

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

JANUARY 16 & 17, 2018

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



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: January 3, 2019

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 16, 2019 at 9:00 am. The meeting will continue, if necessary, on Thursday, January 17, 2019 at 9:00 am or until the Board concludes its business at the following location:

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

Please Note:

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

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

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

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

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

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

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

◆ CONSENT AGENDA ◆

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

2. Approval of December 5-6, 2018, Minutes **(For Possible Action)**
3. Applications for Out-of-State Pharmacy – Non Appearance **(For Possible Action)**
 - A. ASAP Pharmacy, Inc. – Dunedin, FL
 - B. Metro Drugs Hoboken, LLC – Hoboken, NJ
 - C. Motto Pharmacy Inc. – Riviera Beach, FL
 - D. OptumRx – Jacksonville, FL
 - E. Pharmacy Care Providers of Georgia – Augusta, GA
 - F. UBC Pharmacy – St Louis, MO
 - G. Value Specialty Pharmacy, LLC – Dunvasville, PA

Applications for Out-of-State Compounding Pharmacy – Non Appearance
(For Possible Action)

- H. AAA Community Pharmacy – Westminster, CA
- I. SmartScript Pharmacy – Oshkosh, WI

Applications for Out-of-State Wholesaler – Non Appearance **(For Possible Action)**

- J. Acer Therapeutics Inc. – Newton, MA
- K. Acorda Therapeutics, Inc. – Ardsley, NY
- L. Agios Pharmaceuticals, Inc. – Cambridge, MA
- M. Authentic Medical – Rocklin, CA
- N. Dova Pharmaceuticals – Durham, NC
- O. EyePoint Pharmaceuticals US, Inc. – Watertown, MA
- P. Fisher BioServices, Inc. – Rockville, MD
- Q. Harmony Biosciences, LLC – Plymouth Meeting, PA
- R. Harris Pharmaceutical, Inc. – Fort Meyers, FL
- S. IBSA Pharma Inc. – Parsippany, NJ
- T. Ironshore Pharmaceuticals Inc. – Cherry Hill, NJ
- U. Innocoll Inc. – Newtown Square, PA
- V. McKesson Medical-Surgical Inc. – Urbancrest, OH
- W. MD Logistics, Inc. – Plainfield, IN

- X. Partner Therapeutics, Inc. – Lexington, MA
- Y. Premier Dental Products Company – Plymouth Meeting, PA
- Z. PTC Therapeutics, Inc. – South Plainfield, NJ
- AA. Surgical Specialties Corporation – Chula Vista, CA
- BB. The Hillsinger Company – Tucson, AZ
- CC. Woodfield Distribution LLC – Lockbourne, OH

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance **(For Possible Action)**

- DD. Absolute Comfort Medical, Inc. – Largo, FL
- EE. American Health Supply Inc. – Jensen Beach, FL
- FF. C & R Medical – Fort Worth, TX
- GG. Inspire Medical Systems, Inc. – Maple Grove, MN
- HH. One Source Medical Group LLC – Tampa, FL
- II. The Spectranetics Corporation – Colorado Springs, CO

Applications for Nevada Pharmacy – Non Appearance **(For Possible Action)**

- JJ. Bliss Pharmacy – Las Vegas, NV
- KK. Dignity Health Rehabilitation Hospital – Henderson, NV
- LL. Eternity Care Infusion Pharmacy – Las Vegas, NV

Application for Nevada Medical, Devices, Equipment and Gases – Non Appearance **(For Possible Action)**

- MM. Precision Orthotics & Prosthetics – Las Vegas, NV

◆ REGULAR AGENDA ◆

4. Disciplinary hearings pursuant to NRS 639.247 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

- | | | |
|----|-------------------------------|----------------|
| A. | Donald Cowles, R.Ph | (18-104-RPH-S) |
| B. | Willie Bawarski, R.Ph | (18-105-RPH-S) |
| C. | Jaime Cordoba-Hernandez, R.Ph | (17-070-RPH-S) |
| D. | All City Pharmacy | (17-070-PH-S) |
| E. | Raanan Pokroy, MD | (17-098-S) |

5. Applications for Out-of-State Pharmacy – Appearance **(For Possible Action)**

- A. AvasaRx Pharmacy – Phoenix, AZ
- B. SMP Pharmacy Solutions #2 – Miami, FL

6. Request for Renewal of Pharmacist Registration – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

Phic Lim

7. Request for Advisory Opinion pursuant to NAC 639.150 on professional services provided by third parties to Nevada Medical, Devices, Equipment and Gases licensees **(For Possible Action)**.

iSleep, LLC

8. Application for Out-of-State Medical, Devices, Equipment and Gases – Appearance **(For Possible Action)**

CPAP.com

9. Reconsideration of denial of application pursuant to NRS 639.139 **(For Possible Action)**

Lan Thi Tran Nguyen

10. Applications for Nevada Pharmacy – Appearance **(For Possible Action)**

- A. CMH Pharmacy, LLC – Las Vegas, NV
- B. Eastside Pharmacy LLC – Las Vegas, NV
- C. Modern Rx - Las Vegas, NV
- D. Perform Rx Pharmacy – Las Vegas, NV

11. Application for Pharmaceutical Technician – Appearance **(For Possible Action)**

Jevons Wang

12. Application for Controlled Substance Registration – Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

Victor Bruce, MD

13. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance **(For Possible Action)**

- A. 702 Medical Supplies – Las Vegas, NV
- B. Las Vegas Mobility Store – Las Vegas, NV

14. Authorization for Executive Secretary to negotiate Memorandum of Understanding with U.S. Food and Drug Administration addressing certain distributions of compounded drug products **(For Possible Action)**.
15. Discussion and Determination - Regarding the Technician to Pharmacist Supervision Ratio as Set Forth in NAC 639.250. The Board staff will report the results of the completed survey regarding an increase in Technician to Pharmacist Supervision Ratio. All the pharmacists licensed to practiced pharmacy in Nevada with current email addresses were surveyed. The Board may decide to move forward with a Workshop to potentially adopt changes to NAC 639.250 regarding the Technician to Pharmacist Supervision Ratio. **(Possible Action)**.
16. General Counsel Report
17. Executive Secretary Report:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities:
 1. Meetings with other health care boards
 2. Rural Hospital Association – YenH and Dave
 3. Nevada Optometry Meeting – Dave
 4. Pharmacist Letter CE – Paul
 5. Nevada State Medical Association – YenH and Dave
 6. Roseman Student Rotation -
 - D. Report to Board:
 1. Licensing software update
 - E. Board Related News
 - F. Licensing Activities Report:
 1. PMP Integration
 - G. 2019 Legislative Report

◆ WORKSHOP ◆

Thursday, January 17, 2019 – 9:00 am

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

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

- A. Amendment of Nevada Administrative Code (NAC) 453.520: Schedule II.** The proposed amendment will add FDA approved dronabinol oral solution to the controlled substances listed in Schedule II.

B. Amendment of Nevada Administrative Code (NAC) 639: Dispensing

Practitioner. The proposed amendment would permit dispensing practitioners employed by a Federally Qualified Health Center to dispense dangerous drugs for qualified patients at a certain site other than the Health Center.

19. Date and Location of Next Scheduled Board Meeting:

March 6-7, 2019 – Reno, Nevada

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

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, NV, 89509, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at shunting@pharmacy.nv.gov or 431 W Plumb Lane, Reno, Nevada.

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

This notice has been posted at the following locations and is available for viewing at www.notice.nv.gov and bop.nv.gov.

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

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

1

2



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• Web Page: bop.nv.gov

MINUTES

December 5 & 6, 2018

BOARD MEETING

Hyatt Place
1790 E Plumb Ln
Reno, Nevada

Board Members Present:

Leo Basch Kevin Desmond Jade Jacobo Melissa Shake
Robert Sullivan

Board Members Absent:

Wayne Mitchell Jason Penrod

Board Staff Present:

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

President Basch 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.

Mr. Wuest introduced and congratulated Jade Jacobo as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three-year term.

1. Public Comment December 5, 2018 9:00 AM

There was no public comment.

2. Approval of October 10-11, 2018, Minutes

Ms. Jacobo recused from participation in this matter due to her absence at the October 2018 Board Meeting.

Mr. Desmond requested a correction to his vote on p.7. Ms. Shake requested a correction on p.20 to correct the spelling of Lorri Walmsley's name.

Board Action:

Motion: Kevin Desmond moved to approve the October 2018 Meeting Minutes with corrections as discussed.

Second: Robert Sullivan

Action: Passed unanimously

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

- A. Acacia Pharma Inc. – Solano Beach, CA
- B. Amani Pharmacy – Brooklyn, NY
- C. Astro Rx – Spring, TX
- D. AvasaRx Pharmacy – Phoenix, AZ
- E. Benzer Pharmacy – Tampa, FL
- F. Blink Health Pharmacy, LLC – Chesterfield, MO
- G. Clarks Pharmacy – Caretree, AZ
- H. Diplomat Specialty Pharmacy – Chandler, AZ
- I. Everwell Specialty Pharmacy – Pensacola, FL
- J. Fast Access Specialty Therapeutics, LLC – Metairie, LA
- K. Good Day Pharmacy LLC – Middleburg, FL
- L. Hamilton Rx LLC – Hamilton, OH
- M. Kaiser Permanente Pharmacy #329 – San Francisco, CA
- N. Omnicare of Sacramento – Sacramento, CA
- O. OptumRx – Phoenix, AZ
- P. Phantastic Pharmacy – Sherman Oaks, CA
- Q. PillPack Phoenix – Phoenix, AZ
- R. Pro Script Solutions Pharmacy – Humble, TX
- S. Skip's Pharmacy – Deerfield Beach, FL
- T. TC Script LLC – Scottsdale, AZ
- U. V-Care Pharmacy and Surgical Supplies – Framingham, MA
- V. Walgreens Pharmacy #15987 – Sacramento, CA
- W. Westover Hills Pharmacy – San Antonio, TX

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

- X. Cypress Compounding Pharmacy – Houston, TX
- Y. Go Live Well Pharmacy – St. Louis, MO

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

- Z. A & K Distributors PR, LLC – Aguadilla, PR
- AA. Apetevo Biotherapeutics LLC – Seattle, WA

- BB. Braeburn Inc. – Plymouth Meeting, PA
- CC. CMP Pharma, Inc. – Farmville, NC
- DD. DC Dental, Inc. – Baltimore, MD
- EE. H.D. Smith, LLC – Louisville, KY
- FF. GC Morgan, Inc. – Fort Lee, NJ
- GG. Johnson & Johnson Health Care Systems, Inc. – Elk Grove Village, IL
- HH. Johnson & Johnson Health Care Systems, Inc. – Warsaw, IN
- II. Karyopharm Therapeutics Inc. – Newton, MA
- JJ. Lifeline Pharmaceuticals – Ocean Springs, MS
- KK. Medmax RX, Inc. – Hicksville, NY
- LL. MediNatura Inc. – Albuquerque, NM
- MM. Medisol Plus, LLC – Richardson, TX
- NN. MTS Health Supplies, Inc. – Chino, CA
- OO. Neurelis, Inc. – San Diego, CA
- PP. New American Therapeutics, Inc. – Parsippany, NJ
- QQ. Octapharma USA, Inc. – Hoboken, NJ
- RR. Patheon Pharmaceuticals Inc. – Cincinnati, OH
- SS. Prasco Laboratories – Mason, OH
- TT. Sharps Compliance, Inc. – Carthage, TX
- UU. Tanvex BioPharma USA, Inc. – San Diego, CA
- VV. X-GEN Pharmaceuticals, Inc. – Horseheads, NY

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

- WW. Belle Oak Bracing, Inc. – Largo, FL
- XX. Cintas Corporation No. 2 – Mason, OH
- YY. Cintas Corporation No. 2 #169 – Sacramento, CA
- ZZ. Durable Medical Supply, Inc. – Fayetteville, GA
- AAA. Electrical Geodesics, Inc. – Eugene, OR
- BBB. Essential HME – San Diego, CA
- CCC. Independence Medical – Kansas City, MO
- DDD. Integrated CareGroup – Overland Park, KS
- EEE. In-Step Mobility Products – Skokie, IL
- FFF. Lingraphicare America, Inc. – Princeton, NJ
- GGG. Onduo, LLC – Newton, MA
- HHH. OrthoPro of Twin Falls, Inc. – Twin Falls, ID
- III. WellDyneRx-FL – Lakeland, FL
- JJJ. Westside Medical Bracing, Inc. – Zephyrhills, FL

Applications for Nevada Pharmacy License – Non Appearance

- KKK. Costco Pharmacy #1320 – Henderson, NV
- LLL. Southwest Specialty Pharmacy LLC – Las Vegas, NV
- MMM. Well Care Pharmacy – Las Vegas, NV

Applications for Nevada Medical, Devices, Equipment and Gases License

Non Appearance

- NNN. Agiliti Health, Inc. – Las Vegas, NV
 OOO. Cintas Corporation No. 2 (#187) – Henderson, NV

Melissa Shake recused from participation regarding Item 3 V due to her employment with Walgreens.

Melissa Shake disclosed that she knows the managing pharmacist of Southwest Specialty Pharmacy, LLC (Item 3 LLL) and stated that she would be able to participate in this matter fairly and without bias.

Mr. Wuest requested the Board pull Item 3 D (AZBDBR, LLC dba AvasaRx Pharmacy) from the Consent Agenda. He explained that after reviewing the application, Board Staff had questions regarding the products and services provided.

Board Action:

Motion: Melissa Shake moved to approve the Consent Agenda except for Items 3 D and 3 V.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Kevin Desmond moved to approve Walgreens Pharmacy #15987 (Item 3 V)

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to have AZBDBR, LLC dba AvasaRx Pharmacy appear at a future Board Meeting.

Second: Jade Jacobo

Action: Passed unanimously

4. Discipline

- | | | |
|----|---------------------------|----------------|
| A. | Susan Blair, R.Ph | (17-044-RPH-N) |
| B. | Walgreens Pharmacy #11227 | (17-044-PH-N) |

This matter was continued to a future Board meeting.

5. Applications for Nevada Pharmacy License – Appearance

A. Fidelis Specialty Pharmacy – Las Vegas, NV

Mr. Wuest explained that after further review of Fidelis Specialty Pharmacy’s Application, that this application should have been placed on the Consent Agenda.

Board Action:

Motion: Kevin Desmond moved to approve Fidelis Specialty Pharmacy’s Application for Nevada Pharmacy License.

Second: Melissa Shake

Action: Passed unanimously

B. Modern Rx – Las Vegas, NV

This matter was continued to a future Board meeting.

C. Perform Rx Pharmacy – Las Vegas, NV

This matter was continued to a future Board meeting.

D. Swift Pharmaceutical Inc. – Las Vegas, NV

Aurelia Hurtado-Sadowski, managing pharmacist, and Rob Gabiola, owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Gabiola explained that Swift Pharmaceutical Inc. is a retail community pharmacy.

Ms. Hurtado-Sadowski and Mr. Gabiola answered questions to the Board’s satisfaction regarding Ms. Hurtado-Sadowski’s pharmacy experience, Mr. Gabiola’s work history, pharmacy layout and marketing.

The Board expressed concern regarding Ms. Hurtado-Sadowski’s lack of experience in retail pharmacy and management experience.

Board Action:

Motion: Kevin Desmond moved to approve Swift Pharmaceutical Inc.’s Application for Nevada Pharmacy License pending a positive inspection. Swift Pharmaceutical Inc. shall have quarterly inspections for the first year at Swift Pharmaceutical Inc.’s expense.

Second: Jade Jacobo

Action: Passed unanimously

6. Applications for Out-of-State Pharmacy License – Appearance

A. Hopewell Pharmacy – Hopewell, NJ

Eric Jaderlund, part-owner, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Jaderlund presented a Letter of Authority allowing him to speak on behalf of the company.

Mr. Jaderlund stated that Hopewell Pharmacy is currently requesting Board approval for an ownership change.

Mr. Jaderlund explained that Hopewell Pharmacy provides sterile and non-sterile compounding services.

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

Ms. Long questioned Mr. Jaderlund regarding Hopewell Pharmacy's policies and procedures regarding sterile compounding and past inspections.

Mr. Jaderlund was unable to answer questions regarding sterile compounding procedures to the Board's satisfaction.

After discussion, the Board suggested Board Staff contact the managing pharmacist at Hopewell Pharmacy to question her regarding sterile compounding procedures.

Board Action:

Motion: Melissa Shake moved to approve Hopewell Pharmacy's Application for Out-of-State Pharmacy License pending correction to the application with the correct business name and positive interview with Hopewell Pharmacy's sterile compounding staff. If Board Staff has any concerns regarding Hopewell Pharmacy's sterile compounding procedures, Hopewell Pharmacy will reappear before the Board.

Second: Kevin Desmond

Action: Passed unanimously

B. NexGen Compounding Pharmacy – Weatherford, TX

Reynaldo Moreno, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Moreno presented a Letter of Authority allowing him to speak on behalf of the company.

Mr. Moreno stated that NexGen Compounding Pharmacy is a retail pharmacy that provides sterile and non-sterile compounding services. Mr. Moreno explained that NexGen Compounding Pharmacy provides primarily veterinary medications.

Ms. Long questioned Mr. Moreno regarding the company's sterile compounding procedures, sterilization techniques, staff training and product testing.

The Board questioned Mr. Moreno regarding NexGen Compounding Pharmacy's past discipline.

Mr. Moreno described the case where NexGen Compounding Pharmacy had misfilled a prescription that led to the death of an animal.

After discussion, the Board expressed concern regarding NexGen Compounding Pharmacy's procedures regarding beyond-use date products.

President Basch offered Mr. Moreno the option to table NexGen Compounding Pharmacy's application to provide the company time to address the Board's concerns.

The Board tabled NexGen Compounding Pharmacy's application at Mr. Moreno's request.

C. Pharmacy Solutions – Arlington, TX

James Miller, pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Miller presented a Letter of Authority allowing him to speak on behalf of the company.

Mr. Miller stated that Pharmacy Solutions is a retail pharmacy that provides sterile and non-sterile compounding services.

Mr. Miller explained that Pharmacy Solutions primarily provides medications for hormone replacement therapy and veterinary medications.

Ms. Long questioned Mr. Miller regarding Pharmacy Solutions building layout, compounding policies and procedures, product testing, previous inspections and staff training.

Mr. Miller answered Ms. Long's questions to the Board's satisfaction.

After discussion, Mr. Miller explained that he is the managing pharmacist of record outside of Texas and that another pharmacist is listed as the managing pharmacist of record in Texas.

The Board informed Mr. Miller that the application would need to be corrected to show the actual managing pharmacist.

Board Action:

Motion: Kevin Desmond moved to approve Pharmacy Solutions' Application for Out-of-State Pharmacy License pending correction of the application to list the correct managing pharmacist. Pharmacy Solutions shall provide Board Staff with a copy of their PCAB inspection.

Second: Jade Jacobo

Action: Passed unanimously

D. SMP Pharmacy Solutions #2 – Miami, FL

This matter was continued to a future Board Meeting.

7. Applications for Out-of-State Outsourcing Facility License – Appearance

A. Asteria Health – Birmingham, AL

William Fixler, supervising pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

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

Mr. Fixler explained that Asteria Health is an FDA approved 503B outsourcing facility that provides sterile compounding services and ships products directly to clinics.

Ms. Long and Mr. Wuest questioned Mr. Fixler regarding Asteria Health's last FDA inspection.

Mr. Fixler answered questions regarding Asteria Health's compounding policies and procedures, clean room specifications, sterilization techniques, recall procedures and the company's response to the five observations noted on FDA's most recent inspection.

Board Action:

Motion: Kevin Desmond moved to approve Asteria Health's Application for Out-of-State Outsourcing Facility License.

Second: Melissa Shake

Action: Passed unanimously

B. Edge Pharmacy Service, LLC – Colchester, VT

William Chatoff, owner and pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Chatoff explained that Edge Pharmacy Service, LLC is an FDA approved 503B outsourcing facility.

Ms. Long and Mr. Wuest reviewed the observations noted on FDA's most recent inspection.

Mr. Chatoff provided background information on each observation and described Edge Pharmacy Service, LLC's response to each observation and how the company addressed each issue.

Mr. Chatoff answered questions regarding the products and services provided by Edge Pharmacy Service, LLC, compounding procedures, clean room specifications and product testing.

The Board expressed concern regarding the number of observations found by FDA.

Board discussion ensued regarding sending Board Staff to Edge Pharmacy Service, LLC to conduct a facility inspection.

Board Action:

Motion: Melissa Shake moved to approve Edge Pharmacy Service, LLC.'s Application for Out-of-State Outsourcing Facility License pending a positive inspection by Board Staff at the company's expense. Edge Pharmacy Service, LLC shall provide documentation at Staff's request.

Second: Jade Jacobo

Action: Passed unanimously

C. Leiter's – San Jose, CA

No representative from Leiter's was present.

8. Application for Nevada Wholesaler License – Appearance

Arnold Dental Supply Company, Inc. – Reno, NV

Leticia Guerrero, Denise Thompson and Ted Vucenich, Plant Manager, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Ms. Guerrero explained that Arnold Dental Supply Company provides dental supplies to dental practices.

Ms. Guerrero, Ms. Thompson and Mr. Vucenich answered questions to the Board's satisfaction regarding the facility layout, products provided, marketing and the company's business model.

Board Action:

Motion: Kevin Desmond moved to approve Arnold Dental Supply Company, Inc.'s Application for Nevada Wholesaler License pending a positive inspection.

Second: Melissa Shake

Action: Passed unanimously

9. Request for Renewal of Out-of-State Pharmacy License - Appearance

Theracom – Frisco, TX

Melissa Shake recused from participation due to her employment with Walgreens. Walgreens is part owner of Theracom.

Jack McGuire, managing pharmacist, and Nelly Strom, attorney representing Theracom, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Wuest stated that Theracom had disclosed past discipline on their license renewal.

Ms. Strom stated that Theracom was disciplined in two states for failing to notify the Board of Pharmacy of a change in managing pharmacist within the required timeframe.

Mr. McGuire described his past discipline. He explained that he had failed to disclose DUI and DWI charges and arrests on his pharmacist applications in other states. He explained that he voluntarily entered into Kentucky's PRN-PRN program and completed the contract in 2011.

Ms. Strom and Mr. McGuire answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve Theracom's Request for Renewal of Out-of-State Pharmacy License.

Second: Kevin Desmond

Action: Passed unanimously

10. Request for Reinstatement of Pharmacist Registration - Appearance

Justin Curnutt

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards provided a brief summary of the case where Mr. Curnutt was disciplined by the Board in January 2016 for prescription and insurance fraud. He explained that Mr. Curnutt's pharmacist license was revoked and was granted a pharmacist intern license with conditions.

Mr. Curnutt agreed with Mr. Edwards' summary of his past discipline.

Mr. Curnutt answered questions to the Board's satisfaction regarding his current employment and what changes he has made to prevent future issues.

Board discussion ensued regarding reinstating Mr. Curnutt's pharmacist registration with conditions.

Board Action:

Motion: Kevin Desmond moved to reinstate Justin Curnutt's Pharmacist Registration with conditions. Mr. Curnutt's Pharmacist Registration shall be on probation for no less than two years. Mr. Curnutt shall not work more than 40 hours per week. Mr. Curnutt shall not be the managing pharmacist. Mr. Curnutt must inform all current and future employers of his disciplinary action. Mr. Curnutt shall complete an additional 30 CEU for the 2019 renewal. At least 2 of the 30 CEU shall be on the topic of ethics. Mr. Curnutt shall not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any state or federal law.

Second: Melissa Shake

Action: Passed unanimously

11. Requests for Renewal of Pharmacist Registration - Appearance

A. Gregory G. Gaiser

Mr. Gaiser was not present.

B. Lan T. Tran-Nguyen

Lan Tran-Nguyen appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt explained that Ms. Tran-Nguyen disclosed past discipline in another state on her Nevada pharmacist renewal application.

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

The Board questioned Ms. Nguyen regarding her discipline and her employment history since she surrendered her California pharmacist license.

Ms. Nguyen stated that she wanted to renew her Nevada pharmacist license before she had to retake the NAPLEX exam. She explained that her intent was to use her Nevada license to re-apply for a California pharmacist license.

The Board expressed concern regarding the severity of Ms. Nguyen's errors.

Board Action:

Motion: Kevin Desmond moved to deny Lan Tran-Nguyen's Request for Renewal of Pharmacist Registration.

Second: Jade Jacobo

Action: Passed unanimously

12. Requests for a Pharmacist Registration by Reciprocation - Appearance

Samuel Eskenazi

Samuel Eskenazi appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt stated that Mr. Eskenazi disclosed discipline in another state on his application for pharmacist registration.

Mr. Eskenazi summarized the facts of the case in 1986, where he had accepted drug samples from a pharmaceutical company and sold them to patients. Mr. Eskenazi's Georgia Pharmacist License was placed on probation for a period of four years with terms and conditions including the payment of a \$500.00 fine.

Mr. Eskenazi explained that he has complied with all terms of his discipline in Georgia and has not had any issues since then.

Mr. Eskenazi answered questions to the Board's satisfaction regarding his work history and current employment.

Board Action:

Motion: Kevin Desmond moved to approve Samuel Eskenazi's Application for Pharmacist Registration by Reciprocation.

Second: Jade Jacobo

Action: Passed unanimously

13. Request for Renewal of Pharmaceutical Technician in Training Registration - Appearance

Brittany R. Odegard

Brittany Odegard appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that in November 2018, Ms. Odegard disclosed discipline on her renewal application. Upon further review by Board Staff, it was discovered that Ms. Odegard did not disclose her disciplinary history on her initial application for pharmaceutical technician in training registration that she submitted in January 2018. Mr. Edwards explained that Ms. Odegard had numerous charges in her history including possession of alcohol by a minor, driving without a valid driver's license and other driving violations.

Ms. Odegard explained that she did not intend to hide her disciplinary history and stated that she was unaware the charges remained on her record.

Ms. Odegard explained that she has had no issues with law enforcement since the incidents she reported and has had no issues with alcohol or drugs since 2013.

Ms. Odegard answered questions to the Board's satisfaction regarding her work and education history.

Board Action:

Motion: Melissa Shake moved to approve Brittany Odegard's Request for Renewal of Pharmaceutical Technician in Training Registration.

Second: Jade Jacobo

Action: Passed unanimously

14. Request for a Pharmaceutical Technician Registration - Appearance

Tiffany C. Hall

Tiffany Hall appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that Ms. Hall appeared before the Board in October 2018 for failure to disclose past discipline on her application. The Board decided at that time to cancel Ms. Hall's registration and allow her to reapply and disclose her discipline. Mr. Edwards stated that Ms. Hall submitted a new application, but Board Staff discovered that there were additional charges in Carson City that were not disclosed at the October 2018 meeting.

Mr. Edwards moved to have Exhibits 1-9 admitted into the record.

Ms. Hall had no objections.

President Basch admitted Exhibits 1-9 into the record.

Mr. Edwards reviewed Exhibits 1-9 for the Board. Mr. Edwards presented emails between Ms. Hall and Board Staff regarding her arrest history in Nevada and Utah, her Notice of Intended Action and Accusation and Order regarding Case No. 18-057-PT-S, her original application submitted in May 2018, her recent application submitted in October 2018, court records from Wasatch County and court records from Carson City Justice and Municipal Court.

The Board questioned Ms. Hall regarding why she lied on her application twice.

Ms. Hall explained that she was ashamed of her actions.

Ms. Hall answered the Board's questions regarding her current employment and future plans.

The Board expressed concern regarding approving Ms. Hall's application. The Board discussed the importance of building trust not just with the Board, but also in regards to patient care.

Board Action:

Motion: Jade Jacobo moved to approve Tiffany Hall's Application for Pharmaceutical Technician Registration with conditions. Ms. Hall shall complete one additional CEU that is approved by Board Staff, on the topic of ethics. Ms. Hall shall attend three of the next four Las Vegas board meetings on the day of disciplinary hearings.

Second: Robert Sullivan

Aye: Jacobo, Sullivan

Nay: Desmond, Shake

In the case of a tie, the Board President can offer his vote.

President Basch offered an aye vote.

Action: Motion carries

15. Appeal of Citation for dispensing without a dispensing practitioner registration pursuant to NRS. 639.2895

Roger Estevez, MD

Roger Estevez appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that Board Staff had received a complaint that Dr. Estevez was dispensing medications without proper licensure. He stated that Board Staff issued a citation

and fine to Dr. Estevez in August 2018. The citation and fine directed Dr. Estevez to apply for the dispensing practitioner license.

Dr. Estevez stated that he was unaware he needed a dispensing practitioner license in order to dispense drugs for clinical trial research. He explained that he submitted his application shortly after notification by Board Staff.

Mr. Edwards called Dr. Estevez as a witness.

Dr. Estevez answered Mr. Edwards' questions regarding clinical research and policies and procedures at his practice.

Dr. Estevez explained that he follows the protocols set by the sponsors. He added that the sponsor's protocols did not include instructions to obtain a dispensing practitioner license from the Board of Pharmacy.

Mr. Edwards called Dave Wuest as a witness.

Dave Wuest, Deputy Executive Secretary Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Wuest presented a mail log, which showed that the Board Office received Dr. Estevez's application for dispensing practitioner on August 13, 2018.

Dr. Estevez explained that the delay in submitting his application was due to relocating to a new office.

Mr. Edwards moved to have the mail log (Exhibit A) admitted into the record.

Dr. Estevez had no objection.

President Basch admitted Exhibit A into the record.

Dr. Estevez asked Mr. Wuest if Board Staff has any record of phone calls from his office. Mr. Wuest explained that Board Staff does not have a log for phone calls.

Mr. Edwards called Ken Scheuber as a witness.

Ken Scheuber, Investigator Nevada State Board of Pharmacy appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Scheuber summarized his visits to Dr. Estevez's offices. Mr. Scheuber explained that he directed Dr. Estevez to apply for a dispensing practitioner license in person, by phone and in emails.

Board Action:

Motion: Jade Jacobo moved to uphold the citation and fine for Dr. Roger Estevez.

Second: Kevin Desmond

Action: Passed unanimously

16. Application for Authority to Dispense Drugs – Practitioner – Appearance

Roger Estevez, MD

Dr. Estevez answered questions to the Board's satisfaction regarding his research facility and research protocol procedures.

The Board modified Dr. Estevez's application to indicate that he would not dispense controlled substances at his request.

The Board discussed having Board Staff conduct additional inspections of Dr. Estevez's office for the first year.

Board Action:

Motion: Melissa Shake moved to approve Roger Estevez's Application for Authority to Dispense Drugs pending a positive inspection by Board Staff. Board Staff may conduct up to two additional inspections during the first year at Dr. Estevez's expense. Dr. Estevez must notify Board Staff prior to dispensing controlled substances.

Second: Robert Sullivan

Action: Passed unanimously

17. General Counsel Report

18. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses

One temporary license was issued since the last Board meeting.

- C. Staff Activities:
 - a. Meetings with other health care boards
 - b. Governor's Opioid Accountable Meeting - Paul
 - c. Rural Health Clinic Physicians - Paul
 - d. ASPL Meeting – Paul
 - e. NASCSA Meeting – Dave and Yen

- f. Crime Lab Meeting – Paul
 - g. Nevada Dentist – Paul
 - h. Nevada Health Conference -Yenh
 - i. Idaho State Student Rotation - Kayla Wallentine
- D. Board Related News:
- a. Licensing software update
 - b. Retirement of Ray Seidlinger

Mr. Wuest announced that Mr. Seidlinger would be retiring in February 2019.

- E. Licensing Activities Report:
- a. NABP Member Forum November 28-29 2018 – Melissa
 - b. PMP Integration
 - c. Yenh has complete CPM classwork and Capstone Project

Public Comment December 5, 2018, 3:00 PM

Michael Pitkin described some difficulties he's faced as a patient who is prescribed pain medications. He requested the Board consider these factors as they move forward in adopting new regulations.

Public Comment December 6, 2018, 9:00 AM

There was no public comment.

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

Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto providing for the prescribing or dispensing of controlled substances for the treatment of pain in conformance with Assembly Bill 474 from the 2017 Nevada Legislative Session. (LCB File No. R144-18)

The proposed amendments relate to controlled substances. They clarify the requirements a practitioner must follow when obtaining informed written consent to prescribe a controlled substance, entering into prescription medication agreements concerning a class of certain controlled substances and establishing a manner for obtaining an assessment of a patient's risk for abuse, dependency and addiction; and providing other matters properly relating thereto.

Mr. Wuest provided background information.

President Basch opened the Public Comment.

Catherine O'Mara, NSMA, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Ms. O'Mara expressed support of the proposed amendments as presented by Board Staff.

President Basch closed the Public Comment.

Board discussion ensued regarding clarification to Section 4 in regards to the prescription medication agreement.

Board Action:

Motion: Melissa Shake moved to adopt the proposed amendment with the modifications as discussed.

Second: Kevin Desmond

Action: Passed unanimously

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

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

Yenh Long explained that the proposed amendment would allow for an increase in the pharmaceutical technician to pharmacist ratio in non-dispensing pharmacy models.

President Basch opened the Public Comment.

Mr. Wuest presented written public comment from Lauren Paul, CVS Health, expressing support of the proposed amendments presented by Board Staff.

John McKigney, RPh, appeared and expressed concern that an increase in the pharmaceutical technician to pharmacist ratio could lead to an increase in errors.

President Basch closed the Public Comment.

Board discussion ensued regarding the pharmaceutical technician to pharmacist ratio in other states.

Board Action:

Motion: Robert Sullivan moved to adopt the proposed amendments and move forward to Public Hearing.

Second: Melissa Shake

Action: Passed unanimously

B. Amendment of Nevada Administrative Code (NAC) 453.550: Schedule V. The proposed amendment will add FDA approved cannabidiol to the controlled substances listed in Schedule V.

Kayla Wallentine presented information regarding the FDA approved cannabidiol, Epidolex.

Board Action:

Motion: Kevin Desmond moved to adopt the proposed amendments and move forward to Public Hearing.

Second: Melissa Shake

Action: Passed unanimously

21. Date and Location of Next Scheduled Board Meeting:

January 16-17, 2019 – Las Vegas, Nevada

22. Public Comment December 6, 2018 1:00 PM

There was no public comment.

3

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ASAP PHARMACY, INC.

Physical Address: 1361 MAIN ST. DUNEDIN, FLORIDA 34698

Mailing Address: 1361 MAIN ST. DUNEDIN, FLORIDA 34698

City: DUNEDIN State: FL Zip Code: 34698

Telephone: 727-281-8242 Fax: 727-281-8289

Toll Free Number: 727-281-8289 (Required per NAC 639.708)

E-mail: asapharmacy@verizon.net Website: NONE

Managing Pharmacist: ERICA LESTINI License Number: PH 20934

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

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

B

NEVADA STATE BOARD OF PHARMACY

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

Partnership - Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Metro Drugs Hoboken, LLC

Physical Address: 79 Hudson Street, Hoboken, New Jersey 07030

Mailing Address: 79 Hudson Street

City: Hoboken State: New Jersey Zip Code: 07030

Telephone: 201-253-1100 Fax: 201-253-1101

Toll Free Number: 1-888-475-2388 (Required per NAC 639.708)

E-mail: Roberts@metrodrugs.com Website: www.metrodrugs.com

Managing Pharmacist: Robert Schwartz License Number: 28RI03080800

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Motto Pharmacy Inc.

Physical Address: 4152 W Blue Heron Blvd Suite 129 Riviera Beach FL 33404

Mailing Address: 4152 W Blue Heron Blvd Suite 129

City: Riviera Beach State: FL Zip Code: 33404

Telephone: 561-881-0022 Fax: 561-881-0061

Toll Free Number: 866-204-5008 (Required per NAC 639.708)

E-mail: MottoFLrx@gmail.com Website: NA

Managing Pharmacist: Howard A Friedman License Number: PS27147

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
For the application to be complete

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

NEVADA STATE BOARD OF PHARMACY

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OptumRx, Inc. d/b/a OptumRx
 Physical Address: 7159 Corklan Drive, Flagler Center 300, Suites 100 and 110
 Mailing Address: 7159 Corklan Drive, Flagler Center 300, Suites 100 and 110
 City: Jacksonville State: FL Zip Code: 32258
 Telephone: 904-423-4214 Fax: 800-491-7997
 Toll Free Number: 800-788-4863 (Required per NAC 639.708)
 E-mail: orxpharmlic@optum.com Website: www.optumrx.com
 Managing Pharmacist: Smita H. Patel License Number: PS36193 (FL)

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
 For the application to be complete

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



**OptumRx, Inc.
d/b/a OptumRx**

OptumRx's home delivery pharmacies provide a variety of services to patients, including home delivery of medications, telephonic counseling, and prior authorization assistance. OptumRx's proposed pharmacy location in Jacksonville, Florida will be a non-dispensing pharmacy and will not store any drug inventory. Work done at this location will include:

- data entry of prescriptions by pharmacy technicians and pharmacist verification of same
- pharmacist transcribing of telephonic prescriptions from a provider
- consultation with practitioner regarding interpretation or clarification of the prescription and date in patient profile
- telephonic patient counseling by a Florida registered pharmacist
- resolution of claim adjudication issues.

