\_\_\_\_\_  
Color of Eyes Color of Hair Complexion Weight Build Height

\_\_\_\_\_  
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 \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial \_\_\_\_\_

**A. Current Marriage**

Spouse's full name (Maiden) \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 SS# or ITIN \_\_\_\_\_

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

**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 \_\_\_\_\_



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

Mother

Father-in-Law

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

Spouse

Spouse

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any \_\_\_\_\_

College or university where obtained \_\_\_\_\_

Applicant's initial \_\_\_\_\_

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 \_\_\_\_\_

- 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
-----------------------------	-------------------	------	-----------------


Applicant's initial \_\_\_\_\_

**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.

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
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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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

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 <input type="checkbox"/> | No <input type="checkbox"/> |                                |                      |           |

If yes, state type, where and years held

.....

.....

.....

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.

.....

.....

.....

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 \_\_\_\_\_

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 \_\_\_\_\_

Applicant's initial \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, 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.

-----  
Original Signature of Applicant

Subscribed and Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_  
-----  
Notary Public

(seal)

Applicant's initial \_\_\_\_\_



[illegible]



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**7**

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