This Florida pharmacy will support dispensing activities for pharmacies located in California, Indiana, Kansas, Nevada and New Jersey.

OptumRx's home delivery pharmacies are accredited by URAC and VIPPS.

OptumRx's home delivery pharmacies play an important role in providing healthcare services to local communities by offering patients the convenience of receiving their medication in the mail, which can improve medication adherence, lower medication cost for consumers, and allow underserved areas to receive high quality pharmacy services.

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
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Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Gabiga-Jordan, LLC d/b/a Pharmacy Care Providers of Georgia

Physical Address: 4046 Jimmie Dyess Pkwy Ste 100

Mailing Address: 4046 Jimmie Dyess Pkwy Ste 100

City: Augusta State: GA Zip Code: 30907

Telephone: 706-305-1359 Fax: 706-504-3787

Toll Free Number: 855-612-1390 (Required per NAC 639.708)

E-mail: rhampton@pcpgrx.com Website: N/A

Managing Pharmacist: Ruth Hampton License Number: RPH017527

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
For the application to be complete

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

R

NEVADA STATE BOARD OF PHARMACY

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: UBC Pharmacy

Physical Address: 4700 N Hanley, Suite B, Saint Louis, MO, 63134

Mailing Address: 4700 N Hanley, Suite B

City: Saint Louis State: MO Zip Code: 63134

Telephone: (314) 452 7475 Fax: (866) 750 9260

Toll Free Number: (855) 822 7948 (Required per NAC 639.708)

E-mail: therese.twomey@ubc.com Website: no pharmacy website

Managing Pharmacist: Katherine Therese Twomey License Number: 41391

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
 For the application to be complete

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

G

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

Partnership - Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Value Specialty Pharmacy, LLC

Physical Address: 1333 Plank Road, Suite 200

Mailing Address: 1333 Plank Road, SUite 200

City: Duncansville State: PA Zip Code: 16635

Telephone: 855-265-8008 Fax: 814-283-2219

Toll Free Number: 855-265-8008 (Required per NAC 639.708)

E-mail: nryan@valuedrugco.com Website: www.vsprx.com

Managing Pharmacist: Natalie M. Ryan License Number: RP446468

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service (delivery via FedEx)
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

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

H

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

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<input type="checkbox"/> New Pharmacy or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: <u>PH03412</u> Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AAA COMMUNITY PHARMACY

Physical Address: 7921 WESTMINSTER BLVD.

Mailing Address: 7921 WESTMINSTER BLVD.

City: WESTMINSTER State: CALIFORNIA Zip Code: 92683

Telephone: 714-988-6888 Fax: 714-677-2400

Toll Free Number: 888-666-0646 (Required per NAC 639.708)

E-mail: PINGONUSA@GMAIL.COM Website: N/A

Managing Pharmacist: MICHAEL DEPADUA CARLOS License Number: 63254

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
 For the application to be complete

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

J

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Acer Therapeutics Inc.

Physical Address: One Gateway Center, Ste. 351, 300 Washington St., Newton, MA 02458

City: Newton State: MA Zip Code: 02458

Telephone Number: 844-902-6100 Fax Number: N/A

Toll Free Number: 844-902-6100

E-mail: statelicensing@acertx.com Website: www.acertx.com

Facility Manager: Nancy Duarte-Lonnroth

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

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

10-K

K

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Acorda Therapeutics, Inc.

Physical Address: 420 Saw Mill River Road

City: Ardsley State: NY Zip Code: 10502

Telephone Number: 914-347-4300 Fax Number: 914-347-4560

Toll Free Number: N/A

E-mail: dsenatore@acorda.com Website: www.acorda.com

Facility Manager: Donna A. Senatore

Professional qualifications and experience of facility manager: Responsible for overall management of trade and specialty customer contracts and communications ensuring alignment and coordination with distribution and channel management strategy. Over 20 years of experience.

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) NA - See Attachment B
 Other: _____

10-K

L

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Agios Pharmaceuticals, Inc.

Physical Address: 88 Sidney Street

City: Cambridge State: MA Zip Code: 02139

Telephone Number: 617-649-8600 Fax Number: 617-649-8618

Toll Free Number: N/A

E-mail: Steve.hoerter@agios.com Website: www.agios.com

Facility Manager: Steven L. Hoerter

Professional qualifications and experience of facility manager: Chief Commercial Officer – oversees sales and marketing functions. Over 25 years of industry experience.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Authentic Medical
 Physical Address: 4470 Yankee Hill Rd. Ste 100 Rocklin, CA 95677
 City: Rocklin State: CA Zip Code: 95677
 Telephone Number: (888) 987-7739 Fax Number: (916) 644-6015
 Toll Free Number: _____
 E-mail: rsouza@authenticmed.com Website: www.authenticmed.com
 Facility Manager: Ricky Souza
 Professional qualifications and experience of facility manager: CA designated representative. medical field work for 12 years.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: AkaRx, Inc. dba Dova Pharmaceuticals

Physical Address: 240 Leigh Farm Rd., Suite 245

City: Durham State: NC Zip Code: 27707

Telephone Number: 919-748-5975 Fax Number: 919-748-5976

Toll Free Number: n/a

E-mail: licensing@dova.com Website: www.dova.com

Facility Manager: Mark W. Hahn

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

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
- Other: _____

Type of Products to be handled or wholesaled by firm:

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

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GENERAL INFORMATION to be completed be all types of ownership

Facility Name: EyePoint Pharmaceuticals US, Inc.

Physical Address: 480 Pleasant Street, Suite B300

City: Watertown State: MA Zip Code: 02472

Telephone Number: 617-926-5000 Fax Number: 617-926-5050

Toll Free Number: N/A

E-mail: jweet@eyepointpharma.com Website: www.eyepointpharma.com

Facility Manager: John F. Weet

Professional qualifications and experience of facility manager: See Attachment A

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Fisher BioServices, Inc.

Physical Address: 14665 Rothgeb Drive

City: Rockville State: MD Zip Code: 20850

Telephone Number: 301-315-8460 Fax Number: 301-294-4795

Toll Free Number: 240-618-1377

E-mail: cheryl.robinson@thermofisher.com Website: www.fisherbioservices.com

Facility Manager: Cheryl A. Robinson

Professional qualifications and experience of facility manager: Twenty-one years experience with applicant as a Principal Investigator - Research Grade Cranberry Product Development and Area Director, Pharmaceuticals Services.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Clinical Trial Sites

Type of Products to be handled or wholesaled by firm:

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



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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Harmony Biosciences, LLC

Physical Address: 630 W. Germantown Pike Suite 215

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone Number: (484) 539-9800 Fax Number: (610) 825-4641

Toll Free Number: N/A

E-mail: statelicense@harmonybiosciences.com Website: www.harmonybiosciences.com

Facility Manager: Jeffrey Dierks

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: IBSA Pharma Inc.

Physical Address: 8 Campus Drive, Suite 201

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: 908-280-1600 Fax Number: 908-292-1133

Toll Free Number: N/A

E-mail: aldo.donati@ibsapharma.com Website: www.ibsa-international.com

Facility Manager: Aldo Donati

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Ironshore Pharmaceuticals Inc.

Physical Address: 2370 State Route 70 West, Suite 309

City: Cherry Hill State: NJ Zip Code: 08002

Telephone Number: 856-312-3170 Fax Number: 856-312-3175

Toll Free Number: N/A

E-mail: don@ironshorepharma.com Website: Ironshorepharma.com

Facility Manager: Donald S. Allen

Professional qualifications and experience of facility manager: See Attachment D

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Innocoll Inc.

Physical Address: 3803 West Chester Pike, Suite 190

City: Newtown Square State: PA Zip Code: 19073

Telephone Number: 484-406-5200 Fax Number: 484-406-5201

Toll Free Number: N/A

E-mail: Tmoore@innocoll.com Website: www.innocoll.com

Facility Manager: Timothy J. Moore

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: Surgery centers

Type of Products to be handled or wholesaled by firm:

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: McKesson Medical-Surgical Inc.
 Physical Address: 3500 Centerpoint Drive, Ste. A
 City: Urbancrest State: NH Zip Code: 43123
 Telephone Number: 614-801-2900 Fax Number: 614-539-2619
 Toll Free Number: N/A
 E-mail: RegulatoryAffairs@mcKesson.com Website: WWW.mckesson.com
 Facility Manager: Steve Robenolt

Professional qualifications and experience of facility manager: More than 30 years Pharmaceutical distribution experience in various aspects of operations: Transportation, Inventory, Purchasing

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: _____

W

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: MD Logistics, Inc.

Physical Address: 2370 Perry Road

City: Plainfield State: IN Zip Code: 46168

Telephone Number: (317)707-3510 Fax Number: (317)707-3219

Toll Free Number: n/a

E-mail: cstinson@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Tim Lawyer

Professional qualifications and experience of facility manager: 8 years of pharmaceutical wholesale distribution manager experience.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Partner Therapeutics, Inc.

Physical Address: 19 Muzzey Street

City: Lexington State: MA Zip Code: 02141

Telephone Number: 781-218-9394 Fax Number: N/A

Toll Free Number: N/A

E-mail: John.Mulroy@partnertx.com Website: www.partnertx.com

Facility Manager: John M. Mulroy Jr.

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: Distributors, clinics, and oncology centers.

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Premier Dental Products Company

Physical Address: 1710 Romano Dr

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone Number: 610-239-6000 Fax Number: None

Toll Free Number: 888-670-6100

E-mail: cbraslow@premusa.com Website: www.premusa.com

Facility Manager: Mark Williams

Professional qualifications and experience of facility manager: Warehouse Manager at Premier Dental Products Company, September 1981-present (36 years)

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: _____

Z

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: PTC Therapeutics, Inc.

Physical Address: 100 Corporate Court

City: South Plainfield State: NJ Zip Code: 07080

Telephone Number: 908-222-7000 Fax Number: 908-222-1128

Toll Free Number: N/A

E-mail: djones@ptcbio.com Website: www.ptcbio.com

Facility Manager: Diane Jones

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

PT

AA

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

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(non-refundable and not transferable money order or cashier's check only)
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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Surgical Specialties Corporation

Physical Address: 1690 Brandywine Avenue, Suite A

City: Chula Vista State: California Zip Code: 91911

Telephone Number: 203.614.1347 Fax Number: N/A

Toll Free Number: N/A

E-mail: service@surgicalspecialties.com Website: www.surgicalspecialties.com

Facility Manager: Christopher Rispoli

Professional qualifications and experience of facility manager: CA Designated Rep license

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: _____

M/Gnu

BB

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

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<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH_02097 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: The Hilsinger Company

Physical Address: 4646 S. Overland Drive

City: Tuscon State: AZ Zip Code: 85714

Telephone Number: (520) 321-1262 Fax Number: (877) 321-1267

Toll Free Number: (800) 486-6169

E-mail: achirco@eyecareandcure.com Website: N/A

Facility Manager: Angie Chirco

Professional qualifications and experience of facility manager: Angie has helped this company obtain licenses from the following agencies: DEA, State Boards of Pharmacy, and the FDA

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: _____

manu

CC

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Woodfield Distribution, LLC

Physical Address: 5653 Creekside Parkway, Suite B

City: Lockbourne State: OH Zip Code: 43137

Telephone Number: (614)654-2444 Fax Number: (614)654-2445

Toll Free Number: N/A

E-mail: ARUNS@WDSRX.COM Website: WWW.WDSRX.COM

Facility Manager: Kevin Reynolds

Professional qualifications and experience of facility manager: (see attached)

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Retail Pharmacy Chains

Type of Products to be handled or wholesaled by firm:

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

DD

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Absolute Comfort Medical, Inc.

Physical Address: 11350 66th Street North Suite 107 Largo, FL 33773
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11350 66th Street North Suite 107

City: Largo State: FL Zip Code: 33773

Telephone: 727-440-9471 Fax: 727-440-9476

E-mail: info@absolutecomfortmedical.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kristina Wexler

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

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: Off the shelf Orthotics

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

Name: _____ Telephone: _____

EE

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: American Health Supply Inc.

Physical Address: 1080 NE Jensen Beach Blvd Jensen Beach FL 34957
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1080 NE Jensen Beach Blvd (Same AS Above)

City: Jensen Beach State: FL Zip Code: 34957

Telephone: 855-760-8957 Fax: 855-465-8682

E-mail: Aliciahernandez0311@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 1 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alicia Neely

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

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

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

Name: Azad Hasan Telephone: 843-208-3334

FF

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: Randy L Smith dba C+R Medical

Physical Address: 2908 SE Loop 820
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2908 SE Loop 820

City: Fort Worth State: TX Zip Code: 76140-1019

Telephone: 817-590-8166 Fax: 817-590-8271

E-mail: maria.leal@candrmedical.net Website: www.candrmedical.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 4pm Tue: 8am to 4pm Wed: 8am to 4pm Thu: 8am to 4pm
Fri: 8am to 4pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Maria E Leal-Garcia

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

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

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

Name: _____ Telephone: _____



NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: Inspire Medical Systems, Inc.

Physical Address: Joel C. Aaberg
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9700 63rd Avenue N., Suite 200

City: Maple Grove State: MN Zip Code: 55369

Telephone: 763.205.7972 Fax: 763.537.4310

E-mail: joelaaberg@inspiresleep.com Website: www.inspire.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00
Thu: 9:00 to 5:00 Fri: 9:00 to 5:00 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Joel C. Aaberg

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Implantable stimulator for sleep apnea</u> |

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

Name: _____ Telephone: _____

HH

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: ONE SOURCE MEDICAL GROUP LLC

Physical Address: 13910 LYNMAR BLVD., TAMPA, FL 33636
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 13910 LYNMAR BLVD

City: TAMPA State: FL Zip Code: 33626

Telephone: 866-834-7473 Fax: 877-490-9111

E-mail: Bmurphy@onesourcemg.com Website: www.onesourcemedicalgroup.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 4:00 Tue: 8:30 to 4:00 Wed: 8:30 to 4:0 Thu: 8:30 to 4:00
Fri: 8:30 to 4:00 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Beth Murphy

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

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

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

Name: Barbara Defoe Telephone: 866-834-7473

II

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: The Spectranetics Corporation

Physical Address: 9965 Federal Drive, Colorado Springs, CO 80921
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 719-447-2000 Fax: 719-447-2022

E-mail: drew.hill@philips.com Website: www.spectranetics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 AM to 5 PM Tue: 8 AM to 5 PM Wed: 8 AM to 5 PM Thu: 8 AM to 5 PM
Fri: 8 AM to 5 PM Sat: Closed to Closed Sun: Closed to Closed Holidays: Closed to Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Andrew J. Hill

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

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

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

Name: _____ Telephone: _____

N/A

JJ

KK

NEVADA STATE BOARD OF PHARMACY
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- New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- Publicly Traded Corporation – Pages 1,2,3,10,11a&b Partnership - Pages 1,2,6,10,11a&b
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BLISS PHARMACY

Physical Address: 6496 MEDICAL CENTER ST #101

City: LAS VEGAS State: NV Zip Code: 89148

Telephone: (702) 374-7344 Fax: IN PROCESS

Toll Free Number: IN PROCESS E-mail: LGMACARAEG@YAHOO.COM

Website: N/A

Managing Pharmacist: SOYOUNG EOM License Number: 18126

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

Yes/No

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

All boxes must be checked
For the application to be complete

KK

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

Publicly Traded Corporation – Pages 1,2,3,10,11a&b Partnership - Pages 1,2,6,10,11a&b
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dignity Health Rehabilitation Hospital

Physical Address: 2390 Siena Heights Drive

City: Henderson State: NV Zip Code: 89052

Telephone: 725-726-2000 Fax: 702-330-8072

Toll Free Number: n/a E-mail: n/a

Website: n/a

Managing Pharmacist: Daniel Kim License Number: 15620

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> <input type="checkbox"/> Hospital (# beds <u>00</u>)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: <u>-</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
All boxes must be checked	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding
For the application to be complete	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: <u>-</u>

LL

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

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

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

Application must be printed legibly or typed

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

- New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- Publicly Traded Corporation – Pages 1,2,3,10,11a&b
- Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
- Partnership - Pages 1,2,6,10,11a&b
- Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ETERNITY CARE INFUSION PHARMACY

Physical Address: 6725 S EASTERN AVE STE 8

City: LAS VEGAS State: NV Zip Code: 89002

Telephone: (702) 374-7344 Fax: IN PROCESS

Toll Free Number: IN PROCESS E-mail: LGMACARAEG@YAHOO.COM

Website: N/A

Managing Pharmacist: CLARE-LANIE MACARAEG License Number: 19507

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

NEVADA STATE BOARD OF PHARMACY

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

MM

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Precision Orthotics & Prosthetics

Physical Address: 7350 W. Cheyenne Ave #110 LV, NV 89129
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 526 S. Tonopah Dr. #120

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-243-7671 Fax: 702-259-7671

E-mail: precisionandp@yahoo.com Website: www.prostheticslasvegas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Jimmy Colson

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

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

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

4

**MATRIX GUIDELINE FOR
DISCIPLINARY ACTIONS**

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Administrative fee	\$495.00	\$495.00	\$495.00
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees will be added costs in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated August 2014

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH HC during data entry selected propranol rather than Protonix as prescribed then unintentionally deleted the prescription. The patient ingested the wrong medication for 20 days with alleged adverse effects. RPH AD was PIC at the time of the violations.	Fatigue and lightheadedness.	HC: letter of reprimand; \$2,750 fine; 4 additional hours of CE on error prevention and patient counseling AD: letter of reprimand and 4 additional hours of CE on pharmacy management.	\$1,000 fine; \$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and not delete a prescription returned because of an error.
RPH MT verified as accurate Adderall XR 25 mg. capsules rather than the prescribed Adderall ER 20 mg. capsules. She failed to act upon the DUR alert which indicated the potential for duplicate therapy and failed to counsel. The patient ingested the wrong medication for 30 days.	None reported.	Letter of reprimand; \$2,750 fine; and 4 additional hours of CE on error prevention and patient counseling.	\$1,500 administrative fee.
RPH DR entered 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules as prescribed. RPH MG verified, labeled and dispensed ampicillin 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules prescribed. RPH EB failed to adequately provide counseling.	Non-ingested.	RPH DR: registration is suspended; the suspension is stayed and RPH registration placed on probation for three months; four additional CEs on error prevention; \$3,000 fine. RPH MG: letter of reprimand: \$1,000 fine. RPH EB: letter of reprimand: \$750 fine; 2 additional CEs on patient counseling.	\$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and to not delete a prescription returned because of an error.
RPH JF created multiple fraudulent prescriptions for himself, family members and for technicians TB and IK.	N/A	RPH JF, technicians TB and IK registrations revoked.	N/A
RPH RE committed multiple compounding violations.	Non-Ingsted	RPH registration suspended; suspension stayed and registration placed on probation for 30 days; \$2,000 fine; \$1,500 administrative fee; no sterile	Develop policies and procedures.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		compounding; no non-sterile compounding until pharmacy staff complete a Board-approved compounding course.	
RPH DB verified as accurate Phenobarbital 15 mg. tablets with instructions to take 1 tablet twice daily; rather than the Phenobarbital 60 mg. tablets as prescribed. The patient ingested the wrong medication for 6 days.	Increased seizure activity.	Fined \$1,000; two additional hours of CE on error prevention; and public letter of reprimand.	\$1,500 administrative fee.
RPH NZ created a fraudulent prescription for a dangerous drug (Singulair) for herself and billed that prescription to an insurance provider. Respondent then furnished the dangerous drug to another person without a legal prescription.	N/A	Revoked	N/A
PT KY diverted 50-100 carisoprodol tablets monthly from her employing pharmacy beginning June 2015 until October 2017.	N/A	Revoked	N/A
TDs TJ and RVM dispensed controlled substances and dangerous drugs to patients without the prescriber's handwritten signature on each prescription; falsified the prescriber's signature on prescriptions for controlled substances and dangerous drugs; accessed the prescriber's inventory of controlled substances and dangerous drugs and dispensed them when the prescriber was not on-site at his medical office; dispensed controlled substances and dangerous drugs to patients who were not present at the prescriber's medical office,	N/A	Technician dispensing registrations revoked.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
including dispensing using the U.S. Mail and Federal Express; falsely documented patient initials and dates of service on patient informed consent labels.			
Action to parallel CA order which found RPH RD guilty of subverting or attempting to subvert an investigation of the CA board; aiding or abetting violations of pharmacy law; violation of the statutes regulating controlled substances.	N/A	Three year probation; cannot own NV pharmacy; notify Board Staff if he falls out of compliance with CA Order.	N/A
Action to parallel CA order which found PT CM guilty of engaging in the practice of pharmacy without being a registered pharmacist, (2) fraudulently holding herself out as a pharmacist when she is not, and (3) signing documents that falsely indicate that she is a pharmacist.	N/A	Revocation.	N/A
Physician RT aided and abetted his staff in the unlicensed practice of pharmacy by allowing them to use his authority to obtain and possess an inventory of controlled substances and dangerous drugs; issue prescriptions for controlled substances and/or dangerous drugs using pre-signed and copied prescription blanks or a stamp of his signature to patients with whom he had no bona fide therapeutic relationship; allowing his unlicensed staff access to his inventory of controlled substances and dangerous drugs when he was not on site at his facility; allowing his	N/A	Revocation	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
unlicensed staff to dispense prescriptions for controlled substances and dangerous drugs without him first personally checking the medications and initialing them before they were dispensed.			
Physician CW allowed his staff to dispense and be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription; allowed members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing; allowed unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions; allowed office staff access to the room or cabinet in which controlled substances and/or dangerous drugs are stored when he was not on-site at the facility; allowed his staff to dispense controlled substances or dangerous drugs when he was not on-site at his facility; allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express; allowed members of his office staff to falsely	N/A	Revocation.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
document patient initials and dates of service on patient informed consent forms.			
Pharmacists RA and NQ were responsible for a prescription that was mislabeled and dispensed with the wrong patient name; counseling was not provided.	Patient alleged that she experienced stomach issues.	RA voluntary surrender. NQ letter of reprimand; four additional hours of CE and retraining of the pharmacy staff in effective processes, error prevention and counseling.	\$1,000 administrative fee.
PTs AM and ND diverted controlled substances from their employing pharmacy.	N/A	Revocation.	N/A
IG used his PMP account for the unauthorized purpose of accessing the patient utilization report of an individual who was not his patient. He disclosed the patient's information to the press.	N/A	IG's CS and PD registrations are revoked; the revocation is stayed and the registrations are placed on probation for one year. IG shall implement internal controls and procedures; pay a \$10,000 fine; pay \$16,000 attorney's fees and costs.	N/A
RG, MB, VV: unauthorized accessed and/or allowed unauthorized access to the PMP.	N/A	RG-\$2,000 fine; \$5,000 administrative fee; submit for Board Staff approval P&P regarding proper PMP access and use. MB-\$2,000 fine; \$2,000 administrative fee; submit for Board Staff approval P&P regarding proper PMP access and use. VV-\$5,000 fine; \$5,000 administrative fee.	N/A
JC aided and abetted in the unlawful prescribing of controlled substances and dangerous drugs; prescribed to patients she did not have a bona fide relationship; drug storage and recordkeeping	N/A	Revoked; \$3,000 administrative fee.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
violations; allowed other practitioners to treat her patients and bill Medicaid and other commercial health insurance plans using her NPI.			
RPH LM failure to verify technician's work; dispensed medication without an expiration date; failure to counsel; failure to provide records. RPH TN responsible as managing pharmacist.	N/A	LM shall pay a \$2,000 fine; \$1,500 administrative fee; 2 CEs on supervising pharmacist; 2 CEs on recordkeeping; 2 CEs on counseling. TN shall pay a \$500 fine; \$500 administrative fee; 2 CEs on managing pharmacist responsibilities	WG shall pay a \$1,000 fine; \$1,000 administrative fee. WG will provide Board Staff its P&Ps regarding recordkeeping and shall meet with Board Staff to discuss the P&Ps. WG will distribute a copy of the approved P&Ps to each Nevada-licensed pharmacist and conduct training.
PT VA diverted controlled substances from her employing pharmacy.	N/A	Revoked	
PT TH did not disclose on her application that she had been charge, arrested or convicted of a felony or misdemeanor,	N/A	PT registration cancelled. She is eligible to reapply for a technician registration.	
DA provided pre-signed prescription blanks to a practitioner who is not licensed to prescribe controlled substances; prescribed controlled substances for patients he did not have a bona fide therapeutic relationship and outside the usual course of his profession as an anesthesiologist.		Revoked; revocation stayed; 5 year probation; \$10,000 fine and \$15,000 administrative fee.	

4A

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 18-104-RPH-S
)	
Petitioner,)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
DONALD COWLES, RPH)	
Certificate of Registration No. 09414,)	
)	
Respondent.)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Donald Cowles, RPH (Cowles), Nevada Pharmacist Registration No. 09414, was registered by the Board.

DISCIPLINARY HISTORY

II.

In August 2000, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Donald Cowles*, Case No. 00-045-RPH-N. The Board entered the Order based on the results of a random audit conducted by Board Staff, which identified that Cowles completed seven (7) units of the thirty (30) continuing education units (CEUs) he was required to complete for the biennial period November 1, 1997, to October 31, 1999. In the Order, the Board directed Cowles to complete the twenty-three CEUs he failed to complete for the biennial period November 1, 1997, to October 31, 1999, and sixty (60) CEUs for the biennial period November 1, 1999 to October 31, 2001. The Board also ordered Mr.

Cowles to pay an administrative fee and to take and pass the Nevada jurisprudence written examination. Cowles completed those CEUs as directed.

FACTUAL ALLEGATIONS

III.

On October 31, 2017, Cowles signed and submitted a renewal application to renew his pharmacist registration. On that renewal application, Cowles falsely attested that he had completed the required thirty (30) CEUs between November 1, 2015, and October 31, 2017.

IV.

Board Staff conducted a random audit of CEUs for the biennium ending October 31, 2017.

V.

Board Staff's CEU audit found that Cowles did not complete any CEUs for the biennial period November 1, 2015, to October 31, 2017.

FIRST CAUSE OF ACTION

VI.

“The Board shall not renew the certificate of any registered pharmacist until the applicant has submitted proof to the Board of the receipt of the required number of continuing education units, obtained through the satisfactory completion of an accredited program of continuing professional education during the period for which the certificate was issued.” NRS 639.2174.

Similarly, “[t]he Board will not issue a certificate as a registered pharmacist to any person . . . or renew the certificate of any registered pharmacist, until the applicant submits proof to the Board of receipt of 30 continuing education units within the biennium immediately preceding the current renewal period.” NAC 639.330.

By failing to submit evidence that he completed the thirty (30) CEUs he was required to complete for the November 1, 2015 to October 31, 2017 renewal period, Cowles violated NRS 639.2174 and NAC 639.330. That conduct is grounds for discipline pursuant to NRS 639.210(12) and NRS 639.255.

SECOND CAUSE OF ACTION

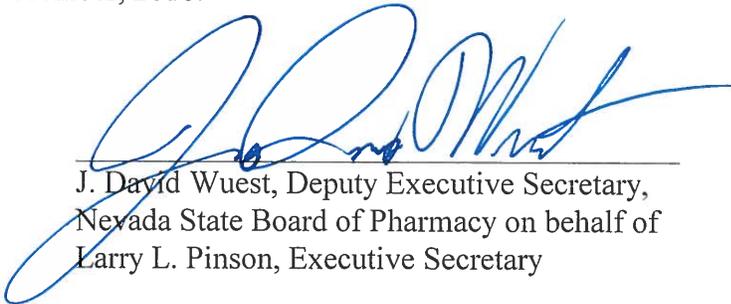
VI.

“Any person who secures or attempts to secure registration for himself or herself or any other person by making, or causing to be made, any false representation . . . is guilty of a misdemeanor.” NRS 639.281(1). “Any certificate issued by the Board on information later found to be false or fraudulent must be automatically cancelled by the Board.” NRS 639.281(2).

By submitting a paper renewal application falsely certifying that he completed all required CEUs for the biennial period of November 1, 2015 to October 31, 2017, Cowles secured the renewal of his Registration No. 09414 based on a false representation. As a result, Cowles Certificate of Registration No. 09414 “must be automatically cancelled by the Board.” NRS 639.281(1). That false representation also constitutes unprofessional conduct and conduct that is contrary to the public interest pursuant to NAC 639.945(1)(h). That conduct is grounds for discipline pursuant to NRS 639.210(1), (4), (9), (10), (12) and NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 12th day of December, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-104-RPH-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
DONALD COWLES, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 09414,	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 16, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

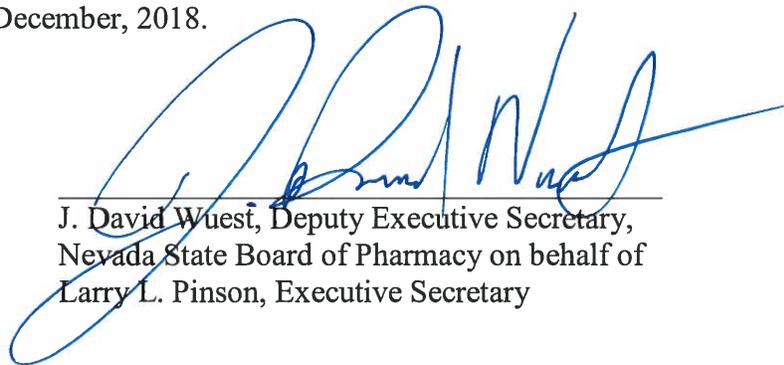
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 12th day of December, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-104-RPH-S
)	
Petitioner,)	
v.)	
)	
DONALD COWLES, RPH	)	ANSWER AND NOTICE
Certificate of Registration No. 09414,	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2018.

DONALD COWLES, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Donald Cowles, RPH
3697 Copper Cactus Drive
Las Vegas, NV 89129



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER**

v.

**DONALD OWEN COWLES, R.Ph.,
Certificate of Registration #9414,**

Case No. 00-045-RPH-S

Respondent.

_____ /

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 26, 2000, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel for the Board. Respondent Donald Owen Cowles appeared and represented himself. The Board presented the testimony of Lisa Adams. Based on the presentation of Mr. Cowles, the admissions of Mr. Cowles, and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. In his Answer and at hearing, Mr. Cowles admitted the facts as plead in the Notice of Intended Action and Accusation were true and correct. At hearing, Mr. Cowles testified by way of explanation and mitigation. Based upon the Respondent's admissions and the evidence presented at hearing, the following are found to be the facts of this matter.

2. Mr. Cowles timely submitted his application for renewal of his pharmacist's license in 1999. Mr. Cowles indicated on his application that he had completed 30

hours of continuing education. Mr. Cowles's renewal application was included in a random sample to be audited. The audit revealed that Mr. Cowles had only completed seven hours of continuing education between 11/1/97 and 10/31/99.

3. At hearing Mr. Cowles explained that he had done his continuing education, however he and his wife had a Nigerian minister staying in their home. The Nigerian minister and Mr. Cowles were doing some research and were storing the information they obtained in files in Mr. Cowles file cabinet. There was a parting of the ways and when the Nigerian minister left Mr. Cowles home, he took the research documents and Mr. Cowles continuing education files.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and this respondent because Mr. Cowles is a pharmacist licensed by the Board.

2. In indicating on his renewal application that he had completed 30 hours of continuing education on his 1999 renewal application when he could actually prove only 7 hours of continuing education, Mr. Cowles violated NRS 639.210(4) and (9) and 639.2174(2) and NAC 639.330 and 639.390.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Cowles shall complete 23 hours of continuing education within 30 days of the effective date of this Order. Mr. Cowles shall provide to the Board's Reno office copies of certificates evidencing the completion of the 23 hours of continuing education, which mailing must be postmarked no later than 30 days from the effective date of this Order.

2. Mr. Cowles shall take and pass the Nevada jurisprudence written examination within 30 days of the effective date of this Order.
3. For the renewal period of 11/1/99 through 10/31/01, Mr. Cowles shall complete 60 hours of continuing education.
4. For the renewal period of 11/1/99 through 10/31/01, Mr. Cowles's continuing education hours will be audited to verify that he has completed the 60 hours of continuing education required by this Order.
5. Mr. Cowles shall pay the Board's administrative fee of \$250.00 in cash, cashier's or certified check, or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 90 days of the effective date of this Order.
6. The failure by Mr. Cowles to comply with any term in this order shall result in the immediate suspension of his license and will also result in further discipline, up to and including revocation of the his license.

Signed and effective this 22nd day of August, 2000.


Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DONALD OWEN COWLES, R.PH,
Certificate of Registration No. 9414,**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

Case No. 00-045-RPH-S

Respondent.

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent is a registered pharmacist with the Board.

II.

Mr. Cowles checked his pharmacist license renewal application indicating he had completed 30 CEU's. During a random continuing education audit it was revealed he had only completed 7.0 CE units between November 1, 1997 and October 31, 1999. The audit also revealed that Mr. Cowles had completed no other CE units after October 31, 1999.

FIRST CAUSE OF ACTION

III.

By indicating on his renewal application that he had completed 30 CEU's during the biennial period November 1, 1997 to October 31, 1999 when he actually had only completed 7.0 CEU's, Mr. Cowles violated NRS 639.210(4) and (9) and 639.2174(2) and Nevada Administrative Code (NAC) 639.330 and 639.390.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 23rd day of June, 2000.



Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

Case No. 00-045-RPH-S

DONALD OWEN COWLES, R.PH
Certificate of Registration No. 9414,

Respondent.

_____ /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That a hearing on the Notice of Intended Action and Accusation (is) ~~(is not)~~ requested (delete inapplicable term).

2. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

None - wish to present further evidence

///

3. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 5th day of July, 2000.



Donald Owen Cowles, R.Ph

5513 Bromley Avenue
Las Vegas, NV 89107
11 February 2000

Nevada State Board of Pharmacy
555 Double Eagle Court, Suite 1100
Reno, NV 89511-8991

Dear Mr. McDonald:

In response to our conversation of 9 February 2000, I am writing this letter to inform the Board concerning my situation.

In April, 1999, my wife and I took into our home a gentleman from Nigeria. He said that he was a pastor and was in the U. S. to acquire materiel for his missions. Since we had met him at a church, heard him preach, saw documents verifying his mission address in Nigeria and had been ingtroduced to him by a fellow Nigerian who attended the church at which we met him we assumed that he was valid. Over the next 5 months, we assisted him in a number of ways to acquire the materiel that he was attempting to accumulate. By the middle of September, we were finding out information that was not placing him in good light. We asked him to leave our home just after the middle of September. When he left, he took some files that were in my file cabinet with names and addresses of people we had been in contact. He also, whether puposefully or not, took my file with my continuing education certificates.

Due to that circumstance and the fact that I did not copy those certificates, I am at this time able to only produce 7 hours of continuing education. I am willing to do an additional 23 hours of continuing education if allowed to do that plus any additional you may consider necessary for a penalty as well as pay a fine if needed. I did believe that I had the certificates at the time I signed my licensure application. Please let me know at the soonest what will be necessary to satisfy the Board's desire and I will accomplish it at the soonest possible.

I have been unable to locate Mr. (I cannot call him pastor) Venture Omar as he travels a lot and has no phone at his supposed ministry headquarters.

Thank you for your consideration.



Donald O. Cowles, R. Ph. #9414

4B

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 18-105-RPH-S
)	
Petitioner,)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
WILLIE BAWARSKI, RPH)	
Certificate of Registration No. 17952,)	
)	
Respondent.)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Willie Bawarski (Bawarski), Nevada Pharmacist Registration No. 17952, was registered by the Board.

DISCIPLINARY HISTORY

II.

In May 2013, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Willie Bawarski*, Case No. 12-062-RPH-S. In that case, Bawarski failed to adequately address a Drug Utilization Review (DUR) warning indicating that the patient was allergic to the subject medication. Bawarski’s pharmacy dispensed the medication, which the patient ingested, resulting in her hospitalization. After a disciplinary hearing, the Board placed Bawarski’s pharmacist registration on probation for one year, ordered him to pay a fine of \$1,000.00 and to complete additional continuing education units (CEU).

III.

In November 2017, the Board entered another Order against Bawarski in *Board of*

Pharmacy v. Willie Bawarski, Case No. 15-043-RPH-S. In that case, Bawarski verified as accurate data that was incorrect in his pharmacy's computer system. He later approved the prescription label containing the erroneous data as accurate, resulting in a dosing error. After a disciplinary hearing, the Board ordered Bawarski to pay a fine of \$1,000.00, pay a \$1,500.00 administrative fee and complete four additional CEUs.

FACTUAL ALLEGATIONS

IV.

On October 18, 2015, Bawarski signed and submitted a paper renewal application certifying that he completed all of the thirty (30) CEU hours required for the biennium ending October 31, 2015. The renewal application states: "By signing below, you certify that you have completed ALL required CE Hours due for the 15/17 Renewal period. (*Dated from Nov. 1, 13 – Oct. 31, 15*; 1.25hrs per mo.)".

V.

Board Staff conducted a random audit of CEUs for the biennium ending October 31, 2015.

VI.

The audit found that Bawarski completed only twenty (20) hours of the thirty (30) hours he was required to complete for the period November 1, 2013, to October 31, 2015.

VII.

In March 2016, Board Staff sent Bawarski a letter (the "March 2016 Letter") informing him of the audit findings.

VIII.

In the March 2016 letter, in lieu of formal discipline, Board Staff directed Bawarski to complete a total of eighty-five (85) CEUs for the biennium ending October 31, 2017. The 85 CEUs consisted of:

1) The ten (10) CEUs Bawarski failed to complete for the renewal period of November 1, 2013, to October 31, 2015;

2) Forty-five (45) additional hours of CEUs for the renewal period ending October 31, 2017, as a penalty for his noncompliance during the prior biennium; and

3) The required thirty (30) hours of CEUs for the renewal period ending October 31, 2017.

IX.

The March 2016 Letter informed Bawarski that his CEUs would be audited again for the renewal period ending on October 31, 2017, to verify his compliance with the March 2016 Letter.

X.

Board Staff conducted an audit in February 2018, of Bawarski's CEUs for the biennium ending October 31, 2017.

XI.

The audit found that Bawarski failed to comply with the Board's instructions. Bawarski completed only forty-six and one-half hours (46.5) of the required eighty-five (85) CEU hours.

XII.

On September 7, 2017, Bawarski electronically submitted his pharmacist license renewal application for the biennium ending October 31, 2019. On that application Bawarski falsely attested that he had completed eighty five (85) CEUs between November 1, 2015, and October 31, 2017.

FIRST CAUSE OF ACTION

XIII.

“The Board shall not renew the certificate of any registered pharmacist until the applicant has submitted proof to the Board of the receipt of the required number of continuing education units obtained through the satisfactory completion of an accredited program of continuing professional education during the period for which the certificate was issued.” NRS 639.2174.

Similarly, “[t]he Board will not issue a certificate as a registered pharmacist to any person . . . or renew the certificate of any registered pharmacist, until the applicant submits proof to the

Board of receipt of 30 continuing education units within the biennium immediately preceding the current renewal period.” NAC 639.330.

By failing to submit evidence that he completed ten (10) of the thirty (30) CEUs he was required to complete for the renewal period of November 1, 2013, to October 31, 2015; by failing to submit evidence that he fully completed the forty-five (45) CEUs he was directed to complete in lieu of formal discipline in the March 2016 Letter; and by failing to submit evidence that he completed the thirty (30) CEUs he was required to complete for the November 1, 2015 to October 31, 2017 renewal period, Bawarski violated NRS 639.2174 and NAC 639.330. That conduct is grounds for discipline pursuant to NRS 639.210(12) and NRS 639.255.

SECOND CAUSE OF ACTION

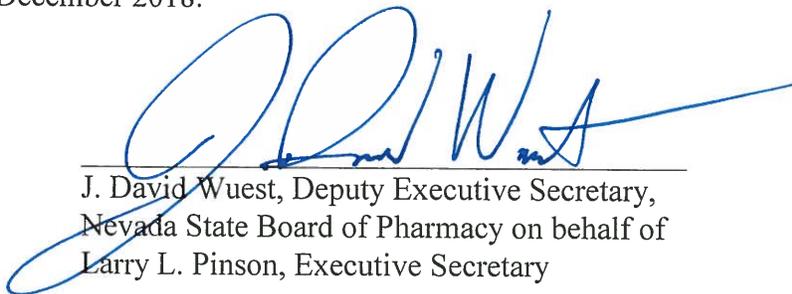
XIV.

“Any person who secures or attempts to secure registration for himself or herself or any other person by making, or causing to be made, any false representation . . . is guilty of a misdemeanor.” NRS 639.281(1). “Any certificate issued by the Board on information later found to be false or fraudulent must be automatically cancelled by the Board.” NRS 639.281(2).

By submitting a paper renewal application falsely certifying that he completed all required CEUs for the biennial period of November 1, 2013 to October 31, 2015, and by submitting an electronic renewal application falsely certifying that he completed all required CEUs for the biennial period November 1, 2015, to October 31, 2017, Bawarski secured the renewal of his Registration No. 17952 based on false representations twice. As a result, Bawarski’s Certificate of Registration No. 17952 “must be automatically cancelled by the Board.” NRS 639.281(1). Those false representations also constitute unprofessional conduct and conduct that is contrary to the public interest pursuant to NAC 639.945(1)(h). That conduct is grounds for discipline pursuant to NRS 639.210(1), (4), (9), (10), (12) and NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 13th day of December 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-105-RPH-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
WILLIE BAWARSKI, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17952,	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 16, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

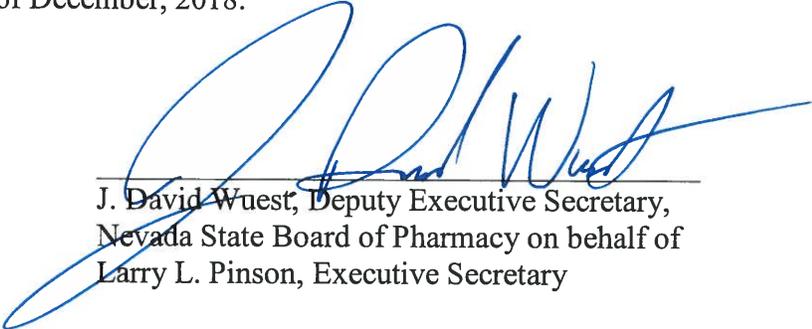
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 12th day of December, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 18-105-RPH-S
)	
Petitioner,)	
v.)	
)	
WILLIE BAWARSKI, RPH	)	ANSWER AND NOTICE
Certificate of Registration No. 17952,	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2018.

WILLIE BAWARSKI, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Willie Bawarski, RPH
3420 Lockport Street
Las Vegas, NV 89129


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-062-RPH-S
Petitioner,	)	CASE NO. 12-062-PH-S
v.)	
	)	FINDINGS OF FACT,
WILLIE BAWARSKI, RPH	)	CONCLUSIONS OF LAW
Certificate of Registration No. 17952	)	AND ORDER
)	
WALGREENS PHARMACY #07864)	
Certificate of Registration No. PH01977)	
)	
Respondents	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on April 17, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney Rob Graham, of Rob Graham and Associates, represented respondents Willie Bawarski, RPH and Walgreens Pharmacy #07864 (Walgreens). Based on the evidence, including testimony and public records, presented at the hearing, the Board enters the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Willie Bawarski, RPH was a pharmacist licensed by the Board when the events at issue in this matter occurred.
2. Respondent Walgreens, located at 7755 North Durango Drive, Las Vegas, Nevada, was a pharmacy licensed by the Board when the events at issue in this matter occurred.
3. In December 2011, a physician’s assistant saw ten-year-old patient A.G., and prescribed to her erythromycin 250 mg. tablets, with instructions to take one tablet twice daily.
4. A.G.’s mother presented the prescription to Walgreens, and picked up A.G.’s medication the same day.
5. Walgreens routinely fills patient AG’s prescriptions.

6. The drug allergy profile Walgreens maintains for patient A.G. includes a warning that A.G. is severely allergic to erythromycin, and brand name Zithromax (azithromycin), a derivative from erythromycin.

7. As part of the filling process, a Walgreens pharmaceutical technician input the original data for A.G.'s prescription into Walgreens's computer system. During the input, a Drug Utilization Review (DUR) warning appeared on the screen indicating that A.G. has a severe allergy to erythromycin.

8. Respondent Bawarski overrode the DUR warning within three seconds of its appearance, without taking action to contact the prescriber or prevent A.G. from receiving the medication.

9. The Walgreens pharmaceutical technician who was on duty at the time filled the prescription, which Respondent Bawarski subsequently verified.

10. Patient A.G. took the erythromycin as prescribed for seventeen days.

11. Patient A.G. experienced a rash over her entire body, which worsened over time, causing severe pain, swelling, loss of hair and fingernails.

12. Patient A.G. went to the University Medical Center (UMC), where physicians diagnosed her condition as an allergic reaction to erythromycin.

13. Patient A.G. was hospitalized for eight days in the UMC Intensive Care Unit and the UMC Burn Unit.

14. Prior to, and at the hearing, Respondent Bawarski and an authorized representative of Respondent Walgreens admitted to the allegations in the Accusation on file in this matter, which are set forth above.

15. Separate and apart from the discipline ordered below against Mr. Bawarski, at the hearing, Walgreens, by and through its counsel, offered to stipulate to a procedure under which Walgreens will demonstrate to Board Staff within thirty days of this Order that each of its

pharmacists and pharmaceutical technicians working in Nevada have read, and have agreed to comply with, Walgreen's policies and procedures regarding the resolution of drug utilization review warnings.

16. During the hearing, the Board accepted Walgreen's offer to stipulate.

CONCLUSIONS OF LAW

17. The Board has jurisdiction over this matter, and over respondents Mr. Bawarski and Walgreens Pharmacy #07864.

18. By overriding the DUR warning and filling patient A.G.'s prescription for erythromycin without taking proper steps to address the DUR warning, Respondent Bawarski is guilty of unprofessional conduct in violation of NRS 639.210(4).

19. Respondent Bawarski is guilty of performing his duties as a pharmacist in an incompetent, unskillful or negligent manner, as set forth herein, in violation of NAC 639.945(1)(i).

20. Respondent Walgreens #07864 is not guilty of the violations set forth in the Accusation on file in this matter.

ORDER

Based upon the foregoing, the BOARD HEREBY ORDERS:

21. Respondent Willie Bawarski, RPH shall, in addition to the continuing education requirements set forth by regulation, take a one-hour continuing education course on ethics, and an additional one-hour continuing education course on error prevention, both of which must be pre-approved by the Board Staff.

22. Respondent Bawarski shall pay a fine of \$1,000.00.

23. Respondent Bawarski's registration shall be placed on probation for a period of twelve months, beginning on the date of this Order. During the probationary period, Respondent

Bawarski shall self-report any errors that result from any failure to follow procedures by him, or within the pharmacy over which he has responsibility as a pharmacist in charge (PIC).

24. Respondent Bawarski shall pay the fines set forth herein by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days of the effective date of this Order.

25. The failure by Respondent Bawarski to comply with any term in this Order shall result in the immediate suspension of his license until all terms have been complied with and will result in further discipline, up to, and including revocation of his license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 13 day of May 2013.



Kamlesh Gandhi, President
Nevada State Board of Pharmacy

IV.

Walgreens Pharmacy #07864 routinely fills Patient AG's prescriptions. Medications listed on Patient AG's drug allergy profile in Walgreens' computer system include erythromycin and brand name Zithromax (azithromycin), a derivative from erythromycin.

V.

During the investigation of this matter, the Board Investigator learned that a pharmaceutical technician input the original prescription data into the computer system. During input at 3:50:33 p.m., a Drug Utilization Review (DUR) warning appeared on the screen for Drug/Allergy, Severity Level: Major. A DUR warning prevents the technician from further processing until a pharmacist reviews and overrides the warning. At 3:50:36 p.m., Pharmacist Bawarski overrode the DUR warning. The prescription was filled by a pharmaceutical technician and verified by Pharmacist Bawarski. The pharmacy system-generated consultation message indicates that patient counseling was declined.

VI.

When interviewed by the Board Investigator, Pharmacist Bawarski said he did override the DUR warning three seconds after the appearance of the DUR alert. He admitted that he could not have checked the patient profile, contact the patient, and call the physician within three seconds. He acknowledged that he could have prevented the allergic reaction experienced by Patient AG by following the proper protocol for the severity level of the DUR warning. In his written statement, pharmacist Bawarski indicated that Patient AG had a previous allergy to azithromycin documented in her profile, but he failed to recognize this and consult the patient's parents or the prescriber.

FIRST CAUSE OF ACTION

VII.

In dispensing a prescription to Patient AG for erythromycin where Walgreens #07864's computer system contained documentation and warned of an allergy to erythromycin in her medication profile, and in failing to act upon the DUR allergy warning, Willie Bawarski violated NRS 639.210(4) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the alleged violations occurred, Walgreens Pharmacy #07864 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 8th day of March, 2013.



Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-062-RPH-S
Petitioner,)	
v.)	
	)	ANSWER AND
WILLIE BAWARSKI, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 17952)	
Respondent)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2013.

Willie Bawarski, R.Ph.

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-043-RPH-S
	)	CASE NO. 15-043-PH-S
)	
Petitioner,)	
	)	FINDINGS OF FACT,
v.	)	CONCLUSIONS OF LAW
	)	AND ORDER
WILLIE BAWARSKI, RPH)	
Certificate of Registration No. 17952)	
)	
WALGREENS PHARMACY #07864)	
Certificate of Registration No. PH01977)	
)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on October 18, 2017, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Attorney William J. Stilling of and for Kimball Legal represented respondents Willic Bawarski, RPH, Certificate of Registration No. 17952 (Bawarski), and Walgreens Pharmacy #07864, Certificate of Registration #PH01977 (Walgreens).

Based on the evidence, including testimony and public records, presented at the hearing, the Board enters the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

On October 18, 2017, Respondents, through their counsel, entered into a set of *Stipulated Facts*, a copy of which is attached hereto as **Exhibit 1** and incorporated herein by reference. The facts to which Respondents, and each of them, stipulated are as follows:

1. The Board has jurisdiction over this matter and each of the above-named Respondents because at the time of the alleged events, Bawarski was a pharmacist registered by the Board and Walgreens was a pharmacy licensed by the Board.

2. Bawarski was the managing pharmacist, or pharmacist in charge (PIC), of Walgreens at the time of the events set forth herein.
3. In May 2015, patient J.C. received a prescription from her physician calling for Tegretol (generic is carbamazepine) 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then take one tablet every twelve (12) hours as needed.
4. On May 20, 2015, the prescription was tendered to Walgreens, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.
5. During data entry, N.H. substituted generic carbamazepine 200 mg. tablets for the Tegretol 100 mg. tablets prescribed.
6. The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.
7. N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.
8. The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue

9. The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment (i.e., 100 mg). The dosing instructions for the subsequent days was double the strength prescribed (i.e., 400 mg instead of 200 mg).

10. Bawarski was the verifying pharmacist for prescription no. 1230834. He failed to detect the dosing error when he verified data entry and the final product as accurate.

11. In his written statement to the Board, Bawarski noted that he “did not realize the dosage issue” during verification.

12. Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

13. J.C.’s husband picked up the medication from Walgreens.

14. J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days.

15. J.C. experienced adverse physical effects because of the error.

16. Pharmacist R.K. detected the error during the data review process when refilling J.C.’s prescription on June 7, 2015.

17. R.K. closed prescription no. 1230834 in the pharmacy computer system.

18. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

CONCLUSIONS OF LAW

19. The Board has jurisdiction over this matter and over Respondents Bawarski and Walgreens, as stated in paragraph 1 above.

20. Bawarski violated NRS 639.210(4) when he engaged in unprofessional conduct, as that term is defined in NAC 639.945(1)(d) and/or (i). Bawarski acted unprofessionally by verifying as accurate erroneous data entered in Walgreens computer system and approving the prescription label as accurate when it was not, resulting in a dosing error for the patient.

21. As the pharmacy in which Bawarski’s violations occurred, Walgreens is responsible for those actions pursuant to NAC 639.945(2).

22. During the hearing, Board Staff withdrew the Second and Third Causes of Action.

ORDER

Based upon the foregoing, the BOARD HEREBY ORDERS:

23. Respondent Bawarski shall pay a fine of one thousand dollars (\$1,000.00). He shall pay the fine by cashier's or certified check or money order made payable to "*State of Nevada, Office of the Treasurer,*" to be received by the Board's Reno office within 60 days of the effective date of this Order.

24. Additionally, Bawarski shall, in addition to the continuing education requirements he must ordinarily complete to maintain his pharmacist registration, and within six (6) months of the execution date of this Order, take four (4) one-hour continuing education courses on topics relating to error prevention and/or managing pharmacist responsibilities.

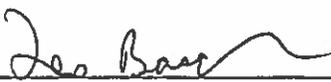
25. Respondent Walgreens shall pay an administrative fee of one thousand five hundred dollars (\$1,500.00) to partially reimburse the Board for its costs and expenses associated with investigating and prosecuting this action.

26. It shall pay that administrative fee by cashier's or certified check or money order made payable to the "*Nevada State Board of Pharmacy,*" to be received by the Board's Reno office within 60 days of the effective date of this Order.

27. Any failure by Bawarski to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of his license until he has complied with all of the terms. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 17 day of November, 2017.



 Leo Basch, President
 Nevada State Board of Pharmacy

NBOP
Bawarski Order

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

WILLIE EDWARD BAWARSKI, RPH
Certificate of Registration No. 17952,
JENNIFER T. CHAN, RPH
Certificate of Registration No. 14660, and
WALGREENS PHARMACY #07864
Certificate of Registration No. PH01977,

Respondents.

CASE NO. 15-043-RPH-A-S
15-043-RPH-B-S
15-043-PH-S

STIPULATED FACTS
(All Bawarski and Walgreens Only)

S. Paul Edwards, Esq., General Counsel for Petitioner the Nevada State Board of Pharmacy (Board) and Respondents Willie Edward Bawarski, Certificate of Registration No. 17952, and Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens) (collectively referred to herein as "Respondents") by and through their counsel William J. Stilling of and for Kimball Legal,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter and each of the above-named Respondents because at the time of the alleged events, Respondent Mr. Bawarski was a pharmacist registered by the Board and Respondent Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens), was a pharmacy licensed by the Board.
2. Mr. Bawarski was the managing pharmacist, or pharmacist in charge (PIC), of Walgreens at the time of the events set forth herein.
3. In May 2015, patient J.C. received a prescription from her physician calling for Tegretol (generic is carbamazepine) 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then take one tablet every twelve (12) hours as needed.

4. On May 20, 2015, the prescription was tendered to Walgreens, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

5. During data entry, N.H. substituted generic carbamazepine 200 mg. tablets for the Tegretol 100 mg. tablets prescribed.

6. The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

7. N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

8. The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.

Medication	Directions for Use
Prescribed: Tegretol 100 mg. tablets	take 1 tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue
Dispensed: Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days then take 1 tablet every 12 hours as needed and continue

9. The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment (i.e., 100 mg). The dosing instructions for the subsequent days was double the strength prescribed (i.e., 400 mg instead of 200 mg).

10. Mr. Bawarski was the verifying pharmacist for prescription no. 1230834. He failed to detect the dosing error when he verified data entry and the final product as accurate.

11. In his written statement to the Board, Mr. Bawarski noted that he "did not realize the dosage issue" during verification.

12. Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

13. J.C.'s husband picked up the medication from Walgreens.

14. J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days.

15. J.C. experienced adverse physical effects because of the error.

16. Pharmacist R.K. detected the error during the data review process when refilling J.C.'s prescription on June 7, 2015.

17. R.K. closed prescription no. 1230834 in the pharmacy computer system.

18. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

Respondents, and each of them, have fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the factual statements set forth herein. These Stipulated Facts supersede and replace the factual allegations in the Notice of Intended Action and Accusation.

Acknowledged and Agreed

Nevada State Board of Pharmacy

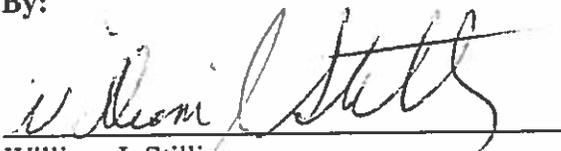
By:



S. Paul Edwards
Attorney for Nevada Board of Pharmacy

Respondents

By:



William J. Stilling
Of and for Kimball Legal
Attorneys for
Willie Edward Bawarski, RPh
Walgreens Pharmacy #07864

Dated: 10/19/17

Dated: 10/18/17

SEP 13 2017

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WILLIE EDWARD BAWARSKI, RPH

Certificate of Registration No. 17952,

JENNIFER T. CHAN, RPH

Certificate of Registration No. 14660, and

WALGREENS PHARMACY #07864

Certificate of Registration No. PH01977,

Respondents.

CASE NO. 15-043-RPH-A-S

15-043-RPH-B-S

15-043-PH-S

NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Willie Edward Bawarski, Certificate of Registration No. 17952 (Mr. Bawarski), and Respondent Jennifer T. Chan, Certificate of Registration No. 14660 (Ms. Chan) were pharmacists registered by the Board; and Respondent Walgreens Pharmacy #07864, Certificate of Registration No. PH01977 (Walgreens) was a pharmacy registered by the Board.

FACTUAL ALLEGATIONS

II.

On or about May 20, 2015, Patient J.C. saw her physician and received a prescription for Tegretol 100 mg. tablets with instructions to take one tablet every day for seven (7) days, then

take one tablet every twelve (12) hours as needed.

III.

J.C. tendered the prescription to Walgreens on May 20, 2015, where pharmaceutical technician N.H. entered the data into Walgreens' computer system. The computer system designated the prescription as no. 1230834.

IV.

Walgreens did not have the name brand product Tegretol (generic name carbamazepine) in stock.

V.

During data entry, N.H. substituted generic *carbamazepine 200 mg.* tablets for the *Tegretol 100 mg.* tablets prescribed.

VI.

The substitution of carbamazepine 200 mg. tablets required N.H. to convert the dosage to equate the strength prescribed for the 100 mg. Tegretol tablets.

VII.

N.H. entered erroneous instructions for use during the data entry of carbamazepine 200 mg. tablets.

VIII.

The following table lists the drug names with the directions for use prescribed and the incorrect directions for use included on the prescription label dispensed to J.C.:

Medication	Directions for Use
<u>Prescribed:</u> Tegretol 100 mg. tablets	take 1 tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (<i>200 mg/day</i>)
<u>Dispensed:</u> Carbamazepine 200 mg. tablets	take ½ tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours as needed (<i>400 mg/day</i>)

IX.

The label on the dispensed carbamazepine included the correct dosage strength for the initial seven-day course of treatment. The dosing instructions for the subsequent days was double the strength prescribed.

X.

Mr. Bawarski was the verifying pharmacist for prescription no. 1230834. Mr. Bawarski failed to detect the dosing error when he verified data entry and the final product as accurate.

XI.

Mr. Bawarski admits that he “did not realize the dosage issue” during verification and does not look at the prescription image unless he has a question or concern regarding the medication.

XII.

Pharmacy records show that patient counseling was declined. The counseling pharmacist of record was Ms. Chan.

XIII.

J.C.’s husband picked up the medication from Walgreens and maintains that counseling was not provided or offered.

XIV.

J.C. ingested carbamazepine at two times the prescribed dose for twelve (12) days, which caused her to experience adverse effects including migraines, nausea, lightheadedness, and extreme fatigue for approximately one month.

XV.

Pharmacist R.K. detected the error during the data review process when refilling J.C.’s prescription on June 7, 2015. R.K. closed prescription no. 1230834 in the pharmacy computer system. R.K. created a new prescription for carbamazepine 200 mg. tablets with the correct directions for use. The computer designated the prescription as no. 1237552.

FIRST CAUSE OF ACTION

(Respondent Bawarski)

XVI.

Nevada Administrative Code (NAC) 639.945(1)(d) defines unprofessional conduct to include the failure by a licensee to follow strictly the instructions of a prescriber when filling, labeling and dispensing a prescription. Unprofessional conduct also includes performing duties in an “incompetent, unskillful or negligent manner”. *See* NAC 639.945(1)(i).

Mr. Bawarski violated NAC 639.945(1)(d) and/or (i) by verifying the data entry and final product of prescription no. 1237552, in which a technician’s erroneous data entry of the directions for use resulted in the patient ingesting two times the prescribed dose. Mr. Bawarski verified as accurate carbamazepine 200 mg. tablets with instructions to take ½ tablet each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (*400 mg/day*); rather than the prescribed carbamazepine 100 mg. tablets with instructions to take tablet 1 each day for 7 days (100 mg/day) then take 1 tablet every 12 hours (*200 mg/day*).

SECOND CAUSE OF ACTION

(Respondent Chan)

XVII.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient’s record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient’s therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug. Further, NAC 639.945(1)(i) defines unprofessional conduct as performing duties in an “incompetent, unskillful or negligent manner”.

Ms. Chan violated NRS 639.266, NAC 639.707(1) and (2), and NAC 639.945(1)(i), when

she failed to adequately counsel J.C's husband regarding the new prescription for carbamazepine 200 mg tablets (prescription no. 1230834) . That error, combined with other errors within the pharmacy, caused the pharmacy to dispense the medication with the incorrect directions for use.

THIRD CAUSE OF ACTION

(Respondent Bawarski)

XVIII.

As the managing pharmacist/pharmacist in charge of Walgreens Pharmacy #07864 at the time of each of the violations alleged herein, Respondent Bawarski is responsible for those violations, including those of his employees. *See* NRS 639.0087, NRS 639.210(15), NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2).

FOURTH CAUSE OF ACTION

(Respondent Walgreens #07864)

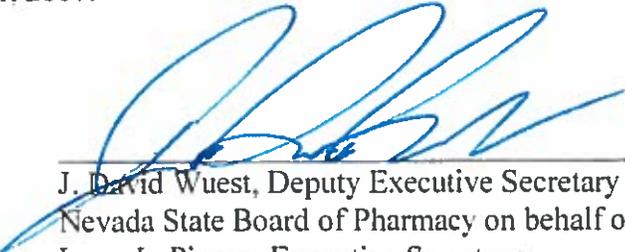
XIX.

As the pharmacy in which the violations alleged above occurred, Walgreens is responsible for the actions of respondents Willie Edward Bawarski and Jennifer T. Chan, as alleged herein, pursuant to NAC 639.945(2).

For the forgoing error and violations, the license(s)/registration(s) of Respondents, and each of them, are subject to discipline, suspension, or revocation pursuant to the previously cited statutes and regulations, including, but not limited to, NRS 639.210(4), (11), (12), and/or (15), as well as NRS 639.230(5) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 13th day of September, 2017.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
WILLIE EDWARD BAWARSKI, RPH	)	CASE NO. 15-043-RPH-A-S
Certificate of Registration No. 17952)	
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of September, 2017.

WILLIE EDWARD BAWARSKI, R.PH.

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-070-RPH-S
	)	17-070-PH-S
Petitioner,)	
v.)	
)	
JAIME CORDOBA-HERNANDEZ, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17533, and	)	AND ACCUSATION
)	
ALL CITY PHARMACY, LLC)	
Certificate of Registration No. PH03609,)	
)	
Respondents.)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, respondents Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, was a pharmacist registered by the Board, and respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), was a pharmacy registered by the Board.

DISCIPLINARY HISTORY

II.

In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, Cordoba-Hernandez dispensed a dangerous drug without a legitimate medical need and without a lawful prescription. He created a fraudulent prescription and dispensed the

dangerous drug to a patient who was a personal friend. As a result, the Board revoked Cordoba-Hernandez's pharmacist registration.

III.

In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

IV.

In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

FACTUAL ALLEGATIONS

V.

On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12Hr for 2 weeks for patient P.L. The physician clearly stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

VI.

Justin Reyes, a quality assurance representative from Alta Care, called Cordoba-Hernandez regarding the prescription. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy. Cordoba-Hernandez represented that All City Pharmacy could provide the intravenous medication for the patient and the prescription was subsequently transmitted by facsimile machine to All City Pharmacy.

VII.

Thereafter, without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Mr. Reyes, who is not a clinician and not an agent of the prescribing physician, to change the Vancomycin quantity to 30 vials instead of the prescribed 28. The label for this medication lists Dr. Shah as the ordering practitioner.

VIII.

On July 19, 2017, Cordoba-Hernandez prepared 30 Vancomycin 1gm vials that were delivered to the patient's home unreconstituted. Cordoba-Hernandez dispensed the Vancomycin lyophilized powder without a diluent and had no discussion with health professionals at Alta Care on how the product should be mixed.

IX.

R.N. Gerlie Comahig of Alta Care subsequently contacted Cordoba-Hernandez inquiring as to missing infusion supplies and medications. Thereafter, without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig, who was not an agent of the prescribing physician, for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. The labels for each of these medications list Dr. Shah as the ordering practitioner.

X.

Cordoba-Hernandez admitted to Board investigators that he lacks clinical knowledge and training on infusions and the requirements of Dr. Shah's prescription, specifically:

(1) That he dispensed the Vancomycin lyophilized powder without a diluent and without a discussion with Alta Care on how the product should be mixed, and that he wasn't aware that the product had to be mixed.

(2) That he was unable to verbalize what strength of Heparin would be utilized to flush a central line.

- (3) That he was unable to verbalize the name of any central lines (i.e. PICC, Port, Hickman, Groshong)
- (4) That he was unable to verbalize normal Vancomycin trough levels.
- (5) That he was unable to verbalize side effects related to Vancomycin.
- (6) That he had no discussions with Alta Care regarding BUD of the product.
- (7) That he had no discussions with Alta Care regarding when Vancomycin levels would be drawn and how the results would be provided to the pharmacist.
- (8) That he had no verbal discussion with the patient regarding side effects.

XI.

P.L. experienced edema after the medication was administered and was hospitalized with congestive heart failure and renal failure.

FIRST CAUSE OF ACTION

Unprofessional Conduct and Conduct Contrary to the Public Interest (Respondent Cordoba-Hernandez)

XII.

Unprofessional conduct and conduct contrary to the public interest includes the failure by a registrant to follow strictly the instructions of the prescribing practitioner when labeling and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the prescribing practitioner if there is an error or omission in a prescription which should be questioned. NAC 639.945(1)(e). Unprofessional conduct also includes performing one's duties as a registrant in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i). Furthermore, NAC 639.690(2) provides: "The managing pharmacist shall ensure that all pharmacists engaging in compounding parenteral solutions have the proper training in the safe handling, compounding and therapy related to parenteral solutions, including cytotoxic agents."

Respondent Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from a nurse and a non-clinician who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician, and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

SECOND CAUSE OF ACTION

Failure to Adequately Counsel
(Respondent Cordoba-Hernandez)

XIII.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug. A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" is guilty of unprofessional conduct pursuant to NAC 639.945(1)(i).

Respondent Cordoba-Hernandez violated NRS 639.266, NAC 639.707(1) and (2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) by failing to counsel P.L. regarding the prescription. That error, combined with Cordoba-Hernandez's lack of clinical knowledge and proper training in parenteral solutions, caused harmed to P.L. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent All City Pharmacy)

XIV.

NRS 639.230(5) provides: “Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board.”

Additionally, “[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.” NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

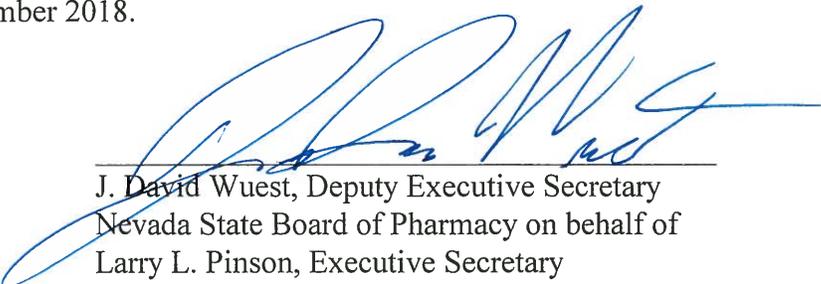
XV.

For the errors, misconduct and violations alleged above in the First, Second and Third Causes of Action, Respondents, and each of them, are subject to discipline pursuant NRS 639.210, as well as NRS 639.230(5) and/or NRS 639.255.

XVI.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 13th day of December 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-070-RPH-S
)	
Petitioner,)	
)	
v.)	
	)	STATEMENT TO THE RESPONDENT
JAIME CORDOBA-HERNANDEZ, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17533	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 16, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

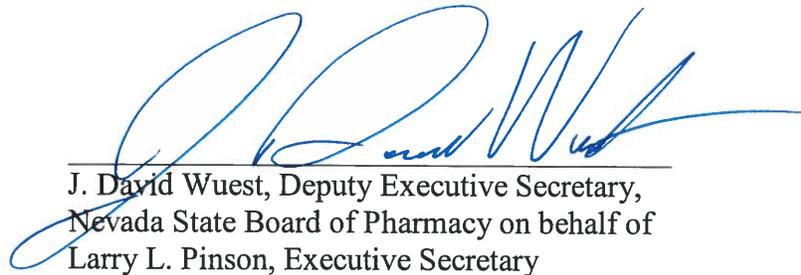
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 13th day of December, 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-070-RPH-S
)	
Petitioner,)	
v.)	
)	
JAIME CORDOBA-HERNANDEZ, RPH	)	ANSWER AND NOTICE
Certificate of Registration No. 17533	)	OF DEFENSE
)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2018.

JAIME CORDOBA-HERNANDEZ, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jaime Cordoba-Hernandez, RPH
2077 Anglia Street
Las Vegas, NV 89142


SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	Case No. 12-056-RPH-S
Petitioner,)	
v.	)	FINDINGS OF FACT,
	)	CONCLUSIONS OF LAW AND
JAIME CORDOBA HERNANDEZ, RPH	)	ORDER
Certificate of Registration No. 17533,)	
)	
Respondent.	/	

The Nevada State Board of Pharmacy (the "Board") heard this matter at its regular meeting on January 16, 2013, in Las Vegas, Nevada. Carolyn J. Cramer represented the Board in her capacity as its General Counsel. Respondent JAIME CORDOBA HERNANDEZ, RPH appeared and represented himself. Hernandez took the witness stand and gave sworn testimony before the Board. Based on the evidence, the testimony presented and the public records in the Board's possession and control, the Board issues the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. The Board received written notice from Smith's Pharmacy ("Smith's") in August 2012, indicating that it terminated Hernandez's employment. Smith's took that action after finding, through an internal investigation, that Hernandez created and filled fraudulent prescriptions for a friend, who is a cyclist and resident of Indiana (the "Patient").

2. Hernandez claimed that an Indiana physician, also a friend of his, initially called Smith's with a prescription for the Patient, for a quantity of 6 Procrit 4,000 unit vials. The patient was using Procrit to increase his endurance. At the time of Hernandez's conduct, the Patient was no longer seeing the physician in Indiana because the Patient was using the Procrit for endurance, not for a legitimate medical purpose. Hernandez subsequently admitted, and the Board finds, that Hernandez knew

of the purpose for which the Patient was using the drug, and that the Patient was not seeing a physician, but he continued to fill the prescriptions for the Patient.

3. Hernandez admitted, and the Board finds, that the physician did not authorize any refills, and that he (Hernandez) regenerated the refills himself based on the initial prescription.

4. The initial fill and first refill were for 6 Procrit 4,000 unit vials. The subsequent three refills were filled by substituting a quantity of 10 Epogen 4,000 unit vials, due to the unavailability of Procrit. Hernandez did not obtain authorization from the physician for the substitution or the increased quantity.

5. The pharmacy computer system automatically generates an electronic request for substitutions. Hernandez overrode the request and processed the refills as a new prescription.

6. Hernandez improperly used his personal Smith's discount card and/or coupons to buy the prescriptions in order to save his friend money. Those practices were unethical and violations of Smith's company policy, which Hernandez admits.

7. Hernandez admitted the allegations in the Notice of Intended Action and Accusation in his October 10, 2012 Answer and Notice of Defense.

8. The Board's findings are consistent with the allegations in the Notice of Intended Action and Accusation, and with Hernandez's admissions.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Hernandez was a pharmacist licensed by the Board at the time of the conduct set forth above.

2. In dispensing a dangerous drug without a legitimate medical need, and without a lawful prescription, Hernandez violated Nevada Revised Statute (NRS) 639.210(1), (4), (12), 454.221(1) and 454.311(3)(b). He also violated Nevada Administrative Code (NAC) 639.945(1)(h).

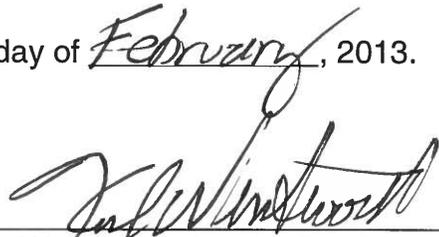
3. In dispensing a dangerous drug to a patient with whom the prescribing practitioner did not have a bona fide therapeutic relationship, Hernandez violated Nevada Revised Statute (NRS) 639.210(1), (4) and (12), and Nevada Administrative Code (NAC) 639.945(1)(h) and(3)(a).

ORDER

Based upon the foregoing, the Board hereby orders the following:

JAIME CORDOBA HERNANDEZ's license as a pharmacist (Certificate of Registration No. 17533) is revoked. Mr. Hernandez may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until he has applied to the Board for reinstatement of his pharmacist's license and the Board has reinstated the registration.

Signed and effective this 1 day of February, 2013.



Kirk Wentworth, Interim President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

**NEVADA STATE BOARD OF PHARMACY,
Petitioner,**

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**JAIME CORDOBA HERNANDEZ, RPH
Certificate of Registration No. 17533,
Respondent.**

Case No. 12-056-RPH-S

_____ /

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Hernandez is a registered pharmacist with the Board.

II.

On August 31, 2012, the Nevada State Board of Pharmacy received notice from Smith's Pharmacy that Jaime Cordoba Hernandez was terminated from employment. An investigation by Smith's found that Mr. Hernandez had been creating and filling fraudulent prescriptions for a friend who resides in Indiana. Mr. Hernandez claims that an Indiana physician, also a friend of his, initially called in a prescription for a quantity of 6 Procrit 4,000 unit vials with three refills to Smith's Pharmacy. The patient is a cyclist and was using Procrit to increase his endurance. The patient was not seeing the physician in Indiana any longer because he was using the Procrit for endurance rather than a medical need. Mr. Hernandez admitted that he knew what the patient was using the drug for and continued to provide him with Procrit even though he knew it was

unethical and being used for illicit purposes. Mr. Hernandez was using his Smith's discount card when processing the prescriptions to save his friend money.

III.

In his statement, Mr. Hernandez admitted that the initial prescription was from the physician but it is unclear if the refills had been approved by the physician. The original prescription had not been initialed or signed by Mr. Hernandez as the pharmacist receiving the phoned-in prescription. The initial fill and first refill were for 6 Procrit 4,000 unit vials. A quantity of 10 Epogen 4,000 unit vials were dispensed for the subsequent three refills due to the unavailability of Procrit. Mr. Hernandez did not obtain authorization from the physician for the substitution or the increased quantity. The pharmacy computer system automatically generates an electronic request for substitutions. Mr. Hernandez would override the request and process the refills as a new prescription.

FIRST CAUSE OF ACTION

IV.

In dispensing a dangerous drug without a lawful prescription, Mr. Hernandez violated Nevada Revised Statute (NRS) 639.210(1), and/or (4), and/or (12) and/or 454.221(1) and/or 454.311(3)(b) and/or 454.321 and Nevada Administrative Code (NAC) 639.945(1)(h) and/or 639.918 (2) and/or (4).

SECOND CAUSE OF ACTION

V.

In dispensing a dangerous drug to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship, Mr. Hernandez violated Nevada Revised Statute (NRS) 639.210(1), and/or (4), and/or (12) and Nevada Administrative Code (NAC) 639.945(1)(h) and/or (3)(a).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 18th day of September, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Mr. Cordoba-Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used the Procrit to increase his cycling endurance.

3. At the Board's March 5, 2014 Board meeting, Mr. Cordoba-Hernandez appeared and requested reinstatement of his pharmacist license. The Board reinstated Mr. Cordoba-Hernandez's license subject to a two-year probation with the requirement that Mr. Cordoba-Hernandez attend the Board's meetings in Las Vegas for one year.

4. Subsequent to the Board's March 2014 Order, Mr. Cordoba-Hernandez attended one Board meeting on April 17, 2014, in Las Vegas, Nevada.

5. In July 2014, Mr. Cordoba-Hernandez informed Board Staff that he had moved to New York. At Mr. Cordoba-Hernandez's request, Board Staff agreed to allow him to attend New York Board of Pharmacy (New York Board) meetings in order to comply with the condition set forth by the Board as a term of his probation. Board Staff made arrangements with the New York Board to monitor Mr. Cordoba-Hernandez's attendance.

6. On November 19, 2014, the New York Board informed Board Staff that Mr. Cordoba-Hernandez has not attended the New York Board meetings as required.

7. On December 18, 2014, Board Staff served a Notice of Intended Action and Accusation in this matter on Mr. Cordoba-Hernandez by certified mail sent to his last address of record.

8. The foregoing findings are supported by evidence in the record, including the documents admitted as Exhibits 1 through 8, along with Mr. Cordoba-Hernandez's hearing testimony.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

9. The Board has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Mr. Cordoba-Hernandez was a pharmacist licensed by the Board.

10. By failing to fully comply with the terms and conditions of his probation as set forth by the Board at the March 5, 2014 Board meeting, Jaime Cordoba-Hernandez is guilty of unprofessional conduct as that term is defined in Nevada Administrative Code (NAC) 639.945(1)(l).

11. That violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

THEREFORE, THE BOARD HEREBY ORDERS:

12. The registration of respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533, is hereby revoked. The revocation is stayed and Mr. Cordoba-Hernandez's license is placed on probation for two years from the date of this Order.

13. During the probationary period, Mr. Cordoba-Hernandez must attend at least six (6) meetings held by the New York State Board of Pharmacy. As evidence of his attendance at each meeting, Mr. Cordoba-Hernandez must (a) sign in on any attendance roll made available at the meeting, and (b) make his attendance known by introducing himself to the board executive.

14. At the end of the probationary period, Board Staff shall have authority to lift the suspension and return Mr. Cordoba-Hernandez's license to active status without requiring Mr.

Cordoba-Hernandez to reappear before the Board, so long as he has complied with the terms of this Order and any other outstanding orders by the Board.

Signed and effective this 18 day of February, 2015.

A handwritten signature in black ink, appearing to read 'Kamlesh Gandhi', written over a horizontal line.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 14-086-RPH-S
Petitioner,)	
v.)	
)	
JAIME CORDOBA-HERNANDEZ, R.PH.	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17533	)	AND ACCUSATION
)	
)	
Respondent.)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Jaime Cordoba-Hernandez (Mr. Cordoba-Hernandez), Certificate of Registration No. 17533, is a registered pharmacist with the Board.

II.

On February 1, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Mr. Cordoba-Hernandez (Case No. 12-056-RPH-S). In its Order, the Board revoked Mr. Cordoba-Hernandez's pharmacist license for violations related to the filling and dispensing of a dangerous drug without a lawful prescription. Mr. Cordoba-Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used the Procrit to increase his cycling endurance.

III.

At the March 5, 2014 Board meeting, Mr. Cordoba-Hernandez appeared and requested

reinstatement of his pharmacist license. The Board reinstated Mr. Cordoba-Hernandez's license subject to a two year probation with the requirement that Mr. Cordoba-Hernandez attend the Board's meetings in Las Vegas for one year.

IV.

Subsequent to the Board's March 2014 Order, Mr. Cordoba-Hernandez attended one Board meeting on April 17, 2014, in Las Vegas, Nevada.

V.

In July 2014, Mr. Cordoba-Hernandez informed Board Staff that he had moved to New York. Board Staff agreed to allow Mr. Cordoba-Hernandez to attend the New York Board of Pharmacy (New York Board) meetings in order to comply with the condition set forth by the Board as a term of his probation. Board Staff made arrangements with the New York Board to monitor Mr. Cordoba-Hernandez's attendance.

VI.

On November 19, 2014, the New York Board informed Board Staff that Mr. Cordoba-Hernandez has not attended the New York Board meetings as required.

FIRST CAUSE OF ACTION

VII.

By failing to fully comply with the terms and conditions of his probation as set forth by the Board at the March 5, 2014 Board meeting, Jaime Cordoba-Hernandez is guilty of unprofessional conduct as that term is defined in Nevada Administrative Code (NAC) 639.945(1)(l), which violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 17th day of December, 2014.


 Larry L. Pinson, Pharm.D., Executive Secretary
 Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 14-086-RPH-S
Petitioner,)	
v.)	
	)	ANSWER AND
JAIME CORDOBA-HERNANDEZ, R.PH.	)	NOTICE OF DEFENSE
Certificate of Registration No. 17533)	
)	
Respondent	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2014.

Jaime Cordoba-Hernandez, R.Ph.

4D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-070-PH-S
)	
Petitioner,)	
v.)	
)	
ALL CITY PHARMACY, LLC	)	ANSWER AND NOTICE
Certificate of Registration No. PH03609	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2018.

Type or print name

Authorized Representative for:
ALL CITY PHARMACY, LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110


SHIRLEY HUNTING

4E

without an examination by a practitioner, without a practitioner onsite, and without a practitioner's supervision.

IV.

Dr. Pokroy stored dangerous drugs at each of his Reviv locations.

V.

Dr. Pokroy allowed Reviv's staff, including RNs, access to his locked cabinets where dangerous drugs were stored and to access his inventory of dangerous drugs at those locations without a practitioner onsite and without a practitioner's supervision.

VI.

Dr. Pokroy allowed Reviv's staff, including RNs, to administer dangerous drugs by IV and/or by injection to patients without a lawful examination by a licensed practitioner and without a practitioner's supervision.

VII.

Dr. Pokroy allowed Reviv's staff, including RNs, to administer dangerous drugs without a diagnosis or other determination by a licensed practitioner that the dangerous drugs were medically necessary.

VIII.

For off-site services, Dr. Pokroy allowed and directed Reviv's staff, including RNs, to access, possess and transport dangerous drugs that were not included on a lawful chart order.

IX.

For off-site services, Dr. Pokroy provided Reviv's staff, including RNs, with an inventory of dangerous drugs that are not listed on, and/or that exceeded the quantity called for on a lawful chart order.

X.

Dr. Pokroy purchased dangerous drugs from an unlicensed pharmacy for administration to Reviv's patients.

APPLICABLE LAW

XI.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

XII.

A practitioner can give a registered nurse (RN) limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

XIII.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.¹

¹ *See* NRS 639.004 "Chart order" means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

XIV.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

XV.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize a RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

XVI.

[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

XVII.

An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:

1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;
2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

XVIII.

“Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of

such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.”
NAC 639.945(1)(g).

XIX.

“Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.”
NAC 639.945(1)(h).

XX.

A licensee “[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i).

XXI.

“Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(j).

XXII.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(k).

XXIII.

“Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(o).

XXIV.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XXV.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

XXVI.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs (Statutory Violations)

XXVII.

By allowing Reviv's staff, including RNs, none of whom were practitioners and none of whom were licensed to prescribe dangerous drugs, to operate Reviv and to use his authority to obtain, access and/or possess an inventory of dangerous drugs when he was not onsite and without his supervision, Dr. Pokroy violated, or assisted and abetted his staff in violating, NRS 454.213(1)(c), NRS 454.311, and/or NRS 454.316. *See also* NRS 630.305(1)(e), NRS 454.321 and NRS 454.356. Because of that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754, is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

SECOND CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs (Unprofessional Conduct)

XXVIII.

By allowing Reviv's staff, including RNs, none of whom were practitioners and none of whom were licensed to prescribe dangerous drugs, to use his authority to operate Reviv and to obtain, access and/or possess an inventory of dangerous drugs when he was not onsite and without his supervision, Dr. Pokroy engaged in unprofessional conduct as defined in NAC 639.945(g), (h), (i), (j) and (k). For that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754, is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

THIRD CAUSE OF ACTION

Unlawful Administration of Dangerous Drugs – No Authority to Determine Medical Necessity

XXIX.

By authorizing Reviv's staff, including RNs, none of whom were licensed practitioners, to use his authority to operate Reviv and to determine that a dangerous drug was medically necessary and to administer a dangerous drug to Reviv's patients, Dr. Pokroy violated, and/or aided and abetted Reviv's staff in violating Nevada law, including NRS 630.305(e) and NRS 454.221(1), and he acted unprofessionally. *See* NAC 639.945(1)(k) and (o). Because of that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754 is subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

FOURTH CAUSE OF ACTION

Unlawful Administration of Dangerous Drugs - No Bona Fide Therapeutic Relationship

XXX.

By authorizing RNs on Reviv’s staff, including RNs, none of whom were licensed practitioners, to administer a dangerous drug to patients who had not been examined by a practitioner, with whom he did not have a bona fide therapeutic relationship and for whom he had not made any diagnosis or determination that the dangerous drug was medically necessary, Dr. Pokroy violated, and/or aided and abetted Reviv’s staff in violating Nevada law, including NRS 630.305(e) and NRS 454.221(1), and he acted unprofessionally. *See* NAC 639.945(1)(k) and (o). Because of that conduct, Dr. Pokroy’s controlled substance registration, Certificate of Registration No. CS25754 is subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255. *See also* NRS 630.306.

FIFTH CAUSE OF ACTION

Purchasing Compounded Drugs from an Unlicensed Pharmacy

XXXI.

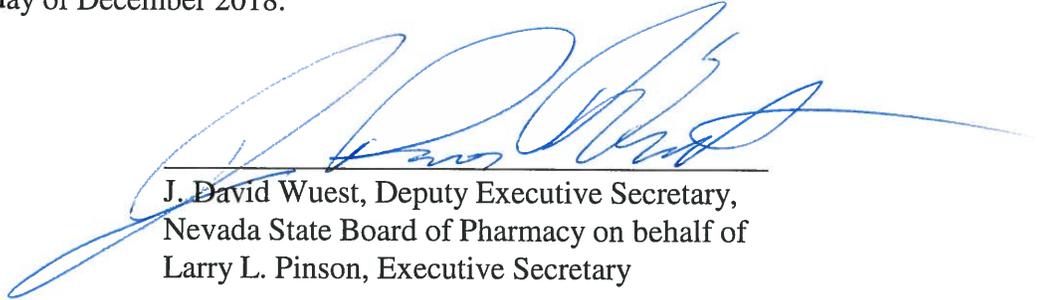
By purchasing compounded dangerous drugs from a pharmacy not licensed with the Board, Dr. Pokroy violated, or assisted and abetted that pharmacy in violating, NRS 639.285 and/or NAC 639.6915. Because of that conduct, Dr. Pokroy’s controlled substance registration, Certificate of Registration No. CS25754 is subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

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WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 14th day of December 2018.



J. David Wuest, Deputy Executive Secretary,
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-098-S
)	
Petitioner,)	
)	
v.)	
	)	STATEMENT TO THE RESPONDENT
RAANAN POKROY, M.D.,	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. CS25754,	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, January 16, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 14th day of December, 2018.



J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-098-S
)	
Petitioner,)	
v.)	
)	
RAANAN POKROY, M.D.,	)	ANSWER AND NOTICE
Certificate of Registration No. CS25754,	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

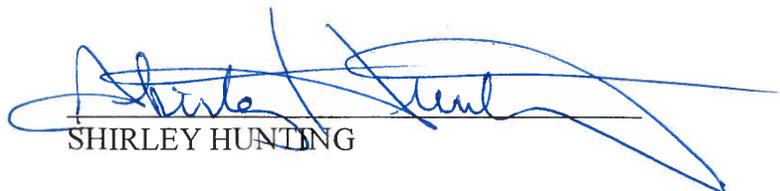
DATED this ___ day of _____, 2018.

RAANAN POKROY, M.D.,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Raanan Pokroy, MD
9788 Newport Coast Circle
Las Vegas, NV 89147



SHIRLEY HUNTING

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5A

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AZBDBR, LLC dba AvasaRx Pharmacy

Physical Address: 816 N. 6th Ave.

Mailing Address: 816 N. 6th Ave.

City: Phoenix State: AZ Zip Code: 85003

Telephone: 480-900-7450 Fax: 833 437-2301

Toll Free Number: 844-482-2005 (Required per NAC 639.708)

E-mail: info@avasarx.com Website: AVASARX.COM

Managing Pharmacist: Ronak Modi License Number: S023110

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

CHAITANYA GADDE

Print Name of Authorized Person

11/1/2018

Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited L

Partnership Name: AZBDBR, LLC

Mailing Address: 816 N. 6th Ave.

City: Phoenix State: AZ Zip Code: 85003

Telephone Number: 480-900-7450 Fax Number: 833-437-2301

Contact Person: Ronak Modi

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Arizona Hemophilia Association</u>	<u>L</u>	<u>51%</u>
<u>Bio Tek reMEDys, Inc.</u>	<u>L</u>	<u>49%</u>

List names of 4 largest partners and percentage of ownership:

Name: Arizona Hemophilia Association %: 51%

Name: Bio Tek reMEDys, Inc. %: 49%

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm MST Saturday x am x pm
Sunday x am x pm 24 Hours ON CALL

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, CHAITANYA GADDE

Responsible Person of AZBDBR, LLC dba AvasaRx Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

 CHAITANYA GADDE

Print Name of Authorized Person

 11 | 1 | 2018

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF DELAWARE)
) ss.
NEW CASTLE COUNTY)

I, Chaitanya Gadde, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Authorized Signer for AZBDBR, LLC dba Avasa Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Chaitanya Gadde, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Handwritten Signature]

Name

SUBSCRIBED AND SWORN TO before me, a notary public this 1st day of November, 2018.

[Handwritten Signature]

NOTARY PUBLIC





OWNERS

- AZ Hemophilia Assoc. 826 N. 5th Ave, Phoenix, AZ 85003 602-955-3947
- Bio Tek reMEDys, Inc. 2 Penns Way, Suite #404,
New Castle, DE 19720 302-544-5138

- | | <u>Pharmacist</u> | <u>License #</u> |
|--------------|---------------------------------------|-------------------------|
| • Ronak Modi | W. Portland Street, Phoenix, AZ 85003 | S023110 |

- | | <u>Pharmacy Technician</u> | <u>License #</u> |
|-------------------------|--|-------------------------|
| • Shelomith Adina David | 7 N. 47 th Dr., Phoenix, AZ 85031 | 10049494 |

AvasaRX
 816 N. 6th Ave. Phoenix, AZ 85003
 Tel: 844-482-2005
 Fax: 833-437-2301
www.avasarx.com



ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520 Phoenix, AZ 85005
 602-771-ASBP (2727)
 FAX: 602-771-2749
<http://www.azpharmacy.gov>

Receipt Date: 10/02/2018
 Receipt Number: 201843721
 Receipt Amount \$: 240.00

Resident Pharmacy/Limited Service

Retail

Issued to :

PERMIT NO
 Y007409
 AZBDBR, LLC
 816 N. 6TH AVE.
 PHOENIX, AZ 85003

EXPIRES
 10/31/2019
 AvasaRx Pharmacy
 816 N 6TH AVENUE
 PHOENIX, AZ 85003

Kam Gandhi
 EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520
 Phoenix, AZ 85005
 602-771-ASBP (2727)
 FAX: 602-771-2749



WALLET CARD

NAME : AZBDBR, LLC
 LICENSE NUMBER : Y007409
 EXPIRES : 10/31/2019

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-01 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

5B

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

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

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

Application must be printed legibly or typed

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

- Ownership Change (Provide current license number if making changes: PH03103)
Publicly Traded Corporation - Pages 1,2,3,7
Partnership - Pages 1,2,5,7
Non Publicly Traded Corporation - Pages 1,2,4,7
Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: South Miami Pharmacy II (D/B/A/ SMP Pharmacy Solutions #2)

Physical Address: 7425 SW 42st Miami, FL 33155

Mailing Address: 7425 SW 42st

City: Miami State: FL Zip Code: 33155

Telephone: 305-740-9744 Fax: 866-301-1364

Toll Free Number: 855-255-5005 (Required per NAC 639.708)

E-mail: Dantes@smp-pharmacy.com Website: www.smp-pharmacy.com

Managing Pharmacist: Jenny Lynn Alfonso License Number: PS40236

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

All boxes must be checked
For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

Armando Bardisq
Original Signature of Person Authorized to Submit Application, no copies or stamps

Armando Bardisq, PHARM.D.
Print Name of Authorized Person

8/20/18
Date

Board Use Only	Date Processed: _____	Amount: <u>\$ 500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: SMP Acquisition Co. Inc.

Mailing Address: 680 Washington Blvd., 10th Floor

City: Stamford State: CT Zip: 06901

Telephone: 203-653-6400 Fax: _____

Contact Person: Philip Borden

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday 10 am 2 pm
Sunday 1 am 1 pm 24 Hours 1

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ARMANDO BANDISA
Responsible Person of SMP PHARMACY SOLUTIONS #2

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Armando Bandisa
Print Name of Authorized Person

8/20/2018
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
) ss.
MIAMI-DADE COUNTY)

I, Armando BARRISA, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PRESIDENT for SOUTH MIAMI PHARMACY II, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

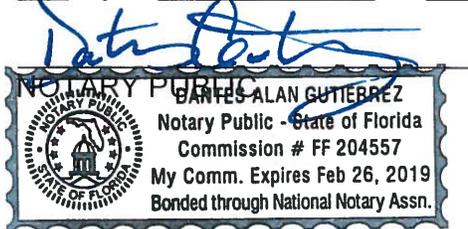
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Armando BARRISA, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

A. Barrisa
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 20th day of August, 2018.



FRIER LEVITT
ATTORNEYS AT LAW

John E. Morrone, Esq.
direct: 973.852.8359
jmorrone@frierlevitt.com

August 30, 2018

Sent via: FEDEX OVERNIGHT MAIL

Nevada Board of Pharmacy
431 W Plumb Ln,
Reno, NV 89509

**Re: SMP Pharmacy Solutions #2 (License Number PH03603)
APPLICATION FOR NON-RESIDENT PHARMACY PERMIT
CHANGE OF OWNERSHIP**

Dear Sir or Madam:

This firm represents **SMP Pharmacy Solutions II** (with an address at 7425 Southwest 42nd Street, Miami FL 33155, License Number PH03603) (the “Pharmacy”) in the above captioned matter. This letter serves as a follow up to our notification letter sent to the Board of Pharmacy (“Board”) advising of a proposed change in the ownership structure of each of the aforementioned pharmacy.

Effective July 3, 2018, the owner of the Pharmacy, Armando Bardisa (“Bardisa”), has sold the majority of his ownership interest in the Pharmacy, pursuant to a stock sale, to SMP Acquisition Co., Inc. (“Buyer”). The Buyer is a newly formed corporation and an indirect subsidiary of a newly-formed limited liability, SMP Pharmacy Holdings, LLC (the “Holding Company”). Bardisa maintains an ownership interest in the Pharmacy by holding an approximately 33% ownership interest in the Holding Company, which is an indirect parent of the Buyer and the Pharmacy. Approximately 67% of outstanding ownership interest in the Holding Company is held by Galen Partners or its affiliate and other investors.

In furtherance of the change in ownership structure, attached hereto, please find the pharmacy permit application and all subsequent documentation related thereto:

1. Completed Nonresident Pharmacy Permit Application, and application fee in the amount of \$500.00 payable to the Nevada Board of Pharmacy
2. Certificate of Good Standing (corporation)
3. Letter of good standing (pharmacy license)
4. Copy of current home state pharmacy permit and Nevada state permit
5. Copy of recent inspection report.
6. Affidavit for out of state pharmacy license

8. DEA Registration

FRIER LEVITT
ATTORNEYS AT LAW

We look forward to your response in this matter. If you have any questions or require any further information, please feel free to contact me.

Very truly yours,

FRIER & LEVITT, LLC

/s/ John E. Morrone, Esq.

John E. Morrone, Esq.

JEM/rss
Enclosures

CC: SMP Pharmacy Solutions #2

AC# 7486456

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/21/2016	PH 24479	92049

The PHARMACY named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**
SOUTH MIAMI PHARMACY II
SMP Pharmacy Solutions #2
7425 SW 42 STREET
MIAMI, FL 33155

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
4:1 PHARMACY TECHNICIAN RATIO APPROVED

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 7486456

DATE	LICENSE NO.	CONTROL NO.
12/21/2016	PH 24479	92049

The PHARMACY named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**

SOUTH MIAMI PHARMACY II



Rick Scott
GOVERNOR



Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):

Community Pharmacy

Schedule II & III

4:1 Pharmacy Technician Ratio Approved

LICENSEE SIGNATURE



License Verification

SOUTH MIAMI PHARMACY II SMP Pharmacy Solutions #2

Printer Friendly Version

License Number: PH24479

Data As Of 8/17/2018

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners
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Profession	Pharmacy
License	PH24479

[Back](#)

License Status	CLEAR/
Qualifications	Community Pharmacy
	Schedule II & III

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

License Expiration Date	2/28/2019
License Original Issue Date	02/23/2010



Address of Record	7425 SW 42 Street
	MIAMI, FL 33155
	UNITED STATES

Discipline on File	No
Public Complaint	No

SMP Pharmacy Solutions #2
Ownership Information

South Miami Pharmacy II, LLC

- Member/Manager – SMP Acquisition Co., Inc.
- Officers—
 - Armando Bardisa, Pharm.D. (President)
 - DOB: :
 - Business Address: 7425 SW 42 St. Miami, FL 33155
 - Home Address:) SW 68 Ct., Miami, FL 33156
 - Business Phone: (305)-740-9744
 - Home Phone:
 - SS #
 - FL Lic#
 - Philip Borden (Treasurer)
 - DOB:
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: Winthrop Street, Unit 7, Cambridge, MA 02138
 - Business Phone: (203) 653-6400
 - Home Phone: (
 - SS# :
 - Zubeen Shroff (Secretary)
 - DOB:
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: Tarryhill Road, Tarrytown, NY 10591
 - Business Phone: (203) 653-6400
 - Home Phone: (:3
 - SS# '

CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

South Miami Pharmacy II
d/b/a SMP Pharmacy Solutions #2
MIAMI, FLORIDA

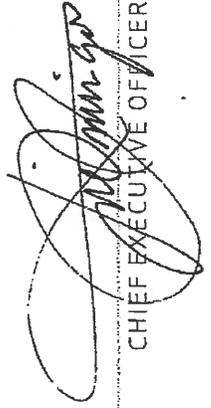
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

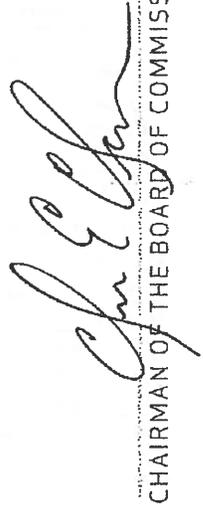
PHARMACY

PCAB ACCREDITATION

*For patient specific prescription compounding of
Non-Sterile Compounding, Ref. USP <795>
Sterile Compounding, Ref. USP <797>*

FROM *May 17, 2016* THROUGH *May 16, 2019*


CHIEF EXECUTIVE OFFICER


CHAIRMAN OF THE BOARD OF COMMISSIONERS



ACCREDITATION COMMISSION for HEALTH CARE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements



File # 17021
Insp # 141787

NAME SOUTH MIAMI PHARMACY II		PERMIT NUMBER 24479	DATE OF INSPECTION 04/24/2018	
DOING BUSINESS AS SMP PHARMACY SOLUTIONS #2				
STREET ADDRESS 7425 SW 42 Street			TELEPHONE #	EXT
CITY MIAMI		COUNTY MIAMI-DADE	STATE/ZIP FL/33155	

Additional Information

Business Operation Hours

Monday Y	Monday Hours 09:00 AM TO 07:00 PM
Tuesday Y	Tuesday Hours 09:00 AM TO 07:00 PM
Wednesday Y	Wednesday Hours 09:00 AM TO 07:00 PM
Thursday Y	Thursday Hours 09:00 AM TO 07:00 PM
Friday Y	Friday Hours 09:00 AM TO 07:00 PM
Saturday Y	Saturday Hours 10:00 AM TO 02:00 PM

Registered Pharmacist / Intern / Tech

License # PS 40236	Licensee Name Jenny L. Alfonso
License Type Registered Pharmacists	
License # RPT 17130	Licensee Name Gerald D I Enriquez
License Type Pharmacy Tech	
License # RPT 37290	Licensee Name Danielle L. Guldris
License Type Pharmacy Tech	
License # RPT 34262	Licensee Name Katherin Gastelbondo
License Type Pharmacy Tech	
License # PS 37955	Licensee Name Eduardo Lopez III
License Type Registered Pharmacists	
License # RPT 37568	Licensee Name Rashma Seepersaud
License Type Pharmacy Tech	
License # RPT 31144	Licensee Name Adrlen Orduno
License Type Pharmacy Tech	
License # RPT 37387	Licensee Name Miguel Jose Feria
License Type Pharmacy Tech	
License # PS 54466	Licensee Name Yeney Montano
License Type Registered Pharmacists	
License # PS 55665	Licensee Name Stephanie A. Perez
License Type Registered Pharmacists	

ACS Manager

--	--

Optional Information

--	--

Basic License Data - PSD

DEA Reg # FS1854151	
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License Relations

Pharmacy Affiliate

INV359 - Community Requirements
SOUTH MIAMI PHARMACY II

Insp # 141787

File # 17021

BARDISA, ARMANDO	License #
Pharmacy Corporate Entity/Affil/Pharm	
SOUTH MIAMI PHARMACY	License #
RX DPT MGR/COR/POR	
ALFONSO, JENNY LYNN	License # 40236
Special Sterile Compounding	
SOUTH MIAMI PHARMACY II	License # 29770

INV 359 - Community Requirements

Community Requirements General Section

Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, no other personnel remain in the department, and a sign not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating "Prescription Department Closed". [64B16-28.109 F.A.C.]	N/A
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (3) &(4) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-26.400(4) F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Pharmacists, interns and technicians have proof of current licensure [465.014 F.S.], [465.015(2)(b)]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Generic equivalent sign posted. [465.025(7), FS]	Yes
A sign has been prominently posted indicating the specific hours of the day during which meal breaks may be taken by the pharmacist and assuring patients that the pharmacist is available for consultation upon request during the meal break [64B16-27.1001 F.A.C.]	N/A
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e)F.S.]; [21CFR1306.24]; [21CFR1306.14]	Yes
Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.], [766.101(1)(a)(i) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; [21CFR 1305.13(e)]; [21CFR1305.22(g)]	Yes
Controlled substance records and Rx information in computer system are retrievable [21CFR1304.04]; [465.022(12)(a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12)(b) F.S.]; [64B16-28.140 F.A.C.]	Yes
Controlled substance prescriptions have the date dispensed and dispensing pharmacist. [893.04(1) F.S.]; [21CFR1306.22(c)]; [64B16-28.140(3) F.A.C.]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) &(e) F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery [893.07(5)(b) F.S.]; [465.022(11)(b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4), F.S.]	Yes
Pharmacy with a retail pharmacy wholesaler permit is reporting sales to the Controlled Substance Reporting system monthly by the 20th of the following month. [499.0121(14), F.S.]	N/A
Compounding records properly maintained [64B16-28.140(4), F.A.C.]	N/A
All prepacking is done in accordance with procedures set up by the PDM and Records of returns of unit dose medications are properly maintained. [465.016(1) F.S.]; [64B16-28.118 F.A.C.]; [64B16-28.120(3)]	N/A

INV359 - Community Requirements
SOUTH MIAMI PHARMACY II

Insp # 141787

File # 17021

The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
Central Fill and originating pharmacy shall each be identified on the prescription container label.	
The word "central fill" appears on the face of the original prescription and the originating pharmacy's pharmacist transmitting the prescription, and the date of transmittal.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Remarks:

Controlled Substance Biennial Inventory conducted on 12/30/2017, in addition this pharmacy maintains a perpetual inventory.
Wholesaler: Cardinal Health.
Las CQI meeting conducted on 02/16/2018.
Pharmacy is clean/safe and has met all inspection requirements.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

BARREIROS, DANAY



Date: 4/24/2018

Representative:

Dantes A Gutierrez Compliance Coordinator



Date: 4/24/2018



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV797-Sterile Compounding**



File # 23306
Insp # 148595

NAME SOUTH MIAMI PHARMACY II	PERMIT NUMBER 29770	DATE OF INSPECTION 05/31/2018	
DOING BUSINESS AS SMP PHARMACY SOLUTIONS #2			
STREET ADDRESS 7425 SW 42 Street		TELEPHONE #	EXT
CITY MIAMI	COUNTY MIAMI-DADE	STATE/ZIP FL/33155	

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9 am to 7pm
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Sunday N	

Registered Pharmacist / Intern / Tech

License # PS44230	Licensee Name RICHARD MAYAN
License Type Registered Pharmacists	
License # RPT11596	Licensee Name CARLOS GOMEZ
License Type Pharmacy Tech	
License # 32965	Licensee Name Armando Bardisa
License Type Pharmacy Tech	
License # 48129	Licensee Name Agnelica Londono
License Type Pharmacy Tech	
License # PS40236	Licensee Name Jenny Lynn Alfonso
License Type Registered Pharmacists	

ACS Manager

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Optional Information

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Basic License Data - PSD

DEA Reg # FS1854151	
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License Relations

Pharmacy Affiliate

BARDISA, ARMANDO	License #
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RX DPT MGR/COR/POR

ALFONSO, JENNY LYNN	License # 40236
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Special Sterile Compounding

SOUTH MIAMI PHARMACY II	License # 24479
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INV797 - Sterile Compounding

LOW RISK

INV797-Sterile Compounding
SOUTH MIAMI PHARMACY II

Insp # 148595

File # 23306

1. Low risk CSP's are properly identified: Aseptic manipulations within an ISO Class 5 environment using three or fewer sterile products and no more than two entries into any container. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Low-Risk Level CSPs]	
2. Low Risk CSP's, in absence of passing sterility test, stored not more than 48 hours at controlled room temperature, 14 days at cold temperature, or 45 days in solid frozen state at -25° to -10° or colder. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Low-Risk Level CSPs]	
3. Low Risk CSP's with 12 hour BUD are properly identified and comply with all four specific criteria. 1. PEC in Segregated Compounding area 2. Away from windows, doors , high traffic areas 3. Hygiene & garbing required, sinks not adjacent to PEC. 4. Cleaning & Disinfecting, Personnel training, Competency evaluation, Garbing, Aseptic work practices, Viable and non-viable environmental sampling apply. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Low-Risk Level CSPs]	

MEDIUM RISK

4. Medium Risk CSP's are properly identified: Aseptic manipulations within an ISO Class 5 environment using prolonged and complex mixing and transfer, more than three sterile products and entries into any container, and pooling ingredients from multiple sterile products to prepare multiple CSPs. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Medium-Risk Level CSPs]	Yes
5. Medium Risk CSP's, in absence of passing sterility test, stored not more than 30 hours at controlled room temperature, 9 days at cold temperature, or 45 days in solid frozen state at -25° to -10° or colder. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Medium-Risk Level CSPs]	Yes

HIGH RISK

6. Presterilization procedures for high-risk level CSPs, such as weighing and mixing, are completed in no worse than an ISO Class 8 environment. [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	Yes
7. High Risk CSP's are properly identified: Confirmed presence of nonsterile ingredients and devices, or confirmed or suspected exposure of sterile ingredients for more than one hour to air quality inferior to ISO Class 5 before final sterilization. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs]	Yes
8. High Risk CSP's, in absence of passing sterility test are not stored more than 24 hours at controlled room temperature, 3 days at cold temperature, or 45 days in solid frozen state at -25° to -10° or colder. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs] <i>Alprostadil stock solution Lot: 180416E compounded on , assigned a day BUD and is used in batched tri mix Lot 180416F with no sterility tests.</i>	No
9. A 0.2-µm certified sterilizing membrane filter is used that is chemically and physically compatible with the CSP. Filtration is completed rapidly without filter replacement. Sterilization method is verified to achieve sterility for the quantity and type of containers. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Filtration]	Yes
10. Sterilization method used has documentation that acceptable strength and purity of ingredients and integrity of containers is maintained. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs]	Yes
11. The manufacturer recommended filter integrity (e.g., bubble point) test is performed and documented for all sterilizing filters after filtering CSPs. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Filtration] <i>High risk alprostadil stock soln lot 180222Q is used in final CSP products without sterilization.</i>	No
12. Autoclave cycle has been verified using appropriate biological indicators. Solutions are passed through a 1.2-µm or smaller filter into final containers to remove particulates before sterilization. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Steam]	Yes
13. Dry heat ovens used for sterilization have filtered forced air. Only those items that will be damaged by steam are sterilized by dry heat. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Dry Heat] <i>Progesterone is sterilized through dry heat appropriately.</i>	Yes
14. The description of dry heat sterilization conditions and duration for specific CSPs is included in written documentation in the compounding facility. The effectiveness of dry heat sterilization is verified using appropriate biological indicators and other confirmation. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Dry Heat] <i>Oven mapping was conducted on 2/7/17 that included a cycle for depyrogenation and a cycle for sterilization of progesterone. Depyrogenation validation cycle was run empty only. Not all spots in oven were tested (8 thermocouples) for cold spots.</i>	No
15. Dry heat depyrogenation is used to render glassware or containers, such as vials free from pyrogens as well as viable microbes. The description of the dry heat depyrogenation cycle and duration for specific load items is included in written documentation in the compounding facility. The effectiveness of the dry heat depyrogenation cycle is verified using endotoxin challenge vials (ECVs). [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Depyrogenation by Dry Heat] <i>Dry heat depyrogenation cycle was run without glassware. Last ECV test conducted on 8/23/17. Firm rinses glassware with distilled water from an inhouse water system, not sterile water.</i>	No
16. Sterility testing is completed for all High-risk level CSPs prepared in batches of more than 25 identical containers, or exposed longer than 12 hours at 2° to 8°, and 6 hours at warmer than 8° before being sterilized. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Sterility Testing] <i>alprostadil sub batch compounding used for final trimix CSP's is not being tested for sterility.</i>	No

USP <71> STERILITY TESTING (Outsourced)

17. Outsourced sterility testing results indicate that it is compliant with USP<71>. A method not described in the USP may be used if validation demonstrates that the alternative is at least as effective and reliable. [STERILITY TEST USP<71>]	Yes
18. Outsourced: The number of articles tested are appropriate according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	Yes
19. Outsourced: The volume/quantity tested is according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	Yes
20. Outsourced: A USP<71> method suitability test has been done with appropriate inoculum, additives and rinses. [STERILITY TEST USP<71> : Method Suitability Test]	Yes
21. Outsourced: Sterility testing reports are reviewed and appropriate actions taken and documented. [FINISHED PREPARATION RELEASE CHECKS AND TESTS]	Yes

USP <71> STERILITY TESTING

22. On site: Membrane filtration is used if appropriate. (The technique of membrane filtration is used whenever the nature of the product permits; that is, for filterable aqueous preparations, for alcoholic or oily preparations, and for preparations miscible with, or soluble in, aqueous or oily solvents, provided these solvents do not have an antimicrobial effect in the conditions of the test.) Filters are rinsed according to USP<71>. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Sterility Testing]	
23. On site: Direct inoculation is done only when membrane filtration cannot be carried out. Volume to be inoculated does not exceed 10% of the culture media volume. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Sterility Testing]	
24. On site: The number of articles tested are appropriate according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	

INV797-Sterile Compounding
SOUTH MIAMI PHARMACY II

Insp # 148595

File # 23306

25. On site: The volume/quantity tested is according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	
26. On site: A growth promotion test has been done on the media with the 5 specified organisms (not more than 100 CFU) according to USP<71>. [STERILITY TEST USP<71> : Growth Promotion Test of Aerobes, Anaerobes, and Fungi]	
27. On site: A USP<71> method suitability test has been done with appropriate inoculum, additives and rinses. [STERILITY TEST USP<71> : Method Suitability Test]	
28. On site: TSB or SCD is incubated at 20-25 C for 14 days (2 incubators present). [STERILITY TEST USP<71> : Culture Media and Incubation Temperatures]	
29. On site: FTM is incubated at 30-35 C for 14 days (2 incubators present). [STERILITY TEST USP<71> : Culture Media and Incubation Temperatures]	
30. On site: Sterility testing is documented including lot numbers and expiration dates of media. [FINISHED PREPARATION RELEASE CHECKS AND TESTS]	
31. On site: Sterility testing reports are reviewed and appropriate actions taken and documented. [FINISHED PREPARATION RELEASE CHECKS AND TESTS]	

ENDOTOXIN TESTING

32. Endotoxin testing is conducted for High-risk level CSP's that are prepared in batches of more than 25 identical containers, or exposed longer than 12 hours at 2° to 8°, and 6 hours at warmer than 8°, before being sterilized or in multidose containers for administration to multiple patients. (excluding those for inhalation and ophthalmic administration) [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Bacterial Endotoxin (Pyrogen) Testing]	Yes
33. Endotoxin testing process indicates that it is compliant with USP<85>. [BACTERIAL ENDOTOXINS TEST USP<85>]	Yes
34. High Risk CSP's are within allowable limits for bacterial endotoxins. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Bacterial Endotoxin (Pyrogen) Testing]	Yes

IMMEDIATE USE COMPOUNDING

35. Immediate-use compounding complies with all six specified criteria. 1. Low-risk sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturers' original containers. Anti-neoplastics shall not be prepared as immediate-use CSPs because they are hazardous drugs. 2. Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour. 3. During preparation, aseptic technique is followed and, if not immediately administered, the finished CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mix-ups with other CSPs, and direct contact of outside surfaces. 4. Administration begins not later than 1 hour following the start of the preparation of the CSP. 5. Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact 1-hour BUD and time. 6. If administration has not begun within 1 hour following the start of preparing the CSP, the CSP shall be promptly, properly, and safely discarded. [IMMEDIATE-USE CSPs]	N/A
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SINGLE/MULTIPLE DOSE CONTAINER BUD

36. Beyond-use date does not exceed 28 days for multiple-dose containers after initial opening or entry, unless specified otherwise by the manufacturer. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	N/A
37. Beyond-use time does not exceed 6 hours for closure sealed single-dose containers in ISO Class 5 or cleaner air after initial opening or entry, unless specified otherwise by the manufacturer. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	N/A
38. Beyond-use time does not exceed 1 hour for closure sealed single-dose containers after being opened or entered in worse than ISO Class 5 air. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	N/A
39. Single-dose ampules are discarded immediately after use. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	N/A

HAZARDOUS DRUGS

40. A pressure indicator is installed and differential pressures are monitored and documented daily for hazardous buffer room. [HAZARDOUS DRUGS AS CSPs]	Yes
41. Hazardous drug buffer room is at least 0.01 inch water column negative pressure with 30 ACPH of HEPA filtered air. [HAZARDOUS DRUGS AS CSPs]	Yes
42. At least 0.01 inch water column negative pressure and 12 air changes per hour in non-cleanrooms in which CACIs are located. FAC: USP Chapter 797 requires that: "When closed-system vial-transfer devices (CSTDs) (i.e., vial-transfer systems that allow no venting or exposure of hazardous substance to the environment) are used, they shall be used within an ISO Class 5 environment of a BSC or CACI. The use of the CSTD is preferred because of their inherent closed system process. In facilities that prepare a low volume of hazardous drugs, the use of two tiers of containment (e.g., CSTD within a BSC or CACI that is located in a non-negative pressure room) is acceptable." For purpose of said provision, a "low volume of hazardous drugs" is defined as less than 40 doses per month. [HAZARDOUS DRUGS AS CSPs]	N/A
43. Personnel compounding hazardous drugs wear appropriate personal protective equipment. [HAZARDOUS DRUGS AS CSPs]	Yes
44. Hazardous drugs are handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparing for administration, and disposal. Spill kits are available. [HAZARDOUS DRUGS AS CSPs]	Yes
45. Hazardous drugs are prepared in an ISO Class 5 environment (BSC or CACI) with protective engineering controls in place, following aseptic practices specified for the appropriate contamination risk levels. [HAZARDOUS DRUGS AS CSPs]	Yes
46. Hazardous drugs are stored separately from other inventory in a manner to prevent contamination and personnel exposure. [HAZARDOUS DRUGS AS CSPs]	Yes
47. Access to hazardous drug preparation areas is limited to authorized compounding personnel. [HAZARDOUS DRUGS AS CSPs]	Yes
48. Annual documentation of hazardous drug training of personnel regarding storage, handling, containment techniques and disposal of hazardous drugs is available. [HAZARDOUS DRUGS AS CSPs]	Yes
49. Compounding personnel of reproductive capability have confirmed in writing that they understand the risks of handling hazardous drugs. [HAZARDOUS DRUGS AS CSPs]	Yes
50. Facility maintains appropriate disposal containers for all hazardous waste. [HAZARDOUS DRUGS AS CSPs]	Yes

FACILITY DESIGN AND CERTIFICATION

INV797-Sterile Compounding
SOUTH MIAMI PHARMACY II

Insp # 148595

File # 23306

51. Certification and testing of primary (LAFWs, BSCs, CAIs and CACIs) and secondary engineering controls (buffer and ante areas) have been performed by a qualified individual no less than every six months and whenever the device or room is relocated, altered, or major service to the facility is performed. Corrective action for deficiencies are documented. Certification procedures such as those outlined in the CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006) are conducted under dynamic conditions. [ENVIRONMENTAL QUALITY AND CONTROL : Environmental Nonviable Particle Testing Program] <i>Certified by Medrep March 8, 2018. ISO 7 Buffer room, Chemo room, Supply room, pass through #1. ISO 8 Anteroom. PEC's primarily in use in chemo room Class II A2 BSC (Baker) classified as ISO5, Air Science Vertical Laminar Flow clean bench in non-HD positive pressure room classified as ISO 5.</i>	Yes
52. Primary engineering controls provide unidirectional (i.e., laminar) HEPA filtered air. Air pattern analysis via smoke studies are conducted at the critical site to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions.[ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
53. The primary engineering controls are placed within a buffer area in such a manner as to avoid conditions that could adversely affect their operation. The PEC is placed out of the traffic flow and in a manner to avoid disruption from the HVAC system and room cross drafts. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
54. All HEPA filters are leak tested after installation and every six months thereafter. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes

ISOLATORS

55. CAIs are proven to maintain ISO Class 5 air when particle counts are sampled 6 to 12 inches upstream of critical site exposure areas during performance of normal inward and outward transfer of materials, and compounding manipulations when such CAIs are located in air quality worse than ISO Class 7. [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	
56. Adequate recovery time for isolators to achieve ISO Class 5 air quality is allowed after material transfer before and during compounding operations. [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	
57. Personnel garbing requirements are followed for CAIs unless manufacturer provides written documentation based on validated testing that any components of PPE are not required to maintain sterility of CSPs. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	

FACILITY DESIGN AND CERTIFICATION (Secondary Engineering Controls)

58. Facility has pressure gauges or velocity meters to monitor the pressure differential or airflow between the buffer area and ante-area, and the ante-area and the general environment outside the compounding area. The results are reviewed and documented on a log at least daily or by a continuous recording device. The pressures differentials meet or exceed 5 Pa (0.02 inch water column (w.c.)). Alternatively, in facilities where low- and medium-risk level CSPs are prepared, differential airflow is maintained at a minimum velocity of 0.2 meter/second (40 fpm) across a line of demarcation between buffer area and ante-area. [ENVIRONMENTAL QUALITY AND CONTROL : Pressure Differential Monitoring]	Yes
59. Clean rooms for nonhazardous and nonradioactive CSPs are supplied with HEPA filtered air that enters from ceilings with return vents low on walls, and that provides not less than 30 air changes per hour or qualifies for exception in 64B16-27.797(4)(c). [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls] <i>ACPH as noted from March 8, 2018 by medrep for non-HD buffer room was 55.14.</i>	Yes
60. Activities and tasks carried out within the buffer area are limited to only those necessary when working within a controlled environment. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
61. Only the furniture, equipment, supplies, and other material required for the compounding activities to be performed are brought into the buffer room. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
62. Surfaces and essential furniture in buffer rooms or zones and clean rooms are nonporous, smooth, non-shedding, impermeable, cleanable, and resistant to disinfectants. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
63. The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area are smooth, impervious, free from cracks and crevices, and non-shedding, thereby promoting cleanability, and minimizing spaces in which microorganisms and other contaminants may accumulate. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
64. Ceiling tiles are caulked around each perimeter and to walls to seal them to the support frame. The exterior lens surface of ceiling lighting fixtures is smooth, mounted flush, and sealed. All other penetrations through the ceiling or walls are sealed. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
65. The buffer area does not contain sources of water (sinks) or floor drains. Work surfaces are constructed of smooth, impervious materials, such as stainless steel or molded plastic, so that they are easily cleaned and disinfected. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
66. Storage shelving, counters, cabinets and carts/casters in the buffer area are smooth, impervious, free from cracks and crevices, non-shedding, non-porous, cleanable, and disinfectable. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
67. When devices (e.g., computers and printers) and objects (e.g., carts and cabinets) are placed in buffer areas, air quality is verified by particle counts on certification. [ENVIRONMENTAL QUALITY AND CONTROL : ISO Class 5 Air Sources, Buffer Areas, and Ante-Areas]	Yes

QUALITY AND CONTROL

68. An appropriate environmental sampling plan has been developed for airborne viable particles based on a risk assessment of compounding activities performed. Volumetric air sampling is conducted every six months and sites include locations within each ISO Class 5 environment and in the ISO Class 7 and 8 areas, and the areas at greatest risk of contamination (e.g., work areas near the ISO Class 5 environment, counters near doors, pass-through boxes). The plan includes sample locations, method of collection, frequency of sampling, volume of air sampled, and time of day as related to activity in the compounding area and action levels. [ENVIRONMENTAL QUALITY AND CONTROL : Environmental Viable Airborne Particle Testing Program—Sampling Plan] <i>Yes, but please include in your Environmental Monitoring policy 3.03 method of collection.</i>	Yes
69. Evaluation of airborne microorganisms using volumetric collection methods in the controlled air environments is performed by properly trained individuals for all compounding risk levels. [ENVIRONMENTAL QUALITY AND CONTROL : Viable Air Sampling] <i>Medrep</i>	Yes
70. Volumetric air sampling using malt extract agar (MEA) or some other media that supports the growth of fungi is used in high-risk level compounding environments. [ENVIRONMENTAL QUALITY AND CONTROL : Growth Media]	Yes
71. For low-risk level CSPs with 12-hour or less BUD, air sampling is performed at locations inside the ISO Class 5 environment and other areas that are in close proximity to the ISO class 5 environment. [ENVIRONMENTAL QUALITY AND CONTROL : Viable Air Sampling]	N/A
72. The number of discrete colonies of microorganisms is counted and reported as colony-forming units (cfu) and documented on an environmental monitoring form. Counts from air monitoring are transformed into cfu/cubic meter of air and evaluated for adverse trends. [ENVIRONMENTAL QUALITY AND CONTROL : Incubation Period] <i>Trended by Medrep</i>	Yes

INV797-Sterile Compounding
SOUTH MIAMI PHARMACY II

Insp # 148595

File # 23306

73. Surface sampling is accomplished in all ISO classified areas on a periodic basis using TSA contact plates with lecithin and polysorbate 80 and/or swabs and is done at the conclusion of compounding. [ENVIRONMENTAL QUALITY AND CONTROL : Surface Cleaning and Disinfection Sampling and Assessment] <i>Monthly per policy</i>	Yes
74. Sampling data is collected and reviewed on a periodic basis as a means of evaluating the overall state of control of the compounding environment. [ENVIRONMENTAL QUALITY AND CONTROL : Action Levels, Documentation and Data Evaluation]	Yes
75. Competent microbiology personnel are consulted if an environmental sampling consistently shows elevated levels of microbial growth. If any mold, yeast, coagulase positive staphylococcus, or gram negative rods are detected immediate remediation and investigation into the cause and source was conducted. [ENVIRONMENTAL QUALITY AND CONTROL : Action Levels, Documentation and Data Evaluation] <i>3/15/18 Medrep recovered actionable Micrococcus in chemo room. Subsequent retesting on 4/2/18-no growth.</i>	Yes
76. Surfaces in the LAFWs, BSCs, CAls, and CACIs are cleaned and disinfected frequently, including at the beginning of each work shift, before each batch preparation is started, every 30 minutes during continuous compounding periods of individual CSPs, when there are spills, and when surface contamination is known or suspected from procedural breaches. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
77. Cleaning and disinfecting occurs before compounding is performed. Items are removed from all areas to be cleaned, and surfaces are cleaned by removing loose material and residue from spills, e.g., water-soluble solid residues are removed with Sterile Water and low-shedding wipes. This shall be followed by wiping with a residue-free disinfecting agent, such as sterile 70% IPA, which is allowed to dry before compounding begins. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
78. Cleaning and disinfecting agents and methods of application are in accordance with written SOPs and followed by custodial and/or compounding personnel. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
79. Cleaning materials, such as wipes, sponges, and mops, are non-shedding, preferably composed of synthetic micro fibers, and dedicated to use in the buffer area, ante-area, and segregated compounding areas and are not removed from these areas except for disposal. If cleaning materials are reused (e.g., mops), there are procedures based on manufacturer recommendations that ensure that the effectiveness of the cleaning device is maintained and repeated use does not add to the bioburden of the area being cleaned. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
80. Supplies and equipment removed from shipping cartons are wiped with a suitable disinfecting agent (e.g., sterile 70% IPA). [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
81. Disinfectant sprayed or wiped on a surface to be disinfected is allowed to dry, and during this time the item is not be used for compounding purposes. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
82. Sterile 70% IPA pads are used to disinfect the sterile entry points of packages and devices. Wetted gauze pads or other particle-generating material are not appropriate. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes

QUALITY AND CONTROL (Secondary Engineering Controls)

83. Work surfaces in ISO Class 7 and 8 areas and segregated compounding areas are cleaned at least daily. IPA (70% isopropyl alcohol) remains on surfaces to be disinfected for at least 30 seconds before such surfaces are used to prepare CSPs. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
84. Floors in ISO Class 7 and 8 areas are mopped daily by trained personnel at a time when no aseptic operations are in progress using approved agents and procedures described in written SOP's. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
85. Shelving, walls, and ceilings in ante-areas and buffer areas are cleaned and disinfected at least monthly. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes

PERSONNEL CLEANSING, GARBING & COMPETENCY EVALUATION

86. Personnel preparing CSP's are free from rashes, sunburn, weeping sores, conjunctivitis, and active respiratory infections. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
87. Compounding personnel remove personal outer garments; cosmetics; artificial nails; hand, wrist, and body jewelry that can interfere with the fit of gowns and gloves; and visible body piercing above the neck. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
88. Facility has adequate supplies to meet PPE requirements of USP <797>. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
89. Garbing and hand hygiene are accomplished in the ante-area in order of dirtiest to cleanest: shoes or shoe covers, head and facial hair covers, face mask, fingernail cleansing, hand and forearm washing and drying; non-shedding gown. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
90. Sterile gloves are donned in the buffer room/isolator after hand cleansing with an alcohol-based product with persistent activity and hands are allowed to dry. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
91. Gloves are routinely disinfected with sterile 70% IPA after contacting nonsterile objects. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
92. Personnel repeat garbing and hand hygiene after they are exposed to direct contact contamination or worse than ISO Class 8 air. Gowns may be hung in the anteroom and reused during the same workshift. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
93. Low/Medium Risk media-fill tests that closely simulate the most challenging or stressful conditions encountered during compounding are completed at least annually by compounding personnel. Media-filled vials are appropriately incubated for 14 days. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Medium-Risk Level CSPs] <i>No medium risk media fill for employees.</i>	No
94. High Risk Media-fill tests that closely simulate the most challenging or stressful conditions encountered during compounding have been completed at least semiannually by compounding personnel. Media-filled vials are appropriately incubated for 14 days. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs] <i>RPh JA has signed a few compounding worksheets for sterile compounding for Leuprolide Acetate 5mg/ml and Progesterone 50mg/ml Ethyl Oleate released to patients in May 2018, however there is no high risk Media fill completed for this PIC.</i>	No
95. Documentation indicates compounding personnel have successfully completed didactic training, passed written competency assessments, undergone skill assessment using observational audit tools (hand hygiene, garbing, aseptic technique) and media-fill testing annually or semiannually (high risk) and before any compounding personnel begin to prepare CSPs. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures] <i>No documentation of hand hygiene, garbing and aseptic technique observations for JA, RPh, PIC who signs off on sterile HD compounds.</i>	No
96. Compounding personnel who fail written tests, observational audits, or whose media-fill test vials have one or more units showing visible microbial contamination, are instructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic work practice deficiencies. Corrective action is documented. Compounding personnel pass all evaluations prior to resuming compounding of sterile preparations. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures]	N/A

INV797-Sterile Compounding
SOUTH MIAMI PHARMACY II

Insp # 148595

File # 23306

97. Other cleaning personnel performing cleaning and disinfecting procedures (e.g. environmental) are thoroughly trained in proper hand hygiene, and garbing, cleaning, and disinfection procedures by a qualified aseptic compounding expert. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures]	N/A
98. Compounding personnel and other personnel responsible for cleaning routinely undergo performance evaluation of proper hand hygiene, garbing, and all applicable cleaning and disinfecting procedures conducted by a qualified aseptic compounding expert. Visual observation of hand hygiene, garbing and cleaning is documented and maintained to provide a permanent record and long-term assessment of personnel competency. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures] <i>Cleaning observations not provided for PIC JA who signs off on sterile HD CSP's.</i>	No
99. Immediately after the compounder completes the hand hygiene and garbing procedure, the evaluator collects a gloved fingertip and thumb sample from both hands of the compounder onto appropriate agar plates. The plates are incubated at 30-35° for 2-3 days. All compounding personnel have successfully completed an initial competency evaluation and gloved fingertip/thumb sampling procedure (0 cfu) no less than three times before initially being allowed to compound CSPs for human use. [ENVIRONMENTAL QUALITY AND CONTROL : Gloved Fingertip Sampling] <i>PIC, JA who signs off on compounded high risk CSP's has not completed gloved fingertip sampling.</i>	No
100. Re-evaluation of glove fingertip testing onto appropriate agar plates (Trypticase soy agar (TSA) with lecithin and polysorbate 80) for all compounding personnel occurs at least annually for low- and medium-risk level CSPs and semiannually for high-risk level CSPs before being allowed to continue compounding CSPs. Gloves shall not be disinfected with sterile 70% IPA prior to testing. The cfu action level is based on the total number of cfu on both gloves and not per hand. [ENVIRONMENTAL QUALITY AND CONTROL : Gloved Fingertip Sampling]	Yes

VERIFICATION

101. Labels of CSPs contain name and address of pharmacy, correct names and amounts or concentrations of ingredients, total volumes, beyond-use dates, storage conditions, and route(s) of administration. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Identity and Strength Verification of Ingredients] <i>Progesterone 100mg/ml rx #8708086 label indicates "Prog 100mg/ml ethyl oleate (smp)", no total quantity in units (10? ml? each?); smp may be misconstrued as an ingredient in your compound. Names of CSP's on labels do not indicate dosage form.; your trimix labels lack inclusion of all ingredients rx #'s 8704510 and #8697966 read "alprostadil 10mcg/papaverine H"</i>	No
102. Facility has documentation that procedures have been followed to ensure sterility, purity, correct identities and amounts of ingredients, and stability. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Inspection of Solution Dosage Forms and Review of Compounding Procedures] <i>Firm does not send alprostadil stock solution for sterility tests (two sub batches: 1st batch alprostadil w/ ethyl alcohol lot # 180222O assigned 180 days. 2nd batch contains lot 180222O plus WFI lot 180416E assigned 14 day BUD) both used in tri mix lot 180416F without sterility tests. Final CSP lot 180416F assigned a 60 day BUD. Trimix lot # 180205Q assigned 60 day BUD, with active ingredients that expire before the assigned BUD - phentolamine expired 2/6/18 and alprostadil 100mcg / WFI (lot 180130L) expires on 2/13/18.</i>	No
103. CSPs are visually inspected for abnormal particulate matter and color, and intact containers and seals. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Inspection of Solution Dosage Forms and Review of Compounding Procedures]	Yes
104. Beyond Use Dates are assigned using direct stability-indicating assays or authoritative literature that supports the assigned BUD. [STORAGE AND BEYOND-USE DATING : Determining Beyond-Use Dates] <i>Trimix 10/30/1 lot 180416F is assigned a 60 day BUD, no potency over time available, rx 8704510 and 8697966 were dispensed. Trimix 20/30/2 lot 180418O assigned 60 day BUD, no potency, rx # 8708808 dispensed.</i>	No
105. Storage time of assembled bag and vial systems are according to the manufacturer recommendations. (eg Minibag plus, Addvantage, Add-ease) [STORAGE AND BEYOND-USE DATING : Proprietary Bag and Vial Systems]	N/A

DISPENSING/DISTRIBUTION

106. Facility has written procedures for proper packaging, storage, and transportation conditions to maintain sterility, quality, purity, and strength of CSPs. [MAINTAINING STERILITY, PURITY, AND STABILITY OF DISPENSED AND DISTRIBUTED CSPs :]	Yes
107. Modes of transport are used that maintain appropriate temperatures and prevent damage to CSPs. [MAINTAINING STERILITY, PURITY, AND STABILITY OF DISPENSED AND DISTRIBUTED CSPs : Packaging and Transporting CSPs]	Yes
108. Facility provides a multiple component formal training program to ensure patients and caregivers understand the proper storage, handling, use, and disposal of CSPs. [PATIENT OR CAREGIVER TRAINING]	Yes

POLICY/PROCEDURE

109. Written procedures detail cleaning and disinfecting the sterile compounding areas including cleansers, disinfectants, and non-shedding wipe and mop materials. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
110. A written procedure is in place for cleaning and disinfecting the Direct Compounding Areas. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
111. Facility has written procedures to verify correct identity, quality, amounts, and purities of ingredients used in CSPs. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Identity and Strength Verification of Ingredients]	Yes
112. Policies address packaging to maintain physical integrity, sterility, stability, and purity of CSPs. [MAINTAINING STERILITY, PURITY, AND STABILITY OF DISPENSED AND DISTRIBUTED CSPs : Packaging and Transporting CSPs]	Yes
113. Written standard procedures describe means for patients to ask questions and report concerns and adverse events with CSPs, and for compounding pharmacists to correct and prevent future problems. [PATIENT MONITORING AND ADVERSE EVENTS REPORTING]	N/A

RADIOPHARMACEUTICALS

114. Facility has appropriate primary engineering controls and radioactivity containment and shielding. Location of primary engineering controls permitted in ISO Class 8 controlled environment. [RADIOPHARMACEUTICALS AS CSPs]	
115. Radiopharmaceuticals prepared as low-risk level CSPs with 12-hour or less BUD are prepared in a segregated compounding area. Segregated compounding area is designated with a line of demarcation. [RADIOPHARMACEUTICALS AS CSPs]	
116. Technetium-99m/Molybdenum-99 generators are eluted in ISO Class 8 conditions. [RADIOPHARMACEUTICALS AS CSPs]	

MISCELLANEOUS

117. Facility engaged in office use sterile compounding for human use is registered with FDA as an outsourcing facility. [FAC 64B16-27.700 (3)(g)]	N/A
118. Compounding records are properly maintained. [FAC 64B16-28.140(4)] <i>Please add storage conditions on your compounding worksheets.</i>	No

INV797-Sterile Compounding
SOUTH MIAMI PHARMACY II

Insp # 148595

File # 23306

119. When compounding activities require the manipulation of a patient's blood-derived or other biological material, the manipulations are clearly separated from routine material-handling procedures and equipment used in CSP preparation activities, and they are controlled by specific standard operating procedures in order to avoid any cross-contamination. [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	N/A
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SPECIAL PARENTERAL ENTERAL & EXTENDED SCOPE

120. Pharmacy technicians properly identified and supervised. [64B16-27.420, F.A.C.]	
121. Medication properly labeled. [465.0255, F.S.] [64B16-28.108, F.A.C.]	
122. Expired medications removed from the shelves. [64B16-28.110, F.A.C.]	
123. CQI Policy and Procedures and quarterly meetings. [766.101, F.S.] [64B16-27.300, F.A.C.]	
124. Prescriptions have the date dispensed and dispensing pharmacists. [893.04(1)(c) 6, F.S.] [64B16-28.140(3)(b), F.A.C.]	
125. Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	
126. All controlled substance prescriptions contain information required. [893.04, F.S.]	
127. Prescriptions for controlled substances are on counterfeit-proof prescription pads or blanks purchased from a Department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.]	
128. Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.]	
129. DEA 222 order forms properly completed. [893.07, F.S.]	
130. Controlled substance records and Rx information in computer system is retrievable. [21CFR 1306.22] [64B16-28.140, F.A.C.]	
131. Controlled substance records maintained for 4 years. [465.022(12)(b), F.S.]	
132. Certified daily log OR printout maintained. [21CFR 1306.22(b)(3)] [64B16-28.140(3)(b), F.A.C.]	
133. Pharmacy is reporting to the PDMP within 7 days of dispensing controlled substance. [893.055(4), F.S.]	
134. Pharmacy maintains invoices documenting that medicinal drugs were obtained from a Florida licensed distributor. 499.005 (14)	

Remarks:

Routine SSCP inspection conducted with Richard Mayan Rph, Dantes Gutierrez RPT and Carlos Gomez RPT. Please send inspector a corrective action plan for all deficiencies on or before July 2, 2018.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:



Date:5/31/2018

Representative:

Richard Mayan



Date:5/31/2018



7425 SW 42nd ST, MIAMI, FL 33155
T: (305) 740-9744 | F: (866) 301-1364

June 25, 2018

Florida Department of Health
Board of Pharmacy
4052 Bald Cypress Way Bin C-04
Tallahassee, FL 32399-3258
Ph: 954-267-4530
Fx: 954-202-3254

Re: Non-Resident Pharmacy Renewal – Corrective Action Plan

To Whom It May Concern:

In an effort to ensure compliance with the Department of Health, South Miami Pharmacy II, Inc (d/b/a: SMP Pharmacy Solutions #2) has finalized items that were incomplete at the time of our sterile inspection.

- #8: Standards Operating Procedure (SOP) has been updated to reflect all sub-formulas for Compounded Sterile Products (CSPs) undergo the proper sterile testing. Also, the Tri-Mix formula has been discontinued and will no longer be compounded.
- #11: SOP has been updated to reflect all sub-formulas for CSPs undergo the proper sterile testing. Also, the Tri-Mix formula has been discontinued and will no longer be compounded.
- #14: Thermo-mapping for the oven completed on June 21, 2018 with the correct amount of thermocouples.
- #15: SOP has been updated to reflect glassware that is depyrogenated be rinsed with sterile water instead of filtered water/alcohol combo.
- #16: SOP has been updated to reflect all sub-formulas for CSPs undergo the proper sterile testing. Also, the Tri-Mix formula has been discontinued and will no longer be compounded.
- #93: Medium Risk Media Fills have been performed.
- #94: The Pharmacist-in-Charge (PIC) has done proper module training and competency testing.
- #95: The PIC has done proper module training and competency testing.
- #98: The PIC has done proper module training and competency testing.
- #99: The PIC has done proper module training and competency testing.
- #101: Recommended label adjustments have been made.
- #102: SOP has been updated to reflect all sub-formulas for CSPs undergo the proper sterile testing. Also, the Tri-Mix formula has been discontinued and will no longer be compounded.



7425 SW 42nd ST, MIAMI, FL 33155
T: (305) 740-9744 | F: (866) 301-1364

- #104: SOP has been updated to reflect all sub-formulas for CSPs undergo the proper sterile testing. Also, the Tri-Mix formula has been discontinued and will no longer be compounded.
- #118: "Room Temperature" storage condition has been documented on compounded worksheets

Should you require any additional information, please contact me directly.

Sincerely,

Dantes Gutiérrez, CPhT.

Data & Compliance Coordinator

South Miami Pharmacy

Ph #: 305.740.9696 ext.526

Fx #: 888.615.6637

dantes@smppharmacy.com

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DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2015 to October 31, 2017

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2015) OR \$320.00 (postmarked after 10/31/2015)

LICENSE: 13105
Phic Kaing Lim
LUCRETIA AVE,
Los Angeles, CA 90026

Please make any changes to name or address next to the old information

Must be postmarked no later than NOV 06 2015 or late fees will apply!

RENEW BY MAIL

1. Complete **ALL** sections on this form
2. Sign and date this form
3. Send **MO** with this form (do **NOT** staple)
4. Mail **original** form/payment to address above
5. **NO COPIES**
6. **NO SIGNATURE STAMPS ACCEPTED**

<OR>

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications " then, "License Renewal", FOLLOW instructions
3. Use: **USER ID:**
PASSWORD: *****

**New Users: once logged in, when asked for OLD password, use the above password, then change*

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... Yes No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... Yes No
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... Yes No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... Yes No

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

Board Administrative Action:	State	Date:	Case #:
	CA	4/17/2014	4873
	CA	9/17/2014	4906
Criminal Action:	State	Date:	Case #:
	CA	October 1 2011	CR11-1075 SJD
			County
			Los Angeles
			Court
			US Court Central District

Section 2:

Are you the subject of a court order for the support of a child?..... Yes No Yes No

IF you marked YES to the question above, are you in compliance with the court order?..... Yes No

Section 3: (Fees apply to either status) (see colored insert for details)

By signing below, you certify that you have completed ALL required CE Hours due for the 15/17 Renewal period. (Dated from Nov. 1, 13 – Oct. 31, 15; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE.

Inactive - By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable
2. Have you ever served in the military, either active, reserve or retired? Yes No Branch: _____

Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: *Phic Kaing Lim* Date: 10/19/2015

11/5/15

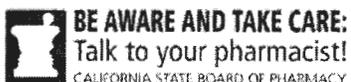
Explanation

Administration hearing cases # 4873 and 4906 involve excessive dispensing controlled medications without due diligence. The cases are still pending hearing in December 2015.

Case CR 11-1075-530 involve Medi-Cal and Medicare fraud since November 2011. The case is still pending.

Phic Lim,





BOARD OF PHARMACY

Licensee Name: LIM PHIC
License Type: REGISTERED PHARMACIST
License Number: 49175
License Status: Probation or practice restriction Definition
 Probation Definition
Expiration Date: December 31, 2019
Issue Date: October 22, 1996
Address: LUCRETIA AVE
City: LOS ANGELES
State: CA
Zip: 90026
County: LOS ANGELES
Actions: Yes

Related Licenses/Registrations/Permits

Number	Name	Type	Status
<u>48863</u>	GEMMEL PHARMACY RANCHO	RETAIL PHARMACY	CANCELLED
<u>48864</u>	SUNNY HILLS PHARMACY	RETAIL PHARMACY	CANCELLED
<u>48865</u>	GEMMEL PHARMACY OF CUCAMONGA	RETAIL PHARMACY	CANCELLED
<u>48866</u>	SAN ANTONIO INFUSION PHARMACY	RETAIL PHARMACY	CANCELLED
<u>48867</u>	MEDICAL ARTS PHARMACY	RETAIL PHARMACY	CANCELLED
<u>48868</u>	GEMMEL PHARMACY OF ALTA LOMA	RETAIL PHARMACY	CANCELLED
<u>48869</u>	GEMMEL PHARMACY OF UPLAND	RETAIL PHARMACY	CANCELLED
<u>48870</u>	GEMMEL PHARMACY OF ONTARIO	RETAIL PHARMACY	CANCELLED
<u>48871</u>	GEMMEL PHARMACY SIERRA	RETAIL PHARMACY	CANCELLED
<u>48872</u>	GEMMEL SAN ANTONIO PHARMACY	RETAIL PHARMACY	CANCELLED
<u>48899</u>	EAST LA PHARMACY	RETAIL PHARMACY	CANCELLED
<u>49143</u>	RANCHO SANTA FE PHARMACY	RETAIL PHARMACY	CANCELLED
<u>49247</u>	RANCHO SANTA FE PHARMACY	RETAIL PHARMACY	CANCELLED
<u>49825</u>	B & B PHARMACY	RETAIL PHARMACY	CANCELLED
<u>49826</u>	EAST LA PHARMACY	RETAIL PHARMACY	CANCELLED
<u>99482</u>	SAN ANTONIO INFUSION PHARMACY	LICENSED STERILE COMPOUNDING	CANCELLED
<u>99541</u>	B & B PHARMACY	LICENSED STERILE COMPOUNDING	CANCELLED

99632 GEMMEL PHARMACY OF ONTARIO LICENSED STERILE COMPOUNDING CANCELLED

Public Disclosure

Administrative Disciplinary Actions

Current web site information on Board of Pharmacy disciplinary actions only goes as far back as *January 1998* following the effective date of the disciplinary penalty.

Disciplinary actions rendered by the Board and penalties imposed become operative on the effective date of the action except in situations where the licensee obtains a court-ordered stay through the appeal process. This may occur after the publication of the information on this website.

To obtain information prior to January 1998 or for information on specific discipline listed submit a written request to the *State Board of Pharmacy, 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834, Attention Public Records Desk.*

Case Number: AC201300490600
Description of Action: THESE PROCEEDINGS ARE CONCLUDED WITHOUT THE IMPOSITION OF DISCIPLINE.
Effective Date of Action: May 02, 2018

Public documents relating to this action are available here:
<http://www.pharmacy.ca.gov/enforcement/afy1314/ac134906>

Case Number: AC201300487300
Description of Action: THROUGH A DISCIPLINARY ACTION OF THE BOARD, THE LICENSE IS REVOKED, THE REVOCATION IS STAYED, AND THE LICENSEE IS PLACED ON PROBATION FOR THREE YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.
Effective Date of Action: May 02, 2018

Public documents relating to this action are available here:
<http://www.pharmacy.ca.gov/enforcement/fy1314/ac134873>

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1 KAMALA D. HARRIS
 Attorney General of California
 2 ARMANDO ZAMBRANO
 Supervising Deputy Attorney General
 3 LINDA L. SUN
 Deputy Attorney General
 4 State Bar No. 207108
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 Telephone: (213) 897-6375
 6 Facsimile: (213) 897-2804
Attorneys for Complainant
 7

8 **BEFORE THE**
BOARD OF PHARMACY
 9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 4873

12 **GEMMEL PHARMACY INC., DBA B & B**
 13 **PHARMACY; PHIC LIM; STANLEY**
 14 **MARC SCHWARTZ**
 10244 Rosecrans Ave.
 Bellflower, CA 90706

A C C U S A T I O N

15 Pharmacy Permit No. PHY 49825,

16 **PHIC LIM**
 17 **1107 Fair Oaks Avenue, #148**
 18 **South Pasadena, CA 91030**

19 Pharmacist License No. RPH 49175,

20 and

21 **STANLEY MARC SCHWARTZ**
 22 **4656 Adagio Lane**
 23 **Cypress, CA 90630**

Pharmacist License No. RPH 32928

Respondents.

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1 Complainant alleges:

2 PARTIES

3 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
4 as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs

5 2. On or about March 23, 2009, the Board issued Pharmacy Permit Number PHY 49825
6 to Gemmel Pharmacy Inc., dba B & B Pharmacy; Phic Lim¹; Stanley Marc Schwartz²
7 (Respondent Pharmacy). The Pharmacy Permit expired on March 1, 2012, and has not been
8 renewed.

9 3. On or about October 22, 1996, the Board issued Pharmacist License Number RPH
10 49175 to Phic Lim (Respondent Lim). The Pharmacist License was in full force and effect at all
11 times relevant to the charges brought herein and will expire on December 31, 2015, if not
12 renewed.

13 4. On or about August 9, 1979, the Board issued Pharmacist License Number RPH
14 32928 to Stanley Marc Schwartz (Respondent Schwartz). The Pharmacist License was in full
15 force and effect at all times relevant to the charges brought herein and will expire on June 30,
16 2015, unless renewed.

17 JURISDICTION

18 5. This Accusation is brought before the Board the authority of the following laws. All
19 section references are to the Business and Professions Code ("Code") unless otherwise indicated.

20 6. Section 4300 of the Code states, in pertinent part:

21 "(a) Every license issued may be suspended or revoked."

22 7. Section 4300.1 of the Code states:

23 "The expiration, cancellation, forfeiture, or suspension of a board-issued license by
24 operation of law or by order or decision of the board or a court of law, the placement of a license

25 _____
26 ¹ Phic Lim was the Secretary from March 23, 2009 to December 23, 2011, and the
27 Pharmacist-in-Charge from March 23, 2009 to February 28, 2010.

28 ² Stanley Schwarz was the Pharmacist-in-Charge from March 1, 2010 to December 23,
2011.

1 on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board
2 of jurisdiction to commence or proceed with any investigation of, or action or disciplinary
3 proceeding against, the licensee or to render a decision suspending or revoking the license."

4 STATUTORY PROVISIONS

5 8. Section 4301 of the Code states:

6 "The board shall take action against any holder of a license who is guilty of unprofessional
7 conduct or whose license has been procured by fraud or misrepresentation or issued by mistake.
8 Unprofessional conduct shall include, but is not limited to, any of the following:

9

10 "(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a)
11 of Section 11153 of the Health and Safety Code.

12 "(e) The clearly excessive furnishing of controlled substances in violation of subdivision (a)
13 of Section 11153.5 of the Health and Safety Code. Factors to be considered in determining
14 whether the furnishing of controlled substances is clearly excessive shall include, but not be
15 limited to, the amount of controlled substances furnished, the previous ordering pattern of the
16 customer (including size and frequency of orders), the type and size of the customer, and where
17 and to whom the customer distributes its product.

18

19 "(j) The violation of any of the statutes of this state, or any other state, or of the United
20 States regulating controlled substances and dangerous drugs.

21

22 "(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
23 violation of or conspiring to violate any provision or term of this chapter or of the applicable
24 federal and state laws and regulations governing pharmacy, including regulations established by
25 the board or by any other state or federal regulatory agency."

26 9. Section 4022 of the Code states:

27 "Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in
28 humans or animals, and includes the following:

1 (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without
2 prescription," "Rx only," or words of similar import.

3 (b) Any device that bears the statement: "Caution: federal law restricts this device to sale
4 by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled
5 in with the designation of the practitioner licensed to use or order use of the device.

6 (c) Any other drug or device that by federal or state law can be lawfully dispensed only on
7 prescription or furnished pursuant to Section 4006."

8 10. Section 4081 of the Code provides:

9 “(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs
10 or dangerous devices shall be at all times during business hours open to inspection by authorized
11 officers of the law, and shall be preserved for at least three years from the date of making. A
12 current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-
13 animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital,
14 institution, or establishment holding a currently valid and unrevoked certificate, license, permit,
15 registration, or exemption under Division 2 (commencing with Section 1200) of the Health and
16 Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and
17 Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

18 “(b) The owner, officer, and partner of a pharmacy, wholesaler, or veterinary food-animal
19 drug retailer shall be jointly responsible, with the pharmacist-in-charge or designated
20 representative-in charge, for maintaining the records and inventory described in this section.”

21 11. Section 4105 of the Code provides:

22 “(a) All records or other documentation of the acquisition and disposition of dangerous
23 drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed
24 premises in a readily retrievable form.

25 “(b) The licensee may remove the original records or documentation from the licensed
26 premises on a temporary basis for license-related purposes. However, a duplicate set of those
27 records or other documentation shall be retained on the licensed premises.

28 ///

1 a. Physician Assistant A.G. wrote a total of 6,240 controlled substance prescriptions
2 from July 1, 2009 to January 6, 2011, of which 2,504 (40.13%-largest) were dispensed at
3 Respondent Pharmacy.

4 b. Dr. S.S. wrote a total of 1,037 controlled substance prescriptions from July 1, 2009 to
5 January 6, 2011, of which 269 (25.94%-largest) were dispensed at Respondent Pharmacy.

6 c. Dr. H.G. wrote a total of 1,772 controlled substance prescriptions from July 1, 2009
7 to January 6, 2011, of which 328 (18.51%-largest) were dispensed at Respondent Pharmacy.

8 20. The following are the prescriptions written from CPC and dispensed by Respondent
9 Pharmacy between March 23, 2009 and December 23, 2011:

10 a. Patient HH received Oxycontin 80mg above the recommended dosing interval of
11 twice daily, along with Dilaudid 4mg, 1 tab every 6 hours as needed #100.

12 b. Patient KH received Oxycontin 80mg above the recommended dosing interval of
13 twice daily, along with Dilaudid 4mg, 1 tab every 6 hours as needed #100. KH lived in Los
14 Angeles, traveled approximately 18 miles to CPC, and drove additional miles to Respondent
15 Pharmacy to receive her prescriptions.

16 c. Patient JT received a combination of Oxycontin 80mg and hydromorphone 4mg.
17 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. JT
18 lived in Los Angeles, traveled approximately 18 miles to CPC, and drove additional miles to
19 Respondent Pharmacy to receive her prescriptions. Respondent Pharmacy also dispensed 2
20 prescriptions for Oxycontin 80mg on July 13, 2009.

21 d. Patient JW received a combination of Oxycontin 80mg and hydromorphone 4mg.
22 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. JW
23 lived in Los Angeles, traveled approximately 22 miles to CPC, and drove additional miles to
24 Respondent Pharmacy to receive his prescriptions. JW paid cash for these drugs when they were
25 not covered by insurance.

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1 e. Patient DU received a combination of Oxycontin 80mg and hydromorphone 4mg.
2 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. DU
3 lived in Los Angeles, traveled approximately 23 miles to CPC, and drove additional miles to
4 Respondent Pharmacy to receive his prescriptions.

5 f. Patient AS received a combination of Oxycontin 80mg and hydromorphone 4mg.
6 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. AS
7 lived in Los Angeles, traveled approximately 12 miles to CPC, and drove additional miles to
8 Respondent Pharmacy to receive his prescriptions.

9 g. Patient JJ received a combination of Oxycontin 80mg and hydromorphone 4mg.
10 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. JJ
11 lived in Los Angeles, traveled approximately 18 miles to CPC, and drove additional miles to
12 Respondent Pharmacy to receive his prescriptions.

13 h. Patient FJ received a combination of Oxycontin 80mg and hydromorphone 4mg.
14 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. FJ
15 lived in Los Angeles, traveled approximately 10 miles to CPC, and drove additional miles to
16 Respondent Pharmacy to receive his prescriptions.

17 i. Patient MC received a combination of Oxycontin 80mg and hydromorphone 4mg.
18 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. MC
19 lived in Los Angeles, traveled approximately 16 miles to CPC, and drove additional miles to
20 Respondent Pharmacy to receive his prescriptions. Respondent Pharmacy's printed CURES
21 report for MC shows that on June 16, 2010, July 14, 2010 and August 13, 2010, MC used
22 multiple physicians and pharmacies to obtain his pain medications. MC also paid cash for his
23 pain medications when they were not covered by his insurance.

24 j. Patient LM received a combination of Oxycontin 80mg and hydromorphone 4mg.
25 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100. LM
26 lived in Long Beach, traveled approximately 3 miles to CPC, and drove additional miles to
27 Respondent Pharmacy to receive his prescriptions.

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1 k. Patient EA received hydrocodone/acetaminophen 7.5/750mg, above the
2 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed
3 4500mg/day to EA who lived in Moreno Valley, traveled approximately 50 miles to visit his
4 physician, and drove additional miles to Respondent Pharmacy to receive his prescriptions.

5 l. Patient RA received hydrocodone/acetaminophen 7.5/750mg, above the
6 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-
7 4500 mg/day to RA.

8 m. Patient KB received hydrocodone/acetaminophen 7.5/750mg, above the
9 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-
10 4500mg/day to KB. KB lived in Highland, traveled approximately 6 miles to visit his physician
11 in San Bernardino, and drove an additional 67 miles to Respondent Pharmacy to receive his
12 prescriptions.

13 n. Patient JH received hydrocodone/acetaminophen 7.5/750mg, above the recommended
14 dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-4500mg/day to
15 JH. JH lived in Pomona, traveled approximately 40 miles to visit his physician in Beverly Hills,
16 and drove additional miles to Respondent Pharmacy to receive his prescriptions.

17 o. Patient BH received hydrocodone/acetaminophen 7.5/750mg, 4500mg/day above the
18 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed
19 4500mg/day to BH.

20 p. Patient NM received hydrocodone/acetaminophen 7.5/750mg, above the
21 recommended dose of 4000mg/day of acetaminophen. Respondent Pharmacy dispensed 3000-
22 4500mg/day to NM. NM lived in Anaheim, traveled approximately 17 miles to visit her physician
23 in Pico Rivera, and drove additional miles to Respondent Pharmacy to receive her prescriptions.

24 q. Patient KA received a combination of Oxycontin 80mg and hydromorphone 4mg.
25 Oxycontin 80mg – 2 tabs am, 1 pm #90; Dilaudid 4mg, 1 tab every 6 hours as needed #100.

26 r. Patient EM received Oxycontin 80mg above the recommended dosing interval of
27 twice daily. EM was also prescribed Dilaudid 4mg, 1 tab every 6 hours as needed #90. EM lived
28 in Los Angeles, traveled approximately 18 miles CPC, and drove additional miles to Respondent

1 Pharmacy to receive his prescriptions. Respondent Pharmacy's printed Controlled Substance
2 Utilization Review ("CURES") report for EM shows that on June 9, 2010, EM used multiple
3 physicians to obtain his pain medications.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Failure to Assume Co-Responsibility to Validate Legitimacy of Prescription)**

6 21. Respondents Pharmacy, Lim and Schwartz are subject to disciplinary action under
7 Code section 4301, subdivisions (d) and (j) for violating Health and Safety Code section 11153,
8 subdivision (a), and Code section 4301, subdivision (o), for violating Regulations sections 1761,
9 in that between March 23, 2009 to December 23, 2011, Respondents failed to assume
10 corresponding responsibility by failing to validate the legitimacy of the prescriptions and/or
11 reviewing the patients' drug therapy, by dispensing prescriptions to physician shoppers, and/or by
12 dispensing erroneous/uncertain prescriptions. Complainant refers to and incorporates all the
13 allegations contained in paragraphs 18-20, as though set forth fully.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Failure to Maintain Records)**

16 22. Respondents Pharmacy and Lim are subject to disciplinary action under Code section
17 4301, subdivision (o) for violating Code sections 4081 and 4105, in that during the Board
18 investigation on March 7, 2011, Respondents could not produce prescription hardcopies for RX
19 ## 1574617, 1578157, 1556336, 1578979, 1558050, 1558030, 1560968 and 1562161 for the
20 period between March 23, 2009 and February 28, 2010.

21 **DISCIPLINE CONSIDERATIONS**

22 23. To determine the degree of discipline, if any, to be imposed on Respondent Lim,
23 Complainant alleges that on or about April 27, 2011, the Board of Pharmacy issued Citation
24 Number CI 2010 48039 to Respondent Lim for violations of Regulations section 1751.3,
25 subdivision (b), 1751.7, subdivision (a), and 1716.2. Respondent Lim was ordered to pay a fine
26 of \$1,500.00. That Citation is now final and is incorporated by reference as if fully set forth.

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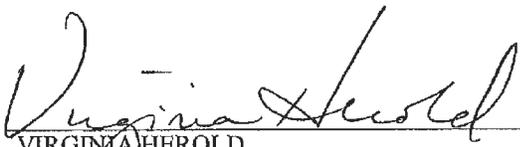
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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 49825, issued to Gemmel Pharmacy Inc., dba B & B Pharmacy; Phic Lim; Stanley Marc Schwartz;
2. **Revoking or suspending** Pharmacist License Number RPH 49175, issued to Phic Lim;
3. Revoking or suspending Pharmacist License Number RPH 32928, issued to Stanley Marc Schwartz;
4. Ordering Gemmel Pharmacy Inc., dba B & B Pharmacy, Phic Lim and Stanley Marc Schwartz to jointly and severally pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
5. Taking such other and further action as deemed necessary and proper.

DATED: 4/5/14 

VIRGINIA HEROLD
 Executive Officer
 Board of Pharmacy
 Department of Consumer Affairs
 State of California
 Complainant

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1 XAVIER BECERRA
 Attorney General of California
 2 LINDA L. SUN
 Supervising Deputy Attorney General
 3 MATTHEW A. KING
 Deputy Attorney General
 4 State Bar No. 265691
 300 So. Spring Street, Suite 1702
 5 Los Angeles, CA 90013
 matthew.king@doj.ca.gov
 6 (213) 897-7446

7 *Attorneys for Complainant*

8 **BEFORE THE**
BOARD OF PHARMACY
 9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 4906
 OAH No. 2014080925 [Consolidated]

12 **P S ENTERPRISE, INC.,**
d.b.a. HUNTINGTON PHARMACY;
 13 **PHIC LIM, President, Pharmacist-In-**
Charge
 14 2300 Huntington Dr.
 San Marino, CA 91108

FIRST AMENDED ACCUSATION

15 **Pharmacy Permit No. PHY 45238,**

16 and

17 **PHIC LIM**
 18 1553 Lucretia Ave.
 Los Angeles, CA 90026

19 **Pharmacist License No. RPH 49175,**

20 Respondents.

22 Complainant alleges:

23 **PARTIES**

24 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
 25 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

26 2. On May 29, 2001, the Board of Pharmacy issued Pharmacy Permit Number PHY
 27 45238 to Respondent P S Enterprise, Inc., doing business as Huntington Pharmacy; with Phic Lim
 28 as the President since May 29, 2001 and Pharmacist-in-Charge since March 10, 2010 (Respondent

1 Pharmacy). The Pharmacy Permit expired on May 1, 2012, and has not been renewed.

2 3. On October 22, 1996, the Board of Pharmacy issued Pharmacist License Number
3 RPH 49175 to Phic Lim (Respondent Phic Lim). The Pharmacist License was in full force and
4 effect at all times relevant to the charges brought herein and will expire on December 31, 2017
5 unless it is renewed.

6 JURISDICTION

7 4. This Accusation is brought before the Board under the authority of the following
8 laws. All section references are to the Business and Professions Code unless otherwise indicated.

9 5. Section 4300 of the Code states in relevant part that “[e]very license issued may be
10 suspended or revoked.”

11 6. Section 4300.1 of the Code states:

12 The expiration, cancellation, forfeiture, or suspension of a board-issued license
13 by operation of law or by order or decision of the board or a court of law, the
14 placement of a license on a retired status, or the voluntary surrender of a license by a
15 licensee shall not deprive the board of jurisdiction to commence or proceed with any
16 investigation of, or action or disciplinary proceeding against, the licensee or to render a
17 decision suspending or revoking the license.

16 STATUTES

17 7. Section 490 of the Code states in relevant part:

18 (a) In addition to any other action that a board is permitted to take against a
19 licensee, a board may suspend or revoke a license on the ground that the licensee has
20 been convicted of a crime, if the crime is substantially related to the qualifications,
21 functions, or duties of the business or profession for which the license was issued.

22 (b) Notwithstanding any other provision of law, a board may exercise any
23 authority to discipline a licensee for conviction of a crime that is independent of the
24 authority granted under subdivision (a) only if the crime is substantially related to the
25 qualifications, functions, or duties of the business or profession for which the licensee's
26 license was issued.

27 (c) A conviction within the meaning of this section means a plea or verdict of
28 guilty or a conviction following a plea of nolo contendere. An action that a board is
permitted to take following the establishment of a conviction may be taken when the
time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal,
or when an order granting probation is made suspending the imposition of sentence,
irrespective of a subsequent order under Section 1203.4 of the Penal Code.

1 8. Section 4022 of the Code states:

2 "Dangerous drug" or "dangerous device" means any drug or device unsafe for
3 self-use in humans or animals, and includes the following:

4 (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing
5 without prescription," "Rx only," or words of similar import.

6 (b) Any device that bears the statement: "Caution: federal law restricts this device
7 to sale by or on the order of a _____," "Rx only," or words of similar import, the blank
8 to be filled in with the designation of the practitioner licensed to use or order use of the
9 device.

10 (c) Any other drug or device that by federal or state law can be lawfully
11 dispensed only on prescription or furnished pursuant to Section 4006.

12 9. Section 4081 of the Code states in relevant part:

13 (a) All records of manufacture and of sale, acquisition, receipt, shipment, or
14 disposition of dangerous drugs or dangerous devices shall be at all times during
15 business hours open to inspection by authorized officers of the law, and shall be
16 preserved for at least three years from the date of making. A current inventory shall be
17 kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy,
18 veterinary food-animal drug retailer, outsourcing facility, physician, dentist, podiatrist,
19 veterinarian, laboratory, clinic, hospital, institution, or establishment holding a
20 currently valid and unrevoked certificate, license, permit, registration, or exemption
21 under Division 2 (commencing with Section 1200) of the Health and Safety Code or
22 under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and
23 Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

24 (b) The owner, officer, and partner of a pharmacy, wholesaler, third-party
25 logistics provider, or veterinary food-animal drug retailer shall be jointly responsible,
26 with the pharmacist-in-charge, responsible manager, or designated representative-in-
27 charge, for maintaining the records and inventory described in this section.

28 10. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of
unprofessional conduct or whose license has been issued by mistake. Unprofessional
conduct shall include, but is not limited to, any of the following:

...

(d) The clearly excessive furnishing of controlled substances in violation of
subdivision (a) of Section 11153 of the Health and Safety Code.

...

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

11. Section 4307 of the Code states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or

1 knowingly participated in any conduct for which the license was denied, revoked,
2 suspended, or placed on probation, shall be prohibited from serving as a manager,
3 administrator, owner, member, officer, director, associate, partner, or in any other
4 position with management or control of a licensee as follows:

5 (1) Where a probationary license is issued or where an existing license is placed
6 on probation, this prohibition shall remain in effect for a period not to exceed five
7 years.

8 (2) Where the license is denied or revoked, the prohibition shall continue until
9 the license is issued or reinstated.

10 (b) "Manager, administrator, owner, member, officer, director, associate, partner,
11 or any other person with management or control of a license" as used in this section
12 and Section 4308, may refer to a pharmacist or to any other person who serves in such
13 capacity in or for a licensee.

14 (c) The provisions of subdivision (a) may be alleged in any pleading filed
15 pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the
16 Government Code. However, no order may be issued in that case except as to a person
17 who is named in the caption, as to whom the pleading alleges the applicability of this
18 section, and where the person has been given notice of the proceeding as required by
19 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government
20 Code. The authority to proceed as provided by this subdivision shall be in addition to
21 the board's authority to proceed under Section 4339 or any other provision of law.

22 12. Section 4332 of the Code states in relevant part:

23 Any person who fails, neglects, or refuses to maintain the records required by
24 Section 4081 or who, when called upon by an authorized officer or a member of the
25 board, fails, neglects, or refuses to produce or provide the records within a reasonable
26 time, or who willfully produces or furnishes records that are false, is guilty of a
27 misdemeanor.

28 13. Health and Safety Code section 11153 states in relevant part:

(a) A prescription for a controlled substance shall only be issued for a legitimate
medical purpose by an individual practitioner acting in the usual course of his or her
professional practice. The responsibility for the proper prescribing and dispensing of
controlled substances is upon the prescribing practitioner, but a corresponding
responsibility rests with the pharmacist who fills the prescription. Except as authorized
by this division, the following are not legal prescriptions: (1) an order purporting to be
a prescription which is issued not in the usual course of professional treatment or in
legitimate and authorized research; or (2) an order for an addict or habitual user of
controlled substances, which is issued not in the course of professional treatment or as
part of an authorized narcotic treatment program, for the purpose of providing the user
with controlled substances, sufficient to keep him or her comfortable by maintaining
customary use.

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14. Health and Safety Code section 11200 states:

(a) No person shall dispense or refill a controlled substance prescription more than six months after the date thereof.

(b) No prescription for a Schedule III or IV substance may be refilled more than five times and in an amount, for all refills of that prescription taken together, exceeding a 120-day supply.

(c) No prescription for a Schedule II substance may be refilled.

REGULATIONS

15. California Code of Regulations, title 16, section 1718, states:

“Current Inventory” as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

The controlled substances inventories required by Title 21, CFR, Section 1304 shall be available for inspection upon request for at least 3 years after the date of the inventory.

16. California Code of Regulations, title 16, section 1761, states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

17. California Code of Regulations, title 16, section 1770, states:

For the purpose of denial, suspension, or revocation of a personal or facility license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered substantially related to the qualifications, functions or duties of a licensee or registrant if to a substantial degree it evidences present or potential unfitness of a licensee or registrant to perform the functions authorized by his license or registration in a manner consistent with the public health, safety, or welfare.

COST RECOVERY

18. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUG CLASSIFICATIONS

19. Dilaudid is a brand name for hydromorphone. Dilaudid is a Schedule II controlled substance and a dangerous drug. (Health & Saf. Code, § 11055, subd. (b)(1)(J); Bus. & Prof. Code, § 4022.) Dilaudid is indicated for severe pain.

20. OxyContin is a brand name for oxycodone. OxyContin is a Schedule II controlled substance and a dangerous drug. (Health & Saf. Code, § 11055, subd. (b)(1)(M); Bus. & Prof. Code, § 4022.) OxyContin is indicated for moderate to severe pain.

21. Lyrica is a brand name for pregabalin. Lyrica is a Schedule V controlled substance and a dangerous drug. (Code Fed. Regs., tit. 21, § 1308.15, subd. (e)(13); Bus. & Prof. Code, § 4022.) Lyrica is indicated for fibromyalgia, diabetic nerve pain, spinal cord injury nerve pain, pain after shingles, and partial onset seizures in adults with epilepsy.

BOARD INVESTIGATION

22. From 2011 to 2013, the Board conducted a series of investigations of Respondent Pharmacy. Respondent Pharmacy's controlled substance log, prescription copies, Patient Activity Reports (PARs) and other documents, revealed violations of the Pharmacy Law.

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Substantially Related Crime)

(As to Respondent Phic Lim)

23. Respondent Phic Lim is subject to disciplinary action under sections 490 and 4301, subdivision (I), in conjunction with California Code of Regulations, title 16, section 1770, in that Respondent Phic Lim was convicted of a crime that is substantially related to the qualifications, functions, and duties of a registered pharmacist.

24. On or about December 11, 2015, Respondent Phic Lim pleaded guilty to one felony count of structuring of currency transactions (31 U.S.C. § 5324(a)(3).) On or about February 8, 2016, Respondent was sentenced to 12 months and one day in a federal penitentiary and ordered to pay a fine of \$15,000 and a special assessment of \$100. Following release from imprisonment, Respondent was placed on supervised release for three years upon terms and conditions that, in relevant part, require him to obtain prior written approval from his probation officer before being

1 employed in any position that requires licensing and/or certification by a local, state, or federal
2 agency. (*United States of America v. Phic Lim* (C.D.Cal. 2016) No. CR-11-1075-SJO-5).)

3 25. The circumstances of the conviction are that beginning not earlier than July 2009,
4 Respondent and his wife, a co-defendant, engaged in a pattern of knowingly and intentionally
5 depositing cash proceeds in structured amounts (that is, in individual transactions less than
6 \$10,000), resulting in combined deposits per day of more than \$10,000, and using multiple bank
7 accounts.

8 26. In total, Respondent and his wife made structured deposits of at least \$105,826 in
9 such cash proceeds. Respondent made those structured deposits knowing that the relevant
10 financial institutions had a legal obligation to report currency transactions in excess of \$10,000,
11 and Respondent acted for the purpose of evading that reporting obligation.

12 27. As an example of the structuring in which Respondent was engaged, on August 4,
13 2009, Respondent and his wife made two cash deposits in the amounts of \$1,662 and \$9,000 into
14 a Chase Bank account ending in numbers 0725.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Commission of Act of Dishonesty, Fraud, Deceit, Corruption)**

17 **(As to Respondent Phic Lim)**

18 28. Respondent Phic Lim is subject to disciplinary action under Code section 4301,
19 subdivision (f), in conjunction with California Code of Regulations, title 16, section 1770, in that
20 Respondent Phic Lim committed an act involving moral turpitude, dishonesty, fraud, deceit or
21 corruption. Complainant realleges paragraphs 21–26.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Failure to Validate Legitimacy of Prescriptions)**

24 **(As to All Respondents)**

25 29. Respondents are subject to disciplinary action under Code section 4301, subdivisions
26 (d) and (j) for violating Health and Safety Code section 11153, subdivision (a), and Code section
27 4301, subdivision (o), for violating California Code of Regulations, title 16, section 1761,
28 subdivisions (a) and (b), in that between 2009 and 2011, Respondents failed to assume

1 corresponding responsibility by failing to validate the legitimacy of the prescriptions they
2 dispensed; by failing to review the patients' drug therapy; by dispensing prescriptions to physician
3 shoppers or habitual users; and/or by dispensing erroneous or uncertain prescriptions. The
4 circumstances are as follows:

5 **A. Patient E.H. Received Prescriptions From Other Pharmacies While Receiving**
6 **Lyrica 300 mg from Respondents**

7 30. On or about February 5, 2010, Respondents dispensed prescription number 699247 to
8 Patient E.H. The prescription consisted of 60 tablets of Lyrica 300 mg, a 30-day supply.

9 31. Respondents refilled the prescription five times between March and December, 2017.

10 32. Respondents knew or should have known that Patient E.H. obtained prescriptions
11 from five other pharmacies and seven doctors during the time that he received prescriptions from
12 Respondents.

13 **B. Patient P.G. Received an Excessive Amount of OxyContin 80 mg**

14 33. On or about November 25, 2009, Respondents dispensed prescription number 693275
15 to Patient P.G. The prescription consisted of 90 pills of OxyContin 80 mg, a 30-day supply.

16 34. On or about December 1, 2009, Respondents dispensed a 30-day supply of Patient
17 P.G.'s prescription.

18 35. On or about December 24, 2009, Respondents dispensed another 30-day supply to
19 Patient P.G. 30 days early.

20 36. Respondents knew or should have known that Patient P.G. received prescriptions
21 from two different doctors while receiving his prescriptions from Respondents.

22 **C. Patient S.A. Received an Excessive Amount of Hydrocodone/APAP 10/325**

23 37. On or about June 22, 2010, Respondents dispensed prescription number 711850 to
24 Patient S.A. The prescription consisted of 120 pills of hydrocodone/APAP 10 mg /325 mg, a 30-
25 day supply.

26 38. On or about July 6, 2010, Respondents dispensed a refill 16 days early.

27 39. On or about July 21, 2010 Respondents dispensed a refill 15 days early.

28 40. Respondents knew or should have known that Patient S.A. obtained 120

1 hydrocodone/APAP 10 mg/325 mg from four other pharmacies during the period in which she
2 obtained the prescriptions from Respondents.

3 41. Respondents knew or should have known that Respondent lived in Palmdale and
4 traveled to San Dimas and Azusa for her prescriptions.

5 **D. Patient Y.B. Received an Excessive Amount of Hydrocodone/APAP 10/325**

6 42. On or about January 21, 2011, Respondents dispensed prescription number 724719 to
7 Patient Y.B. The prescription consisted of 45 pills of hydrocodone/APAP 10 mg/325 mg, an 11-
8 day supply.

9 43. On or about January 26, 2011, Respondents dispensed a refill six days early.

10 44. On or about February 3, 2011, Respondents dispensed a refill eight days early.

11 45. On or about February 8, 2011, Respondents dispensed a refill six days early.

12 46. On or about February 21, 2011, Respondents dispensed a refill.

13 47. On or about February 25, 2011, Respondents dispensed a refill seven days early.

14 48. On or about March 4, 2011, Respondents ran a CURES report on Patient Y.B.

15 A CURES report is a report generated from California's Controlled Substance Utilization Review
16 and Evaluation System. All prescription drug history information is maintained in CURES, a
17 database which contains about 86 million records. The database includes information about the
18 drug dispensed, drug quantity and strength, patient name, address, prescriber name, and
19 authorization number, including DEA number and prescription number.

20 49. By virtue of the information conveyed in the CURES report, Respondents knew or
21 should have known that during the period in which Patient Y.B. obtained prescriptions from
22 Respondents, she also obtained prescriptions from 16 other pharmacies and 13 doctors.

23 50. Respondents knew or should have known that Patient Y.B. lived in San Gabriel and
24 traveled to Glendora and Norwalk for her prescriptions.

25 **E. Daily Logs Reveal Questionable Prescribing and Dispensing Patterns**

26 51. The daily logs for Respondent Pharmacy reveal prescribing and dispensing patterns
27 from which Respondents knew or should have known that the prescriptions they filled were not
28 issued for a lawful medical purpose. Specifically, the daily logs show that out-of-area patients

1 received a combined 123 prescriptions for pain killers, including OxyContin 80 mg, morphine
 2 sulphate, and hydromorphone/Dilaudid 4 mg between January 4, 2010 and February 6, 2010, as
 3 follows:

	Date	Rx No.	Count	Drug	
January 4, 2010					
4	1	1/4/2010	696115	90	OxyContin 80 mg
5	2	1/4/2010	696137	90	OxyContin 80 mg
6	3	1/4/2010	696141	90	OxyContin 80 mg
7	4	1/4/2010	696145	90	OxyContin 80 mg
8	5	1/4/2010	696150	90	OxyContin 80 mg
9	6	1/4/2010	696155	90	OxyContin 80 mg
10	7	1/4/2010	696161	90	OxyContin 80 mg
11	8	1/4/2010	696169	90	OxyContin 80 mg
January 5, 2010					
12	9	1/5/2010	696270	90	OxyContin 80 mg
13	10	1/5/2010	696274	90	OxyContin 80 mg
14	11	1/5/2010	696278	90	OxyContin 80 mg
15	12	1/5/2010	696282	90	OxyContin 80 mg
16	13	1/5/2010	696286	90	OxyContin 80 mg
17	14	1/5/2010	696291	90	OxyContin 80 mg
18	15	1/5/2010	696295	90	OxyContin 80 mg
January 7, 2010					
19	16	1/7/2010	696489	90	OxyContin 80 mg
20	17	1/7/2010	696493	90	OxyContin 80 mg
21	18	1/7/2010	696500	90	OxyContin 80 mg
22	19	1/7/2010	696504	90	OxyContin 80 mg
23	20	1/7/2010	696505	60	Hydromorphone 4 mg

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Date	Rx No.	Count	Drug	
21	1/7/2010	696510	90	OxyContin 80 mg
22	1/7/2010	696514	90	OxyContin 80 mg
23	1/7/2010	696518	90	OxyContin 80 mg
January 8, 2010				
24	1/8/2010	696600	90	OxyContin 80 mg
25	1/8/2010	696604	90	OxyContin 80 mg
26	1/8/2010	696608	90	OxyContin 80 mg
27	1/8/2010	696613	90	OxyContin 80 mg
28	1/8/2010	696617	90	OxyContin 80 mg
29	1/8/2010	696621	90	OxyContin 80 mg
January 9, 2010				
30	1/9/2010	696717	90	OxyContin 80 mg
31	1/9/2010	696718	60	Morphine sulphate 50 mg
32	1/9/2010	696722	90	OxyContin 80 mg
33	1/9/2010	696727	90	OxyContin 80 mg
34	1/9/2010	696730	90	OxyContin 80 mg
35	1/9/2010	696734	90	OxyContin 80 mg
36	1/9/2010	696735	60	Hydromorphone 4 mg
37	1/9/2010	696740	90	OxyContin 80 mg
38	1/9/2010	696748	90	OxyContin 80 mg
39	1/9/2010	696752	90	OxyContin 80 mg
40	1/9/2010	696756	90	OxyContin 80 mg
41	1/9/2010	696760	90	OxyContin 80 mg
January 11, 2010				
42	1/11/2010	696788	90	OxyContin 80 mg
43	1/11/2010	696796	60	Morphine sulphate 50 mg

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	Date	Rx No.	Count	Drug
	1/11/2010	696801	90	OxyContin 80 mg
	1/11/2010	696805	90	OxyContin 80 mg
	1/11/2010	696809	90	OxyContin 80 mg
	1/11/2010	696813	90	OxyContin 80 mg
	1/11/2010	696815	60	Hydromorphone 4 mg
	1/11/2010	696831	90	OxyContin 80 mg
	1/11/2010	696832	100	Dilaudid 4 mg
	1/11/2010	696835	90	OxyContin 80 mg
	1/11/2010	696836	100	Dilaudid 4 mg
January 12, 2010				
	1/12/2010	696924	90	OxyContin 80 mg
	1/12/2010	696928	90	OxyContin 80 mg
	1/12/2010	696932	90	OxyContin 80 mg
	1/12/2010	696937	90	OxyContin 80 mg
	1/12/2010	696941	90	OxyContin 80 mg
	1/12/2010	696942	60	Hydromorphone 4 mg
	1/12/2010	696943	90	OxyContin 80 mg
	1/12/2010	696949	90	OxyContin 80 mg
	1/12/2010	696953	90	OxyContin 80 mg
	1/12/2010	696972	90	OxyContin 80 mg
January 16, 2010				
	1/16/2010	697326	90	OxyContin 80 mg
	1/16/2010	697330	90	OxyContin 80 mg
	1/16/2010	697334	90	OxyContin 80 mg
	1/16/2010	697343	90	OxyContin 80 mg
	1/16/2010	697349	90	OxyContin 80 mg

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	Date	Rx No.	Count	Drug	
	68	1/16/2010	697353	90	OxyContin 80 mg
	69	1/16/2010	697357	90	OxyContin 80 mg
	70	1/16/2010	697361	90	OxyContin 80 mg
	71	1/16/2010	697365	90	OxyContin 80 mg
	72	1/16/2010	697369	90	OxyContin 80 mg
	January 18, 2010				
	73	1/18/2010	697399	90	OxyContin 80 mg
	74	1/18/2010	697409	90	OxyContin 80 mg
	75	1/18/2010	697416	90	OxyContin 80 mg
	76	1/18/2010	697422	90	OxyContin 80 mg
	77	1/18/2010	697427	90	OxyContin 80 mg
	78	1/18/2010	697436	90	OxyContin 80 mg
	79	1/18/2010	697440	90	OxyContin 80 mg
	80	1/18/2010	697444	90	OxyContin 80 mg
	81	1/18/2010	697448	90	OxyContin 80 mg
	82	1/18/2010	697454	90	OxyContin 80 mg
	83	1/18/2010	697458	90	OxyContin 80 mg
	84	1/18/2010	697462	90	OxyContin 80 mg
	January 23, 2010				
	85	1/23/2010	697925	90	OxyContin 80 mg
	86	1/23/2010	697934	90	OxyContin 80 mg
	87	1/23/2010	697938	90	OxyContin 80 mg
	88	1/23/2010	697942	90	OxyContin 80 mg
	89	1/23/2010	697946	90	OxyContin 80 mg
	90	1/23/2010	697950	90	OxyContin 80 mg
	91	1/23/2010	697955	90	OxyContin 80 mg

	Date	Rx No.	Count	Drug	
1					
2	92	1/23/2010	697960	90	OxyContin 80 mg
3	93	1/23/2010	697965	90	OxyContin 80 mg
4	94	1/23/2010	697969	90	OxyContin 80 mg
5	January 25, 2010				
6	95	1/25/2010	698017	90	OxyContin 80 mg
7	96	1/25/2010	698021	90	OxyContin 80 mg
8	97	1/25/2010	698025	90	OxyContin 80 mg
9	98	1/25/2010	698029	90	OxyContin 80 mg
10	99	1/25/2010	698033	90	OxyContin 80 mg
11	100	1/25/2010	698037	90	OxyContin 80 mg
12	101	1/25/2010	698069	90	OxyContin 80 mg
13	102	1/25/2010	698077	90	OxyContin 80 mg
14	103	1/25/2010	698080	90	OxyContin 80 mg
15	104	1/25/2010	698082	100	Dilaudid 4 mg
16	January 30, 2010				
17	105	1/30/2010	698644	90	OxyContin 80 mg
18	106	1/30/2010	698647	90	OxyContin 80 mg
19	107	1/30/2010	698652	90	OxyContin 80 mg
20	108	1/30/2010	698655	90	OxyContin 80 mg
21	109	1/30/2010	698658	90	OxyContin 80 mg
22	110	1/30/2010	698661	90	OxyContin 80 mg
23	111	1/30/2010	698664	90	OxyContin 80 mg
24	112	1/30/2010	698667	90	OxyContin 80 mg
25	113	1/30/2010	698679	90	OxyContin 80 mg
26	February 6, 2010				
27	114	2/6/2010	699317	90	OxyContin 80 mg
28					

	Date	Rx No.	Count	Drug	
1					
2	115	2/6/2010	699320	90	OxyContin 80 mg
3	116	2/6/2010	699323	90	OxyContin 80 mg
4	117	2/6/2010	699326	90	OxyContin 80 mg
5	118	2/6/2010	699329	90	OxyContin 80 mg
6	119	2/6/2010	699334	90	OxyContin 80 mg
7	120	2/6/2010	699337	90	OxyContin 80 mg
8	121	2/6/2010	699340	90	OxyContin 80 mg
9	122	2/6/2010	699343	90	OxyContin 80 mg
10	123	2/6/2010	699346	90	OxyContin 80 mg

FOURTH CAUSE FOR DISCIPLINE

(Unauthorized Dispensing of Controlled Substance Refill)

(As to All Respondents)

52. Respondents are subject to disciplinary action under Code section 4301, subdivision (j), for violating Health and Safety Code section 11200, in that Respondents dispensed a controlled substance refill more than six months after the date of the original prescription. On or about February 5, 2010, Respondents dispensed prescription number 699247 to Patient E.H. The prescription consisted of 60 tablets of Lyrica 300 mg, a 30-day supply. Respondents dispensed a refill prescription on December 17, 2010, which was more than six months from the date of the original prescription.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Keep Complete Accountability)

(As to All Respondents)

53. Respondents are subject to disciplinary action under Code section 4301, subdivision (o), for violating Code sections 4081, 4332, and California Code of Regulations, title 16, section 1718, in that, pursuant to an audit based on Respondent Pharmacy's records from March 25, 2010 to December 23, 2011, Respondents could not account for 142 tablets of Dilaudid 4 mg and 200

1 tablets of OxyContin 80 mg.

2 54. The Selected Data Audit Summary follows:

3 Drug	Initial Amount	Amount Ordered	Total	Amount Dispensed	Amt. to Account	Stock On Hand	Short-age
4 Dilaudid 4 mg	840	7,300	8,140	7,320	820	620	200
5 OxyContin 80 mg	820	22,900	23,720	23,550	170	28	142

6
7 **DISCIPLINARY CONSIDERATIONS**

8 55. To determine the degree of discipline, if any, to be imposed on Respondent Phic Lim,
9 Complainant alleges that on or about April 27, 2011, the Board issued Citation Number CI 2010
10 48039 to Respondent Phic Lim for violations of California Code of Regulations, title 16, sections
11 1751.3, subdivision (b), 1751.7, subdivision (a), and 1716.2. Respondent Phic Lim was ordered to
12 pay a fine of \$1,500. That Citation is now final and is incorporated herein by reference as if set
13 forth fully.

14 **OTHER MATTERS**

15 56. Pursuant to Business and Professions Code section 4307, if Pharmacy Permit Number
16 PHY 45238 or Pharmacist License Number RPH 49175 is disciplined as part of the Board's
17 Decision, then Phic Lim shall be prohibited from serving as a manager, administrator, owner,
18 member, officer, director, associate, partner, or in any other position with management or control
19 of a licensee for a period (1) not to exceed five years if either Pharmacy Permit Number PHY
20 45238 or Pharmacist License Number RPH 49175 is placed on probation as part of the Board's
21 decision, or (2) until said licenses are reinstated if they are revoked as part of the Board's
22 decision.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 45238, issued to P S Enterprise, Inc., doing business as Huntington Pharmacy; with Phic Lim as the President and Pharmacist-in-Charge;

2. Revoking or suspending Pharmacist License Number RPH 49175, issued to Phic Lim;

3. Prohibiting Phic Lim, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if either Pharmacy Permit Number PHY 45238 or Pharmacist License Number RPH 49175 is placed on probation as part of the Board's decision, or (2) until said licenses are reinstated if they are revoked as part of the Board's decision;

4. Ordering P S Enterprise, Inc., d.b.a. Huntington Pharmacy and Phic Lim, jointly and severally, to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

5. Taking such other and further action as deemed necessary and proper.

DATED: _____

2/17/17

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2013510033 | 52385142_3

7

October 2018 Meeting Minutes

8. Application for Nevada Medical, Devices, Equipment and Gases – Appearance

iSleep, LLC – Reno, NV

Charles Smart and John Hickok, part owners, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Smart and Mr. Hickok stated that iSleep, LLC provides affordable sleep apnea testing for patients.

Mr. Hickok and Mr. Smart answered questions regarding their work history and iSleep, LLC's policies and procedures and business model.

The Board expressed concern that iSleep, LLC has a prescriber on Staff that could potentially refer patients to the company.

After discussion, the Board directed Board Staff to review iSleep, LLC's business model is in compliance with Nevada law.

Board Action:

Motion: Kirk Wentworth moved to approve iSleep, LLC's Application for Nevada MDEG License pending a positive inspection and review and approval of iSleep, LLC's business model. Board Staff is authorized to review and approve iSleep, LLC's business model.

Second: Wayne Mitchell

Action: Passed unanimously

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

New MDEG Ownership Change Name Change Location Change
(Please provide current license number if making changes: MP or MW _____)

Publicly Traded Corporation Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation Pages 1,2,3,5a,5b Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: iSleep, LLC.

Physical Address: 142 Bell St. Reno, NV 89503
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 142 Bell St.

City: Reno State: NV Zip Code: 89503

Telephone: 775-583-8226 Fax: 855-380-3593

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 3 Tue: to Wed: 10 to 3 Thu: to

Fri: 10 to 3 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: John Lee Hickok III

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: John Hickok Telephone: 775-583-8226

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

- 3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: <u>N/A</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: <u>N/A</u>
<input type="checkbox"/> Physician s Assistant	Name: <u>N/A</u>
<input type="checkbox"/> Physical Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Occupational Therapist	Name: <u>N/A</u>
<input type="checkbox"/> Registered Nurse	Name: <u>N/A</u>
<input type="checkbox"/> Respiratory Therapist	Name: <u>N/A</u>

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

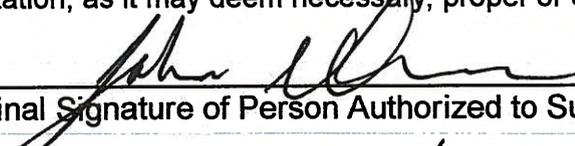
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

John Lee HICKOK
Print Name of Authorized Person

31 Aug 2018
Date

Board Use Only	Received: _____	Amount: <u>\$ 500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: John Lee Hickok III %: 50
 Name: Charles Smart %: 50
 Name: _____ %: _____
 Name: _____ %: _____

Partnership Name: iSleep, LLC

Mailing Address: 142 Bell St.

City: Reno State: NV Zip Code: 89503

Telephone Number: 775-583-8226 Fax Number: 855-380-3593

Contact Person: John Hickok

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. 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*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 31 Aug 2018

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for CPAP/Bi-PAP Sales
 Nature of MDEG
isleep 142 Bell St Reno NV 89503
 Name and Address of Business for Which MDEG Administrator Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

HICKOK Last Name John First Name Lee Middle Name

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

Shadow Park Dr. Present Residence Address-Street or RFD Reno City NV. 89523 State/Zip

142 Bell St. Present Business Address 10/2017 to Present Dates Reno City NV 89505 State/Zip

CO-Owner Present Position with the MDEG 10/2017 to Present Dates

Phone: 702. 708. 7014 Fax: _____

Email address: John@isleepHST.com

Date of Birth Providence, RI Place of Birth (City, County, State)

26 Age 1 Social Security Number Male Sex

Hazel Color of Eyes Brown Color of Hair 215 Weight 5'8" Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

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.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

04/2016 to 03/2018		
06/2012	Renown Medical Group	3,312 10,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
RPSGT	CPAP Mask Fitting/Machine Help	Matt Freeman
Title	Description of Duties	Name of Supervisor
06/2012 to 04/2016		
	Pulmonary Medicine Associates	6,600
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
RPSGT	Sleep Tech, CPAP Mask Fitting	Matt Freeman
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have I have not been the subject of an administrative action whether completed or pending.
- 3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked I have to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No
- 5 .Will you be employed fulltime with the MDEG? Yes No
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation

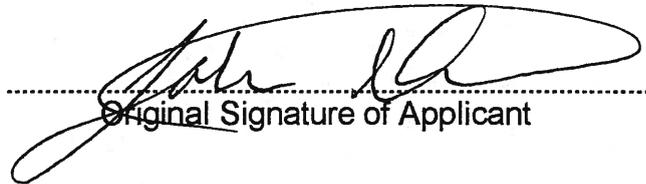
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Date of  6/7 Sept 18

I, John Lee Hickok III, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


.....
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8/31/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
iSleep 142 Bell St. Nature of License Reno NV 89503
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Smart Last Name Charles First Name Michael Middle Name

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

Hilltop Road Reno NV 89509
Present Residence Address-Street or RFD City State/Zip

142 Bell Street 12/1/17 → Present Reno NV 89509
Present Business Address Dates City State/Zip

Business Owner 10/17 → Present Reno
Occupation Dates City

Phone:
Residence _____
Business 775-583-8226

Date of Birth _____ Place of Birth (City, County, State) Reno, Washoe, NV
Age _____ Social Security Number _____ Sex M

28
Color of Eyes Blue Color of Hair Blond Complexion White Weight 160 Build Normal Height 5'9"

Scars, tattoos or distinguishing marks and/or characteristics N/A

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 CS Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JF Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Michael Smart		Hilltop Road Reno NV 89509	Retired
Mother			
Lisa Reed		Hilltop Road Reno NV 89509	Retired
Father-in-Law			
N/A			
Mother-in-Law			
N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Christine Smart		Yosemite Pl. Reno 89503	Business Owner
Spouse Matt Maxwell		Yosemite Pl. Reno 89503	Business Owner
Robert Smart		Bejay Pl. Reno 89509	Project Manager
Spouse Richelle Lydick		Bejay Pl. Reno 89509	Insurance Broker
Mary Jo Smart		Hilltop Rd Reno 89509	student
Spouse N/A			
Spouse N/A			
Spouse N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Jessie Beck Elementary	Reno		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Reno High School	Reno	6/2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University of Nevada, Reno	Reno	8/2008 - 5/2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Electrical Engineering

College or university where obtained UNR, University of Nevada, Reno

Applicant's initial [Signature] Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County Washoe State NV Date registered 2008

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
<u>N/A</u>					

- 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
<u>N/A</u>				

Applicant's initial ed Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

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
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/2002 → Present	Hilltop Rd	Reno	NV
11/2001 → 8/2002	8296 Granite Mtn Ln.	Las Vegas	NV
7/1997 → 11/2001	2336 Pleasure Dr.	Reno	NV
7/1993 → 7/1997	3188 University Ct.	Elko	NV

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
10/2017 → Present	Sleep 142 Bell St, Reno, Nv, 89503	N/A
Title	Description of Duties	Name of Supervisor
Co-Owner	Technology & Logistics	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2016 → Present	Maxwell Mechanical	N/A
Title	Description of Duties	Name of Supervisor
Welder	Fabricate & install systems	Matt Maxwell

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2013 → 10/2016	General Electric, 1631 Bently Pkwy, Minden, Nv, 89423	Pursue other opportunities
Title	Description of Duties	Name of Supervisor
Manufacturing/Test Engineer	Create tests for products	Mike Arthurs / Ben Dykes

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2010 - 5/2012	NV Energy 6100 Neil Rd, Reno, Nv, 89511	Employment Expired
Title	Description of Duties	Name of Supervisor
Intern	Fuse size calculations for Grid protection	Chris Hoffman / Eric Troška

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 *ej* Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Trent Winkel</u>	Home	<u>7 East Drachman St,</u>	<u>Tucson</u>	<u>AZ</u>	<u>21</u>	
Employer <u>Student</u>	Business	<u>N/A</u>		<u>775-772-8050</u>	<u>85719</u>	
Name <u>Shane McGuire</u>	Home	<u>Applewood Ct,</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>	<u>16</u>
Employer <u>Student</u>	Business	<u>N/A</u>		<u>775-223-9283</u>	<u>801-623-2380</u>	
Name <u>Morgan Dailey</u>	Home	<u>1 N. 570 E American Fork</u>	<u>UT</u>	<u>84003</u>	<u>14</u>	
Employer <u>Opinion, Inc</u>	Business	<u>387 S. 520 W. STE 100</u>	<u>Lincoln,</u>	<u>UT</u>	<u>84042</u>	
Name <u>Jack Wayman</u>	Home	<u>Lyman Ave.</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>	<u>17</u>
Employer <u>Retired Teacher</u>	Business	<u>N/A</u>				
Name <u>Jereme Wornington</u>	Home	<u>Gold Creek Loop,</u>	<u>Hamilton</u>	<u>MT</u>	<u>59840</u>	<u>5</u>
Employer <u>WCSSO</u>	Business	<u>911 Parr Blvd</u>	<u>Reno</u>	<u>NV</u>	<u>89512</u>	<u>775-219-5440</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person s depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

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

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 9/7/2018

Applicant's initial J

STATE OF Nevada

ss.

COUNTY OF Washoe

I, Charles Smart, 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.

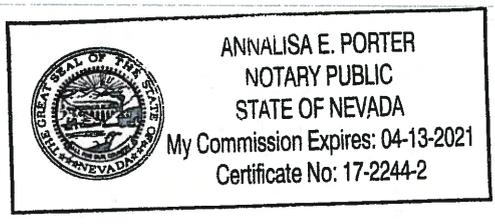

Original Signature of Applicant

Subscribed and Sworn to before me this 7th day of

September 2018

Annalisa Porter
Notary Public

(seal)



Applicant s initial CS Page 9

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 31 Aug 2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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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 MDEG
Nature of License
isleep 142 Bell St. Reno, NV. 89503
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HICKOK First Name John Middle Name Lee

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A

Present Residence Address-Street or RFD Shadow Park Dr. Reno NV 89503
City State/Zip

Present Business Address 142 Bell St. Reno NV 89503
City State/Zip

Occupation Business Owner Dates 10/17 to present

Date of Birth _____ Phone: Residence _____ Business 775-583-8226
Place of Birth (City, County, State) Providence, Providence County, RI

Age 26 Social Security Number _____ Sex Male

Color of Eyes Hazel Color of Hair Brown Complexion White Weight 215 Build Heavy Height 5'8"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial  Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date
 Spouse's full name (Maiden) _____ City, County and State
 S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial  Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NIA
 Address NIA
 Contact person NIA

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
John Hickok		Jerry Tarkanian Way	CFO
Father			
Margaret John Hickok	NIA	NIA	CFO
Mother			
Margaret Hickok	3/20/63	NIA	NIA
Father-in-Law			
		NIA	
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
Hannah Hickok			NIA
Spouse			
			NIA
Heidi Hickok		Geldard St. Cumberland RI 02864	Paralegal
Spouse			
			NIA
Spouse			
			NIA
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	North Attleboro Middle School	North Attleboro, MA 2004-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Palo Verde High School	Las Vegas, NV 2006-2010	Yes <input checked="" 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 NIA
 College or university where obtained NIA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County Clark State Nevada Date registered 2010

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
<u>N/A</u>					

- 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
<u>N/A</u>				

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- 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
N/A		

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
04/16 Present	Shadow Park	Dr. Reno	NV
06/2015 - 04/16	3766 Dewitz Dr.	Sparks Reno	NV
12/2014 - 06/2015	1085 Chert Ct.	Sparks	NV
12/2013 - 12/2014	2055 Longley Ln	Reno	NV
06/13 - 12/13	4500 Mira Loma Dr.	Reno	NV
06/2012 - 06/2013	3990 Redwood Burl Ln.	Sparks	NV
08/2009 - 06/2012	11844 Ampacia Ct.	Reno Las Vegas	NV
08/2006 - 08/2009	2600 S. Town Center Dr.	Las Vegas	NV
03/92 - 08/2006	154 Menabin Rd	North Attleboro,	MA

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.

10/2017 - Present iSleep 142 Bell St. Reno, NV. 89503 N/A
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Co. Owner Clinical Director/Marketing N/A
 Title Description of Duties Name of Supervisor

04/2016 - 03/2018 Renown 990 Caughlin Xing Started business
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Sleep Tech Run/Analyze Sleep studies Matt Freeman
 Title Description of Duties Name of Supervisor

06/2012 to 04/2016 Pulmonary Medicine Assoc. Caughlin Xing Bought by Renown
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Sleep Tech Run/Analyze sleep studies Matt Freeman
 Title Description of Duties Name of Supervisor

07/2012 to 10/2012 Sleep Medicine Assoc. 2145 Green Vista Dr. Schedule change @ Full time job
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

RPSGT Run Sleep studies Doug Freeman
 Title Description of Duties Name of Supervisor

01/2012 to 06/2012 Run Sleep studies Moved to Reno
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Sleep Tech Run Sleep studies Marcus Laurico
 Title Description of Duties Name of Supervisor

06/2009 to 01/2012 Red Rock Medical Group Got better job
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Sleep Tech Run sleep studies Teddy Naydenova
 Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving

Title Description of Duties Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name James Angel	Home					7 6
Employer NHP	Business	1547 Virginia St.	# A	Reno		
Name Andrew Kim	Home					3 12
Employer Nicole Kim	Business					
Name Cindy Lowman	Home					10
Employer Corollo Engineering	Business	3706 E Warm Springs Rd.		Las Vegas, NV 89119		
Name Nick Losh	Home					3 12
Employer Martin Pass	Business	350 S. Rock Blvd	Suite 200			
Name Kuebel Sheldon	Home					7 6
Employer VA Hospital	Business	975 Kirman Ave.		Reno, NV 89502		

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
N/A			

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

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....
.....
.....

Applicant's initial

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 07 Sept. 2018

Applicant's initial

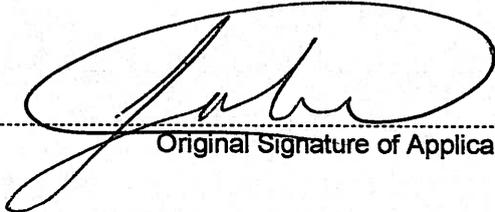
STATE OF Nevada

SS.

COUNTY OF Washoe

I, John Lee HICKOK, 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

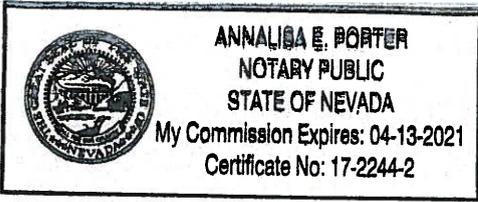
Subscribed and Sworn to before me this 7th day of

September, 2018



Notary Public

(seal)



Applicant's initial 

8

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: US EXPEDTIERS INC. dba CPAP.com

Physical Address: 13235 N Promenade Blvd. Stafford TX 77479

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 13235 N Promenade Blvd.

City: Stafford State: TX Zip Code: 77479

Telephone: 71-351-3419 Fax: 832-342-9715

E-mail: accounting@cpap.com Website: www.cpap.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: 8am to 5pm Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John W Goodman

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

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

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

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>Not Applicable</u>	_____	_____
_____	_____	_____
_____	_____	_____

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

Are any of the owners health professionals? If yes, please list name.

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) 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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to 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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

Carolyn Goodman

Print Name of Authorized Person

12/11/2018

Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
----------------	-----------------	-----------------------

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: Not Applicable

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

License 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 OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: State of TexasParent Company if any: NoneCorporation Name: US Expediters, Inc. dba CPAP.comMailing Address: 13235 N Promenade BlvdCity: Stafford State: TX Zip: 77477Telephone: 713-351-3419 Fax: 832-342-9715Contact Person: Sunita Desai

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) <u>John W Goodman</u>	<u>5911 Abercombie Ln Sugar Land TX 77479</u>
Name	Address

b) <u>John C Goodman</u>	<u>2715 Peninsulas Dr Missouri City TX 77459</u>
Name	Address

c) <u>Zachary Goodman</u>	<u>18545 University Blvd. Apt.1234 Sugar Land TX 77479</u>
Name	Address

d) <u>Not Applicable</u>	
Name	Address

2) Provide the number of shares issued by the corporation. 1,0003) What was the price paid per share? \$1.004) What date did the corporation actually receive the cash assets? 11/27/1996

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

Include with the application for a non publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: Not Applicable _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Not Applicable

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: _____ State: _____ Country: _____

Citizenship: USA _____ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Previous address (last 5 years): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Previous Employment (last 5 years):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

12/11/2018

Franchise Search Results



Franchise Tax Account Status

As of : 12/11/2018 16:17:25

This Page is Not Sufficient for Filings with the Secretary of State

U.S. EXPEDITERS, INC.	
Texas Taxpayer Number	17605213648
Mailing Address	13235 N PROMENADE BLVD STAFFORD, TX 77477-3957
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	11/27/1996
Texas SOS File Number	0142345500
Registered Agent Name	JOHN W GOODMAN
Registered Office Street Address	13235 N PROMENADE STAFFORD, TX 77477

STOCK TRANSFER LEDGER
OF
U.S. EXPEDITERS, INC.

Name and Address Of Shareholder	Date	Cert. No.	No. of Shares	From Whom Transferred	Amount Paid	Status
A. John C. Goodman 4023 Greenbriar Drive Missouri City, Texas 77459		1	1000	Corporation		Closed
B. Johnny W. Goodman 4023 Greenbriar Drive Missouri City, Texas 77459	1/5/2003	2	415	John C. Goodman		Active
C. Zachary J. Goodman 4023 Greenbriar Drive Missouri City, Texas 77459	1/5/2003	3	170	John C. Goodman		Active
D. John C. Goodman 4023 Greenbriar Drive Missouri City, Texas 77459	1/5/2003	4	415			Active



US Expediters, Inc. dba CPAP.com

13235 N. Promenade • Stafford, Texas 77477

Phone: (713) 351-3419 • Fax: (832) 342-9715

December 13, 2018

Nevada State Board of Pharmacy
1050 E Flamingo Rd
Suite E217
Las Vegas, Nevada 89119-7524

Dear Nevada State Board of Pharmacy,

Please find attached our Out of State MDEG application. We have completed this in regards to a notification letter we received from the board dated 11/28/2018. We are working on a formal response to the letter.

Please let us know if there are any questions on the application.

Regards,

A handwritten signature in black ink, appearing to be "Carolyn Goodman", with a long, sweeping horizontal line extending to the right.

Carolyn Goodman
Chief Financial Officer
US Expediters, Inc. dba CPAP.com

9



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1440

January 3, 2019

CERTIFIED U.S. MAIL AND ELECTRONIC MAIL

Lan Thi Tran Nguyen
) N. Palm St.
 La Habra, CA 90631

9171 9690 0935 0157 4988 18

RE: Notice Regarding Petition for Reconsideration and Hearing

Dear Ms. Tran Nguyen:

As you are aware, on December 6, 2018, the Nevada State Board of Pharmacy ("Board") held a hearing on your *Renewal Application – Pharmacist* and denied the application. The Board denied your application based on your history of discipline in California, which is a valid basis for denying an application pursuant to several provisions of NRS 639.210.

You were made aware of the Board's decision to deny your application at the December 6, 2018 hearing, as well as your right under NRS 639.139 to petition the Board for reconsideration of your application. We discussed both the denial and your right to petition for reconsideration after the hearing. We have corresponded about that matter. I am sending you this additional written notice out of an abundance of caution.

You exercised your right to petition the Board for reconsideration on December 7, 2018, by email. The Board also received a hardcopy of your email on December 17, 2018. The Board's Executive Secretary granted your petition and scheduled your hearing for January 16, 2019.

You supplemented your petition on or about December 21, 2018, in which you also requested that the Board either reschedule your hearing until a date after January 18, 2019, when you are scheduled to return from traveling, or to provide you with a written decision. On December 28, 2018, Board Staff informed you that it had granted your request to reschedule your hearing. I provided you the option of appearing at either the Board's March 2019 or April 2019 board meeting.

Finally, on January 3, 2019, I received your email requesting that the Board forego a hearing where you can appear in person. You asked instead that the Board consider your petition at its January 16-17, 2019 board meeting. To accommodate your request, Board Staff added your

petition as an item on the agenda for its January meeting. Board Staff also mailed you a written notice informing you that the Board will hear your petition on January 16, 2019, at 1:30 PM.

There is an additional item, however, that requires your attention. NRS 241.033 and NRS 241.034 give you the right to receive notice of your hearing "at least 21 working days before the hearing." Your January 3, 2019 email, and the notice the Board mailed by certified mail to you the same day, does not provide you sufficient notice under those statutes. The Board can proceed with your hearing on January 16, 2019, only if you write me to indicate that you waive your right to 21 days' notice of the hearing. Otherwise, the Board will be unable to consider your petition. It will have to reschedule the hearing until the Board's March 6, 2018 meeting.

Unless I receive a written response from you, the Board will not be able to hear your petition on January 16 as explained in the previous paragraph. Contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: David Wuest, R. Ph., Executive Secretary of the Nevada Board of Pharmacy; Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada Board of Pharmacy



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
 (775) 850-1440 • 1-800-964-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: boc.nv.gov

January 3, 2019

Lan Thi Tran Nguyen
 1 N Palm St
 La Habra, CA 90631

Dear Ms. Tran Nguyen:

We are in receipt of your request for reconsideration of the denial of your renewal application.

Your hearing has been scheduled for the following:

Wednesday, January 16, 2019
 1:30 pm or soon thereafter
 Hilton Garden Inn
 7830 S Las Vegas Blvd
 Las Vegas, Nevada

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

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

Sincerely,

Candy M. Nally
 Licensing Specialist

9171 9690 0935 0157 4988 01

Paul Edwards

From: Lan Nguyen <n...@... .com>
Sent: Thursday, January 3, 2019 8:45 AM
To: Paul Edwards
Subject: Re: NV license renewal- additional proofs

Dear Mr. Edwards,

Would you present all of my writing documents for reconsideration on the Board meeting on Jan 16-17, and have them put their decision in writing, then mail their decision to my address because it would be better in writing to avoid confusion. So far, I presented all of my grievances and rationale for their denial via mail and email for them to review and reconsideration plus my budget shortage.

Your consideration is appreciated.

Best regards,
Lan Nguyen
Jan 2, 2019

On Fri, Dec 28, 2018 at 7:45 AM Paul Edwards <pedwards@pharmacy.nv.gov> wrote:

Ms. Nguyen,

The Board received your emails. Per your December 21, 2018 letter, the Board will remove your request for reconsideration from its January 16-17, 2019 meeting agenda. It will reschedule your appearance for either March 6-7, 2019 in Reno, or April 10-11, 2019 in Las Vegas. Let me know what meeting you would like to attend.

Best regards,

S. Paul Edwards, Esq.

General Counsel

Nevada State Board of Pharmacy

431 W. Plumb Lane

Reno, NV 89509

(775) 850-1440 (phone)

(775) 850-1444 (fax)



E-mail: pedwards@pharmacy.nv.gov

Web page: bop.nv.gov

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

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

From: Lan Nguyen <lan@pharmacy.nv.gov>
Sent: Saturday, December 22, 2018 5:22 AM
To: David Wuest <dwuest@pharmacy.nv.gov>; Paul Edwards <pedwards@pharmacy.nv.gov>; lan trannguyen <lan@pharmacy.nv.gov>
Subject: NV license renewal- additional proofs

Lan Thi Tran Nguyen

1000 N. Palm Street

La Habra, CA 90631

Tel: (909) 592-1111

Email: lan@pharmacy.nv.gov

December 21, 2018

Nevada Board of Pharmacy

431 W. Plumb Lane

Reno, Nevada 89509

Tel: (775)850-1440

In Re: Additional request for reconsideration of Nevada Pharmacist License Renewal

To: Mr. Dave Wuest, Director of Nevada Board of Pharmacy

Cc: Mr. S. Paul Edwards, General Counsel

Dear Sirs,

As per your phone instructions this morning, I would like to present the adverse arrangements that inflict my emotional, mental, and financial hardship status as the follows:

1) NV Board request my appearance on Jan 16-18 in Las Vegas to hear the Board decision for reconsideration when I will be overseas and come back on Jan 18, 2019 (see my flight scheduled attached). I requested for the written decision to be mailed to me to the above address or rescheduled to a later date when I return to the US.

2) Mr. Wuest denied refunding the amount of \$860 which was the renewal license fee if the Board decided not to grant my renewal. Mr. Wuest's rationale that the \$860 was charged for my appearance before the Board on Dec 6, 2018. It is non-refundable due to the fine print at the bottom of the renewal application. This is against my will to renew my license in reply to the mail solicitation letter of Ms. Lisa Hedaria, director of finance, whom I provided my felony conviction in writing to explain my license voluntarily surrendered status with the CA Board of pharmacy. After reviewing my NV license status, she provided the required \$860 fee for renewal and stated so long as I mailed the renewed application, money order for the requested fee, and completing the continuing education CE required in the indicated time of the letter then it would be fine (attachment previous mailed to the Board to indicate that I renewed on time).

Ms. Hedaria was well informed of my financial difficulty status, and I would not send the renewal money if my renewal being denied. Then, I called the Board and was informed that I had to appear for the Board to grant the renewal with the Board meeting schedule where I was out of the country. So far, I was not required to do anything but appearance. The forfeiture of my \$860 for the arrangement of my appearance before the board was irrational, unexpected, unagreeable to me because I would definitely disagree to appear on Dec 6, 2018, before the NV Board for being humiliated, disrespected, irrationally outlawed the US laws and regulation, and I would not renew my NV license due to my financial hardship. Furthermore, I also financially suffered for the flight cost on the top of the renewal amount. I need to have my renewal fee back! Because the Board breached the contract, not me.

3) The CA Board of pharmacy will accept my licensure transferring because only my CA license was surrendered. So far, NABP confirmed that NV Board required license transfer applicants to maintain their license by original NAPLEX examination. I passed the NABP exam and shall not retake the exam plus my NV license had been in active status since 1988, although I had never practiced pharmacy in Nevada. In contrast to the issue raised by the Board that I required to work in NV for my NV license to be renewed.

4) I wish that Mr. Edwards would reply to my phone or email promptly. In addition, I prefer the answer in writing to avoid confusion.

Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

Lan Thi Tran Nguyen



Lan Nguyen <nguyenfiftyfive@gmail.com>

Applying for the reconsideration of renewal NV pharmacist license denial

2 messages

Lan Nguyen <n>
To: pedwards@pharmacy.nv.gov, lan trannguyen <

Fri, Dec 7, 2018 at 8:28 AM

Lan Thi Tran Nguyen
N. Palm Street
La Habra, CA 90631
Tel: (
Email:

December 6, 2018

Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509
Tel: (775)850-1440

DEC 17 2018

In Re: Application for reconsideration of Nevada Pharmacist License Renewal

First, I would like to express my gratitude for being given the opportunity to meet with the Nevada Board of Pharmacy for the renewal of my Nevada pharmacist license on December 6, 2018. Nevertheless, my renewal was denied for the following reasons:

1. My renewal was over 5 years window time frame for renewal when I renewed it on time, and I received no notice of tardiness from Nevada renewal personnel (proof showing proper date attached)
2. If it was renewed where I would work in California or Nevada after having my license renewal, I replied to have my license transferred from Nevada to California because I was instructed by CA renewal staff that my license was canceled, for I had either to retake the CA pharmacist examination or transfer the result of passing NAPLEX to California plus passing the CA law exam to qualify for CA pharmacist application. For this rational denial, I would work in CA because of insufficient fund relocate to Nevada but to serve Nevada or any other state residents through MTM (Medication Therapy Management which I had the strong background to work 24 years in hospital as a clinical consultant), Telepharmacy, Telemedicine, Telehealth, and home health care. Furthermore, I would keep my NV status active and deal with CA pharmacist license later. The application of section NRS 639-134 (Registration of Pharmacist without examination; reciprocity) cannot be applied to my NV license renewal.
3. What I would do to prevent my past mistake from happening. I would learn more from the Script letter of the CA board, learning how to comply with the new regulation and practice valuable techniques of compliance to prevent current/future of the drug abuse or misuse. Moreover, I would focus on areas that required clinical skills to serve to utilize my strong clinical background (hospital working experience)
4. My past mistake was selling a large amount of Pseudo-ephedrine which would be harmful to the community; therefore my promise to pay back, and contribute to the community with or without pay as a volunteer (pushing wheelchair for patients, the waste of individual skill of contribution) was meaningless. This concerned issue was discriminated, prejudiced, refused to give the second chance to the felon who committed a severe mistake "once", and already served her sentence for that mistake besides the loss of career, family relationship, reputation, and assets. In addition to committing suicide, post-traumatic

12/11/2018

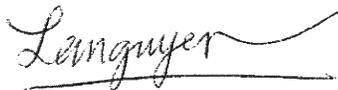
Gmail - Applying for the reconsideration of renewal NV pharmacist license denial

depression, and anxiety residual. This intimidation was unfair, overwhelming, damaged, and worsened my mental health compared to CA Board's request of retaking the examination. This disrespectful humiliation reflected the accusation and conviction of my past mistake that deeply evoked my emotional distress for being nobody, untrustworthy, non-resilience, and triggering the suicidal attempt (this is the end of the world). So far, the punishment of denial my license renewal failed to warrant and safeguard the public safety. Because I would spend the time to review the pharmacy textbook, retake the NAPLEX exam, learn and update the laws of each state, and become a new license in California and Nevada instead of going through the harsh accusation of having high potential to harm the community in the future if holding the active license.

Second, it takes me ten years to learn and atone for my mistake and forgive others for theirs because no one is perfect. The United State of American is the best-civilized nation, the land of opportunity, the place to fulfill desires of dreamers, to support civil rights and human rights regardless of race, nature of origins, to treat people fairly, respectfully, and with dignity.

Third, I would like to have the Board reconsider my argument to practice more in the individual medication profile instead of dispensing drugs, new evidence of compliance, and the updating with the new trends in pharmacy application of advanced technology that has been proven to serve better for public health via medication therapy consultant, reaching out to patient care at home or at remote location, focusing on prevent care, improving individual quality of life.

Respectfully submitted,



Lan Thi Tran Nguyen

Enclosure:

- Proof of compliance to renewal date timeframe
- Copy of NAPLEX innovations to accelerate nation wise pharmacist licensure mobility
- Updating of Centers for Medicare and Medicaid Service (CMS) to promote MTM (Medication Therapy Management), Telepharmacy, Telemedicine, Telehealth, and Home Health Care.

Innovations in Pharmacist Licensure Mobility Accelerate

July 17, 2018

Topics: Pharmacist Licensure

Boards of Pharmacy, NABP Continue 114-Year Partnership of Facilitating License Transfer While Keeping Patients Safe

As other professions move to establish mechanisms for license portability such as legislature-approved compacts, the National Association of Boards of Pharmacy® (NABP®) and its member licensing boards of pharmacy are enhancing their long-established Electronic Licensure Transfer Program® (e-LTP®), which provides license mobility and portability for pharmacists in all United States jurisdictions. The e-LTP process, which currently allows for same-day processing of licensure transfer requests, will be supplemented with new components to support evolving pharmacy practices while maintaining a high level of public protection and patient access to quality pharmacy care.

"We are truly excited to work with our member boards as we continue to find innovative ways to enhance our existing reciprocity system and support the future of pharmacy practice," says NABP President Susan Ksiazek, RPh, DPh. NABP's active member boards of pharmacy include all 50 states plus the District of Columbia and the three US territories of Guam, Puerto Rico, and the Virgin Islands.

Included in the e-LTP process is licensure verification through the NABP Clearinghouse, an essential component of ensuring that pharmacists seeking the authority to practice in multiple states hold a license in good standing. "The Clearinghouse contains vital disciplinary information that, when combined with NABP's national database of education, competence, and licensure information, provides the boards of pharmacy with a robust tool as they make licensure transfer decisions," states Ksiazek. "When protecting patients is foremost in your mind, all of this information is key to determining if a licensure candidate meets the qualifications to practice in your state."

While the current licensure transfer system offers 100% mobility for pharmacists across all 54 US jurisdictions, accounting for the transfer of more than 164,500 pharmacists' licenses over the last 10 years, the proposed enhancements to the e-LTP will focus on the rapidly changing practice and regulatory challenges posed by remote practice models and telepharmacy. The member boards of pharmacy and NABP recognize the importance of seeking additional methods of licensure mobility in the e-LTP process to enhance patient access to pharmacists whose licenses have been verified and validated. As such, at the Association's 114th Annual Meeting held in May 2018, members passed a resolution supporting NABP's efforts to expand the e-LTP while maintaining boards of pharmacy jurisdiction to preserve the needed authority to protect the public health.

NABP is the independent, international, and impartial Association that assists its state member boards and jurisdictions for the purpose of protecting the public health.

RECENT NEWS

12/11/2018

Gmail - Applying for the reconsideration of renewal NV pharmacist license denial

- **Member Boards Express Concern Over Conditions of Bureau of Justice Assistance Grants, Impact on State PMPs***November 21, 2018*
- **Social Media Sites: The New Wild West for Illegal Online Pharmacies***October 1, 2018*
- **Interview With a Board Executive Director***August 10, 2018*
- **NABP's Verified-Accredited Wholesale Distributors® (VAWD®) Program: Protecting the Prescription Drug Supply Chain***August 9, 2018*
- **NABP Joins the Coalition for a Secure and Transparent Internet***July 26, 2018*

2 attachments

 **Nevada1.pdf**
120K

 **Nevada2.pdf**
142K

Lan Nguyen <[redacted]> >
 To: Nhu Tran <[redacted]>, Thu Dang <[redacted]>, Chinh T <[redacted]>
 <[redacted]> Mon, Dec 10, 2018 at 9:21 AM
 <[redacted]>, Tam <[redacted]>

[Quoted text hidden]

 Virus-free. www.avast.com

2 attachments

 **Nevada1.pdf**
120K

 **Nevada2.pdf**
142K



user ID for NABP: n...
00000000

Password: '...'
00

Ms. Lan Thi Tran Nguyen
NABP e-Profile ID: 1360233

TERMS OF SERVICE

Welcome to the National Association of Boards of Pharmacy® (NABP®) e-Profile registration Web pages. NABP Web site services, including the e-Profile registration services, are the initial NABP services that facilitate your request for an NABP product or additional NABP services, such as meeting registrations, examination registrations, and licensure-related services (collectively, "Services"). NABP sincerely thanks you for your interest in the Association and our programs and Services.

By creating or maintaining an e-Profile, you agree to these terms.

Occasionally, additional terms or requirements may apply to certain Services. These additional terms or requirements will be available or published with the applicable Services. By using the applicable Services, you agree to the additional terms or requirements.

E-PROFILE TERMS

Upon creating your e-Profile, you will receive an e-Profile ID. The e-Profile ID is used to identify you when you request or use NABP programs or Services or when NABP provides Services to you.

The information needed to create and maintain your e-Profile helps to:

- Accurately identify you
- Ensure that any data that you previously provided to NABP, such as a name or a license number, is correctly maintained in your e-Profile
- Keep your e-Profile updated
- Minimize multiple requests for the same data
- Process your requests for Services
- Streamline the licensure or certification process, by assisting pharmacy regulators, such as a state board of pharmacy, or participating pharmacy certification organizations, if you request NABP Services related to licensure or certification.

It is very important that you provide and regularly maintain accurate information in your e-Profile. If you request Services related to licensure or certification, NABP will use your e-Profile data to deliver these Services and will provide e-Profile data to your pharmacy licensing agency(s), or participating pharmacy certification organization(s).

By providing and maintaining your e-Profile data, you affirm that the information entered is accurate, current, complete, and truthful. You agree to promptly update the information in your e-Profile if the information changes. If you wish to change certain e-Profile data, such as your name, you may be required to contact NABP customer service and provide additional information before your e-Profile data can be changed.



COM

services, it will be requested at that time.

PRIVACY

The NABP Privacy Policy describes how NABP utilizes your information and protects your privacy. Please review the [Privacy Policy \(https://nabp.pharmacy/policies/privacy-policy/\)](https://nabp.pharmacy/policies/privacy-policy/).

By using the Services, you agree that the terms of the Privacy Policy apply to NABP's use of your information.

TERMS OF USE FOR WEBSITE

The NABP Terms of Use describe the terms and conditions governing your use the NABP Web site. Please review the Terms of Use statement.

By using the Services, you agree to the [Terms of Use \(https://nabp.pharmacy/policies/terms-of-use/\)](https://nabp.pharmacy/policies/terms-of-use/) for Website.

CPE MONITOR®

The continuing pharmacy education (CPE) Monitor program are Services to streamline the collection, maintenance, and reporting of CPE credits in the interest of continuing professional development and public health protection.

Please click [here \(https://nabp.pharmacy/cpe-monitor-service/\)](https://nabp.pharmacy/cpe-monitor-service/) for detailed information about the CPE Monitor program.

In order to continue to receive credit for ACPE-accredited CPE, you are also required to register for CPE Monitor Services.

If you do not create an e-Profile and register for CPE Monitor Services:

- You will not be able to earn Accreditation Council for Pharmacy Education (ACPE)-accredited CPE from ACPE-accredited continuing pharmacy education providers (Providers); and
- NABP's report of CPE information to the boards of pharmacy and pharmacy certification organizations will not contain official records of the CPE that you have completed through such recognized Providers.

If you would like NABP to maintain your non-ACPE-accredited CPE activities or credits, you may purchase a subscription from NABP. The subscription Services permit you to upload non-ACPE-accredited CPE activities and credits that may be recognized by the boards of pharmacy or pharmacy certification organizations for purposes of licensure or certification renewal.

Because information that you enter to establish your e-Profile and register for CPE Monitor will be available to the board(s) of pharmacy where you are licensed or registered and may be used by NABP to report CPE information to these board(s) of pharmacy, or participating pharmacy certification organization(s) in a form and manner acceptable to such board(s) or organization(s), it is very important that you provide accurate information, and that you regularly maintain your e-Profile and CPE Monitor data.

By providing and maintaining this data, you affirm that the information entered is accurate, current, complete, and truthful. You agree to promptly update the information in your e-Profile and your CPE Monitor data if the information changes. If NABP has questions about the information in your e-Profile or CPE Monitor data, we may contact you.

By using the CPE Monitor Services, you agree to the CPE Monitor Terms.

*By clicking this box I confirm my acceptance and agreement with these Terms of Service.



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From: Tran Nguyen, Lan Thi
N. Palm Street
La Habra, CA 90631

July 2, 2018

To: Ms. Lisa J. Hedaria, Director of Finance/ Technology
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 98509
(775) 850-1440

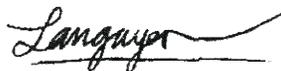
Dear Madame,

As per your instruction on my specific license renewal status, I would like to provide the explanation for my criminal conviction was selling over the daily limit of the cold medicine namely Claritin-D, leading to the felony conviction for distribution of a listed chemical (Pseudo-ephedrine) knowing and having a reasonable cause to believe it will be used to manufacture methamphetamine in violation of 21 U.S.C § 841 (c) (2) as charged with 1 count indictment.

I have attached the filled renewal form and the money order of \$860.00 in this envelope for you to review and process my order.

Your consideration to expedite my renewal is gratefully appreciated.

Respectfully submitted,



Tran-Nguyen, Lan Thi

DO NOT FOLD OR STAPLE ABOVE THIS LINE.

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bep.nv.gov

For the period of November 1, 2013 to October 31, 2019

MONEY ORDER ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$860.00 (MUST be postmarked by 10/31/2018)

LICENSE: 09833

IAN THI TRAN-NGUYEN

1 N PALM ST

LA HABRA, CA 90631

Please make any changes to name or address next to the old information

RENEW BY MAIL
 1. Complete ALL sections on this form
 2. Sign and date this form
 3. Send MO with this form (do NOT staple)
 4. Mail original form payment to address above
 5. NO COPIES
 6. NO SIGNATURE STAMPS ACCEPTED

**MUST BE POSTMARKED BY 10/31/2018
 OR WILL BE PERMANENTLY EXPIRED**

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....

2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....

3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

Board Administrative Action:	State	Date	Case #:
License cancellation	CA	6/3/2012	SAER 09-00115-CJC
Criminal Action:	State	Date:	Case #:
Sentence	CA	06/03/2011	09-00115-CJC ORANGE
			County
			Court
			US Central District

Section 2: Yes No

Are you the subject of a court order for the support of a child?.....

If you marked YES to the question above, are you in compliance with the court order?.....

Section 3: (Fees apply to either status)

By signing below, you certify that you have completed ALL required CE Hours due for the 13/19 Renewal period. (Deduct from Nov. 1, 11 – Oct. 31, 17, 1.25hrs per mo.) The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE.

Inactive - By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639 219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: 09833 Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired? Yes No Branch: _____

Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. The signatory certifies that they have read this application, certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: Lan Nguyen Date: 02/02/2018



Nevada State Board of Pharmacy

431 W PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2061 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bcb.nv.gov

May 11, 2018

TRAN-NGUYEN LAN THI

Lic #9833

N PALM ST

LA HABRA, CALIFORNIA 90631

Dear Pharmacist:

This letter is to remind you that your pharmacist's license with Nevada expired on October 31, 2013. We are providing you this opportunity to bring your license current prior to the permanent expiration date of October 2018. Should you decide to forgo renewing, the license will permanently expire. As of today's date, you have incurred late fees of \$320, bringing the total due to renew to \$860.00.

If your Nevada pharmacist's license was obtained through NAPLEX then once the license is brought into an active status you will gain the option of seeking licensure in other states without having to re-take the NAPLEX. In addition you will then have the option to choose inactive status, in which you will no longer be obligated to abide by Nevada's continuing education requirements.

Often pharmacists contact the board office years later requesting reinstatement due to future job prospects only to be told they are no longer eligible to renew the license and therefore must re-take the NAPLEX to get licensed in another state. The disappointment is palpable from the loss suffered at either having to sit for that exam again or the missed job opportunity. The practice of pharmacy is a time-honored profession and the ability to practice that profession is a privilege not to be taken lightly.

If you would like to bring your license current in Nevada then you may either e-mail your request to us at lhedaria@pharmacy.nv.gov, providing your name and license number above and we will e-mail the form to you or you may fax this letter with a note to fax back the form along with your fax number or, if you cannot receive it either of those methods you may call the board office, asking for my Director of Finance Lisa, at 775-850-1440 to request the form be mailed to you.

Sincerely,

Larry L. Pinson
Executive Secretary

*7/2/2018 - called Lisa to inquire the ^{renewal} form emailed to me and try a cashier check for \$860 to mail back to her attention and address on the form.
- she said I can use my Naplex transfer license to apply for the CA license which was cancelled.*

7/2/2018

Gmail - NV RPh Renewal form



Lan Nguyen

NV RPh Renewal form

3 messages

Lisa J. Hedaria <lhedaria@pharmacy.nv.gov>
To: "ng"

Mon, Jul 2, 2018 at 10:31 AM

Your form is attached and must be mailed back with a Money Order by the deadline or the form becomes invalid and the license is permanently expired.

Lisa J. Hedaria, Director of Finance/Technology

Nevada State Board of Pharmacy

431 W Plumb Ln

Reno, NV 89509

775-850-1440



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

2013.TRAN-NGUYEN, L renewal.pdf
212K

Lan Nguyen <...>
To: "Lisa J. Hedaria" <lhedaria@pharmacy.nv.gov>

Mon, Jul 2, 2018 at 12:16 PM

Please, review my filled form to see if it is renewable before I mail it in with the required fee before mailing.

Thanks,
Lan Nguyen

[Quoted text hidden]

Renew Nevada licence.pdf
75K

7/2/2018

Gmail - NV RPh Renewal form

Lisa J. Hedaria <lhedaria@pharmacy.nv.gov>
To: Lan Nguyen <n

Mon, Jul 2, 2018 at 12:38 PM

You will need to provide a written explanation for the criminal information you listed. As long as you include that with your Money Order and form then you should be fine.

Lisa J. Hedaria, Director of Finance/Technology

Nevada State Board of Pharmacy

431 W Plumb Ln

Reno, NV 89509

775-850-1440



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

From: Lan Nguyen [mailto:]
Sent: Monday, July 02, 2018 12:16 PM
To: Lisa J. Hedaria <lhedaria@pharmacy.nv.gov>
Subject: Re: NV RPh Renewal form

[Quoted text hidden]



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY 2018 – Board Meeting Schedule

NV Board phone # (775) 850-1440

<u>Board Meeting Date</u>	<u>Application Deadline Date</u>	<u>Location</u>
January 10-11	December 15	Las Vegas
March 7-8	February 5	Reno
April 11-12	March 12	Las Vegas
June 6-7	May 7	Reno
July 18-19	June 18	Las Vegas
September 5-6	August 6	Reno
October 10-11	September 10	Las Vegas
December 5-6	November 5	Reno

Wed/Thurs

Time? 2 days or 1 day meeting

Please note this schedule may be altered by the board at a previous meeting.

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

*NO 13/
call*

LAS VEGAS LOCATION

*Hilton Garden Inn 7830
S. Las Vegas Blvd, Las Vegas
NV.*

RENO LOCATION

*Hyatt Place 1790E
1790 E. Plumb Lane
Reno, NV 89502
(775) 826-2500*

*Hyatt Place
Toltec Av*



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: boo.nv.gov

July 19, 2018

Lan Thi Tran-Nguyen
N Palm St
La Habra, CA 90631

Dear Ms. Tran-Nguyen:

After review of the information you have provided with regards to your 2013-2019 renewal by Larry Pinson, it has been determined you will be required to personally appear before the board at a regularly scheduled board meeting for their consideration to approve or deny your renewal for a pharmacist license

Please see the enclosed schedule for the board meetings in 2018. Please contact me by the deadline date to schedule the required appearance.

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

Sincerely,

A handwritten signature in cursive script that reads "Candy M. Nally".

Candy M. Nally
Licensing Specialist

enclosure

Lan Thi Tran Nguyen
: N. Palm Street
La Habra, CA 90631
Tel: (
Email: r

December 21, 2018

Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509
Tel: (775)850-1440

In Re: Additional request for reconsideration of Nevada Pharmacist License Renewal

To: Mr. Dave Wuest, Director of Nevada Board of Pharmacy
Cc: Mr. S. Paul Edwards, General Counsel

Dear Sirs,

As per your phone instructions this morning, I would like to present the adverse arrangements that inflict my emotional, mental, and financial hardship status as the follows:

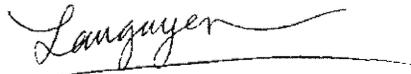
- 1) NV Board request my appearance on Jan 16-18 in Las Vegas to hear the Board decision for reconsideration when I will be overseas and come back on Jan 18, 2019 (see my flight scheduled attached). I requested for the written decision to be mailed to me to the above address or rescheduled to a later date when I return to the US.
- 2) Mr. Wuest denied refunding the amount of \$860 which was the renewal license fee if the Board decided not to grant my renewal. Mr. Wuest's rationale that the \$860 was charged for my appearance before the Board on Dec 6, 2018. It is non-refundable due to the fine print at the bottom of the renewal application. This is against my will to renew my license in reply to the mail solicitation letter of Ms. Lisa Hedaria, director of finance, whom I provided my felony conviction in writing to explain my license voluntarily surrendered status with the CA Board of pharmacy. After reviewing my NV license status, she provided the required \$860 fee for renewal and stated so long as I mailed the renewed application, money order for the requested fee, and completing the continuing education CE required in the indicated time of the letter then it would be fine (attachment previous mailed to the Board to indicate that I renewed on time). Ms. Hedaria was well informed of my financial difficulty status, and I would not send the renewal money if my renewal being denied. Then, I called the Board and was informed that I had to appear for the Board to grant the renewal with the Board meeting schedule where I was out of the country. So far, I was not required to do anything but appearance. The forfeiture of my \$860 for the arrangement of my appearance before the board was irrational, unexpected, unagreeable to me because I would definitely disagree to appear on Dec 6, 2018, before the NV

Board for being humiliated, disrespected, irrationally outlawed the US laws and regulation, and I would not renew my NV license due to my financial hardship. Furthermore, I also financially suffered for the flight cost on the top of the renewal amount. I need to have my renewal fee back! Because the Board breached the contract, not me.

- 3) The CA Board of pharmacy will accept my licensure transferring because only my CA license was surrendered. So far, NABP confirmed that NV Board required license transfer applicants to maintain their license by original NAPLEX examination. I passed the NABP exam and shall not retake the exam plus my NV license had been in active status since 1988, although I had never practiced pharmacy in Nevada. In contrast to the issue raised by the Board that I required to work in NV for my NV license to be renewed.
- 4) I wish that Mr. Edwards would reply to my phone or email promptly. In addition, I prefer the answer in writing to avoid confusion.

Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,



Lan Thi Tran Nguyen

12/19/2018

Gmail - SmartFares - Your Reservation Has Been Confirmed



Lan Nguyen <

l.com>

SmartFares - Your Reservation Has Been Confirmed

1 message

confirmation@travelerhelpdesk.com <confirmation@travelerhelpdesk.com>
 Reply-To: customerservice@travelerhelpdesk.com
 To: nguyenfiftyfive@gmail.com

Xiamen Airline

for Vietnam Traveling
 Tue, Nov 27, 2018 at 6:48 PM

Dear Lan Thi Tran Nguyen,
 Your reservation is confirmed and tickets have been issued.

SmartFares Reservation Code: **TWEXO?**

Airline Confirmation Code(s):

Traveler(s): Lan Thi Tran Nguyen Ticket Number(s): Document 7317205370256

Itinerary:

Depart
 ① LOS ANGELES INTL, LOS ANGELES CA(LAX) to GAOQI INTL, XIAMEN(XMN)
 Xiamen Airlines # 858 DEPART 12/31/2018 11:55 PM ARRIVE 01/02/2019 09:15 AM

GAOQI INTL, XIAMEN(XMN) to TAN SON NHAT , HO CHI MINH CITY(SGN)
 Xiamen Airlines # 8005 DEPART 01/02/2019 07:40 PM ARRIVE 01/02/2019 10:00 PM

Return
 ② TAN SON NHAT , HO CHI MINH CITY(SGN) to GAOQI INTL, XIAMEN(XMN)
 Xiamen Airlines # 8006 DEPART 01/18/2019 07:55 AM ARRIVE 01/18/2019 11:55 AM

GAOQI INTL, XIAMEN(XMN) to LOS ANGELES INTL, LOS ANGELES CA(LAX)
 Xiamen Airlines # 857 DEPART 01/18/2019 06:00 PM ARRIVE 01/18/2019 06:00 PM

*Additional baggage fees may apply: Xiamen Airlines

Seat Information: Please Click Here

Checking-in/Boarding Passes:

- The airline has issued an e-ticket therefore you can get your boarding pass at the airport on the day of departure either by providing your e-ticket number(s) or by showing a federally issued identification e.g. Passport or a Driver's License.
- You can also print your Boarding Pass(es) 24 hours prior to departure from the Airline's Website by using the Airline Confirmation Code(s) above.
- We recommend arriving at the airport 2.5 hours prior to departure for international flights and 1.5 hours prior to departure for domestic flights.
- As the traveler, you are responsible for all necessary travel documents and making sure that all are current (Passports, Visas, Driver's License). Please visit TSA for any questions regarding this, as well as information on check in procedures and airport security.
- Travel insurance is important - you never know what can happen. Call us toll free at 877-251-8433 to purchase travel insurance coverage if you have not done so already.

Changes and Cancellations:

- Airline tickets are non-refundable, non-changeable and non-cancellable. In certain cases, an airline may allow a ticket to be changed for a fee, plus the increased cost of the new ticket.
- Changes: Call us Toll Free at 877-250-9512. If you are outside the US/Canada please call +1 858-256-7278 to make any kind of changes in the itinerary. Fees will apply due to airline penalties, fare differences, and other factors in order to change the itinerary.
- Cancellations: Call us Toll Free at 877-250-9512. If you are outside the US/Canada please call +1 858-256-7278. Your booking should be cancelled at least 3 hours prior to the scheduled departure time of your flight. Cancellations can only be processed over the phone.

Schedule Changes:

- It is strongly suggested to contact the airline 24 hours prior to your departure to reconfirm your flights, seats and baggage restrictions.

12/21/2018

Gmail - Renewal for pharmacy license/ changing location inquiry



Lan Nguyen

Renewal for pharmacy license/ changing location inquiry

6 messages

Lan Nguyen

Mon, Nov 26, 2018 at 10:11 AM

To: phystatus@dca.ca.gov, picstatus@dca.ca.gov, lan trannguyen

Hello,

I'm a PIC for Du Pharmacy whose pharmacist license was canceled in 2013.

I'de to have the information to about the renewal status of the Du pharmacy in Garden Grove and the change in location requirement along with PIC change.

Lan Nguyen <nguyenfiftyfive@gmail.com>

Mon, Nov 26, 2018 at 10:14 AM

To: phystatus@dca.ca.gov, picstatus@dca.ca.gov

My cell number _____ and Email address: _____

Your consideration is gratefully appreciated.

Best,

Lan Nguyen

[Quoted text hidden]

Phystatus@DCA <Phystatus@dca.ca.gov>

Tue, Nov 27, 2018 at 2:17 PM

To: Lan Nguyen <nguyenfiftyfive@gmail.com>

The board does not have an active license for Du Pharmacy, therefore, you will not be able to renew or move this pharmacy as there is not an existing license for this pharmacy.



Suelynn Yee, Staff Service Analyst
 California State Board of Pharmacy
 (916) 574-7945 | FAX (916) 574-8618 | www.pharmacy.ca.gov

Be Aware and Take Care: Talk to your Pharmacist!

From: Lan Nguyen <nguyenfiftyfive@gmail.com>

Sent: Monday, November 26, 2018 10:11 AM

To: Phystatus@DCA <Phystatus@dca.ca.gov>; Picstatus@DCA <picstatus@dca.ca.gov>; lan trannguyen <nguyenfiftyfive@gmail.com>

Subject: Renewal for pharmacy license/ changing location inquiry

Hello,

I'm a PIC for Du Pharmacy whose pharmacist license was canceled in 2013.

12/21/2018

Gmail - Renewal for pharmacy license/ changing location inquiry

I'de to have the information to about the renewal status of the Du pharmacy in Garden Grove and the change in location requirement along with PIC change.

Baltazar, Lupe@DCA <Lupe.Baltazar@dca.ca.gov>
To: " " <">

Fri, Dec 14, 2018 at 3:22 PM

Hello Ms. Nguyen,

Since you voluntarily surrendered your pharmacist license and the pharmacy license was revoked in 2013, you cannot renew either license.

For both licenses, you will have to submit a new applications and meet current licensure requirements.

You can find the applications at the following link:

<https://www.pharmacy.ca.gov/applicants/index.shtml>

Thank you.

Lupe



Lupe Baltazar, Administrative Case Analyst
California State Board of Pharmacy
(916) 574-7921 | FAX (916) 574-8614 | www.pharmacy.ca.gov

Be Aware and Take Care: Talk to your Pharmacist!

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il.com> wrote:

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image001.png
4K

12/21/2018

Gmail - Renewal for pharmacy license/ changing location inquiry



Lan Nguyen

To: Lupe.Baltazar@dca.ca.gov

Fri, Dec 14, 2018 at 4:28 PM

Thank you for your help!

Lan Nguyen

[Quoted text hidden]

Lan Nguyen

To: pedwards@pharmacy.nv.gov, lan trannguyen <

Wed, Dec 19, 2018 at 12:55 PM

Hello Mr.Edward,

I'm forwarding the latest information in regard to my pharmacist license and pharmacy renewal with the CA board of pharmacy for which they confirm to start a new application. According to **NRS 639.139 Denial of application: Procedure for reconsideration**, I would receive the NV Board reply in 30 days starting from Dec 6, 2018. My concern about the NV board reconsideration as the follows:

1) What steps should I take to get my NV license, or it will be automatically mailed to my address.

2) If the NV Board affirmed their denial of my NV license renewal, will the renewal fee of \$960 mailed to the Board on July 2, 2018, be refunded to me because I'm currently in financial hardship and need the money to pay for the NAPLEX exam.

Your consideration is gratefully appreciated.

Best regard,

Lan Nguyen

12/19/18

[Quoted text hidden]

Shirley Hunting

From: David Wuest
Sent: Monday, December 24, 2018 8:59 AM
To: Lisa J. Hedaria; Shirley Hunting; Yenh Long; Brett Kandt
Cc: Paul Edwards
Subject: Fw: NV license renewal- additional proofs
Attachments: NV added rationale renewal.pdf

From: Lan Nguyen <[redacted]@[redacted].com>
Sent: Saturday, December 22, 2018 5:21:49 AM
To: David Wuest; Paul Edwards; lan trannguyen
Subject: NV license renewal- additional proofs

Lan Thi Tran Nguyen
 0 N. Palm Street
 La Habra, CA 90631
 Tel:
 Email:

December 21, 2018

Nevada Board of Pharmacy
 431 W. Plumb Lane
 Reno, Nevada 89509
 Tel: (775)850-1440

In Re: Additional request for reconsideration of Nevada Pharmacist License Renewal

To: Mr. Dave Wuest, Director of Nevada Board of Pharmacy
Cc: Mr. S. Paul Edwards, General Counsel

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voluntarily surrendered status with the CA Board of pharmacy. After reviewing my NV license status, she provided the required \$860 fee for renewal and stated so long as I mailed the renewed application, money order for the requested fee, and completing the continuing education CE required in the indicated time of the letter then it would be fine (attachment previous mailed to the Board to indicate that I renewed on time).

Ms. Hedaria was well informed of my financial difficulty status, and I would not send the renewal money if my renewal being denied. Then, I called the Board and was informed that I had to appear for the Board to grant the renewal with the Board meeting schedule where I was out of the country. So far, I was not required to do anything but appearance. The forfeiture of my \$860 for the arrangement of my appearance before the board was irrational, unexpected, unagreeable to me because I would definitely disagree to appear on Dec 6, 2018, before the NV Board for being humiliated, disrespected, irrationally outlawed the US laws and regulation, and I would not renew my NV license due to my financial hardship. Furthermore, I also financially suffered for the flight cost on the top of the renewal amount. I need to have my renewal fee back! Because the Board breached the contract, not me.

3) The CA Board of pharmacy will accept my licensure transferring because only my CA license was surrendered. So far, NABP confirmed that NV Board required license transfer applicants to maintain their license by original NAPLEX examination. I passed the NABP exam and shall not retake the exam plus my NV license had been in active status since 1988, although I had never practiced pharmacy in Nevada. In contrast to the issue raised by the Board that I required to work in NV for my NV license to be renewed.

4) I wish that Mr. Edwards would reply to my phone or email promptly. In addition, I prefer the answer in writing to avoid confusion.

Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

Lan Thi Tran Nguyen

Paul Edwards

From: Lan Nguyen <nguyenfiftyfive@gmail.com>
Sent: Saturday, December 22, 2018 5:22 AM
To: David Wuest; Paul Edwards; lan trannguyen
Subject: NV license renewal- additional proofs
Attachments: NV added rationale rewal.pdf

Lan Thi Tran Nguyen
 1 N. Palm Street
 La Habra, CA 90631
 Tel: (:
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December 21, 2018

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Pharmacy Board

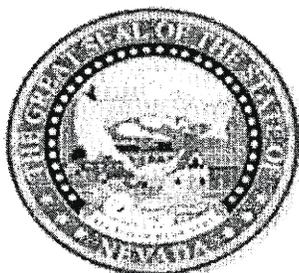
From: Paul Edwards
Sent: Thursday, December 27, 2018 4:46 PM
To: Lan Nguyen
Cc: David Wuest; Pharmacy Board; Shirley Hunting; Brett Kandt
Subject: RE: NV license renewal- additional proofs

Ms. Nguyen,

The Board received your emails. Per your December 21, 2018 letter, the Board will remove your request for reconsideration from its January 16-17, 2019 meeting agenda. It will reschedule your appearance for either March 6-7, 2019 in Reno, or April 10-11, 2019 in Las Vegas. Let me know what meeting you would like to attend.

Best regards,

S. Paul Edwards, Esq.
 General Counsel
 Nevada State Board of Pharmacy
 431 W. Plumb Lane
 Reno, NV 89509
 (775) 850-1440 (phone)
 (775) 850-1444 (fax)
 E-mail: pedwards@pharmacy.nv.gov
 Web page: bop.nv.gov



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

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

From: Lan Nguyen <>
Sent: Saturday, December 22, 2018 5:22 AM
To: David Wuest <dwuest@pharmacy.nv.gov>; Paul Edwards <pedwards@pharmacy.nv.gov>; lan trannguyen <>
Subject: NV license renewal- additional proofs

Lan Thi Tran Nguyen
 0 N. Palm Street
 La Habra, CA 90631
 Tel:
 Email:

December 21, 2018

Nevada Board of Pharmacy
 431 W. Plumb Lane
 Reno, Nevada 89509
 Tel: (775)850-1440

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Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

Lan Thi Tran Nguyen

DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2013 to October 31, 2019

MONEY ORDER ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH); \$860.00 (MUST be postmarked by 10/31/2018)

860

LICENSE: 09833

LAN THI TRAN-NGUYEN

N PALM ST

LA HABRA, CA 90631

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete ALL sections on this form
2. Sign and date this form
3. Send MO with this form (do NOT staple)
4. Mail money order payment to address above
5. NO COPIES
6. NO SIGNATURE STAMPS ACCEPTED

MUST BE POSTMARKED BY 10/31/2018 OR WILL BE PERMANENTLY EXPIRED

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....

2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....

3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

If you marked YES to any of the numbered questions in 3. above, include the following information: A letter or explanation of

Board Administrative Action:	State	Date	Case #		
License annulment	CA	6/3/2012	SACR 09-00115-CJC		
Criminal Action:	State	Date	Case #	County	Court
SENCE	CA	06/03/2011	09-00115-CJC	ORANGE	US Central District

Section 2: Are you the subject of a court order for the support of a child?..... Yes No

If you marked YES to the question above, are you in compliance with the court order?.....

Section 3: (Fees apply to either status)

By signing below, you certify that you have completed ALL required CE Hours due for the 2019 Renewal period. (Dated from Nov. 1, 11 – Oct. 31, 17 1.25hrs per mo.). The exemption period is 2yrs after graduation only. OR you may check the box for inactive if you did NOT complete CE.

Inactive: By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY / STATE-MANDATED QUESTIONS

1. Though it is NOT required to have SS21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: 09253 Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired? Yes No Branch: _____

Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: [Signature] Date: 09/02/2012

From: Tran Nguyen, Lan Thi
N. Palm Street
La Habra, CA 90631

July 2, 2018

To: Ms. Lisa J. Hedaria, Director of Finance/ Technology
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 98509
(775) 850-1440

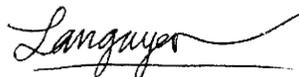
Dear Madame,

As per your instruction on my specific license renewal status, I would like to provide the explanation for my criminal conviction was selling over the daily limit of the cold medicine namely Claritin-D, leading to the felony conviction for distribution of a listed chemical (Pseudo-ephedrine) knowing and having a reasonable cause to believe it will be used to manufacture methamphetamine in violation of 21 U.S.C § 841 (c) (2) as charged with 1 count indictment.

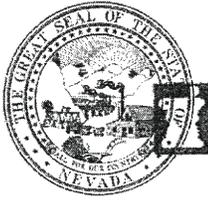
I have attached the filled renewal form and the money order of \$860.00 in this envelope for you to review and process my order.

Your consideration to expedite my renewal is gratefully appreciated.

Respectfully submitted,



Tran-Nguyen, Lan Thi



Nevada State Board of Pharmacy

BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

431 W. FLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@chamacy.nv.gov • Website: cop.nv.gov

BOARD OF PHARMACY

Licensee Name: TRAN-NGUYEN LAN THI
License Type: REGISTERED PHARMACIST
License Number: 43129
License Status: CANCELLED [Definition](#)
Voluntary Surrender [Definition](#)
Expiration Date: August 21, 2013
Issue Date: March 06, 1990
Address: 1400 W WHITTIER AVE
City: BREA
State: CA
Zip: 92821
County: ORANGE
Actions: Yes

Related Licenses/Registrations/Permits

Number	Name	Type	Status
49001	DU PHARMACY	RETAIL PHARMACY	REVOKED

Public Disclosure

Administrative Disciplinary Actions

Current web site information on Board of Pharmacy disciplinary actions only goes as far back as *January 1998* following the effective date of the disciplinary penalty.

Disciplinary actions rendered by the Board and penalties imposed become operative on the effective date of the action except in situations where the licensee obtains a court-ordered stay through the appeal process. This may occur after the publication of the information on this website.

To obtain information prior to January 1998 or for information on specific discipline listed submit a written request to the *State Board of Pharmacy, 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834, Attention Public Records Desk.*

Case Number: AC200900372700
Description of Action: BY STIPULATION: THE LICENSE IS VOLUNTARILY SURRENDERED.
Effective Date of Action: August 21, 2013

Public documents relating to this action are available here:
<http://www.pharmacy.ca.gov/enforcement/fy0910/ac093727>

This information is updated Monday through Friday - Last updated: JUL-11-2018

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

In the Matter of the Accusation Against:

IAN THI TRAN NGUYEN
Main Street
Susanville, CA 96130

Pharmacist License No. RPH 43129

And

DU PHARMACY
10042 Lampson Ave
Garden Grove, CA 92840

Pharmacy License No. PHY 49001

Respondent.

Case No. 3727

OAH No. 2010110837

Also Pertaining To

Citation No. CI 2010 48444

OAH No. 2011090607

Citation No. CI 2009 43894

OAH No. 2011090383, and

Citation No. CI 2010 47822

OAH No. 2011090603

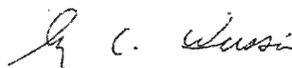
DECISION AND ORDER

The attached Stipulated Surrender and Revocation of Licenses and Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on August 21, 2013.

It is so ORDERED on July 22, 2013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

STANLEY C. WEISSER
Board President

1 KAMALA D. HARRIS
 Attorney General of California
 2 JAMES M. LEDAKIS
 Supervising Deputy Attorney General
 3 DESIREE I. KELLOGG
 Deputy Attorney General
 4 State Bar No. 126461
 110 West "A" Street, Suite 1100
 5 San Diego, CA 92101
 P.O. Box 85266
 6 San Diego, CA 92186-5266
 Telephone: (619) 645-2996
 7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
 9 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
 10 **STATE OF CALIFORNIA**

<p>11 In the Matter of the Accusation Against:</p> <p>12 J. AN THI TRAN NGUYEN</p> <p>13 North Palm Street</p> <p>14 La Habra, CA 90631</p> <p>15 Pharmacist License No. RPH 43129</p> <p>16 DU PHARMACY</p> <p>17 10042 Lampson Ave</p> <p>18 Garden Grove, CA 92840</p> <p>19 Pharmacy License No. PHY 49001</p> <p>20 Respondents.</p>	<p>Case No. 3727</p> <p>OAH No. 2010110837</p> <p>STIPULATED SURRENDER AND</p> <p>REVOCAION OF LICENSES AND</p> <p>ORDER</p> <p>Also Pertaining To</p> <p>Citation No. CI 2010 48444</p> <p>OAH No. 2011090607</p> <p>Citation No. CI 2009 43894</p> <p>OAH No. 2011090383, and</p> <p>Citation No. CI 2010 47822</p> <p>OAH No. 2011090603</p>
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23 In the interest of a prompt and speedy settlement of this matter, consistent with the public
 24 interest and the responsibility of the Board of Pharmacy, Department of Consumer Affairs, the
 25 parties hereby agree to the following Stipulated Surrender and Revocation of Licenses and Order
 26 to submit to the Board for approval and adoption as the final disposition of the Accusation in this
 27 case, and of Citation No. CI 2010 48444, Citation No. CI 2009 43894 and Citation No. CI 2010
 28 47822, also issued to Respondents.

1 7. On April 8, 2011, Citation No. CI 2009 43894, with a fine of \$1,475,000.00, was
2 issued to Respondent Du Pharmacy. Respondent timely appealed the Citation. A copy of
3 Citation No. CI 2009 43894 is attached as Exhibit C and incorporated herein by reference.

4 8. On June 9, 2011, Citation No. CI 2010 48444, with a fine of \$500.00, was issued to
5 Respondent Tran-Nguyen. Respondent timely appealed the Citation. A copy of Citation No. CI
6 2010 48444 is attached as Exhibit D and incorporated herein by reference.

7 ADVISEMENT AND WAIVERS

8 9. Respondents have carefully read, fully discussed with counsel, and understand the
9 allegations in Accusation No. 3727, and in each of the above listed Citations (No. CI 2010 47822,
10 CI 2009 43894 and CI 2010 48444). Respondents have also carefully read, fully discussed with
11 counsel, and understand the effects of this Stipulated Surrender and Revocation of Licenses and
12 Order.

13 10. Respondents are fully aware of their legal rights in this matter, including the right to a
14 hearing on the charges and allegations in the Accusation and any pending citation(s); the right to
15 confront and cross-examine the witnesses against them; the right to present evidence and to
16 testify on their own behalf; the right to the issuance of subpoenas to compel the attendance of
17 witnesses and the production of documents; the right to reconsideration and court review of an
18 adverse decision; and all other rights accorded by the California Administrative Procedure Act
19 and other applicable laws.

20 11. Respondents voluntarily, knowingly, and intelligently waive and give up each and
21 every right set forth above. Respondents withdraw their notice(s) of appeal or other requests for
22 hearing on the above citations, and agree that those citations are final as modified below.

23 CULPABILITY

24 12. Respondents admit the truth of each and every charge and allegation in Accusation
25 No. 3727, and agree that cause exists for discipline. Respondent Tran Nguyen hereby surrenders
26 her Pharmacist License No. RPH 43129 for the Board's formal acceptance. Respondent Du
27 Pharmacy hereby agrees to the revocation of its Pharmacy License No. PHY 49001 by the Board.

28

ORDER MODIFYING CITATIONS

IT IS HEREBY ORDERED that:

18. As to Citation No. CI 2010 47822, issued to Respondent Tran Nguyen, the \$1,475,000.00 fine assessed by the citation is reduced to \$5,000.00 and is due and payable within thirty days of the execution of this Stipulation. The Citation in all other respects remains unchanged, and is now final.

19. As to Citation No. CI 2009 43894, issued to Respondent Du Pharmacy, the \$1,475,000.00 fine assessed by the citation is reduced to \$5,000.00 and is due and payable within thirty days of the execution of this Stipulation. The Citation in all other respects remains unchanged, and is now final.

20. As to Citation No. CI 2010 48444, issued to Respondent Tran Nguyen, the \$500.00 fine assessed by the citation is reduced to zero or eliminated. The Citation in all other respects remains unchanged, and is now final.

21. With regard to each of the Citations, this shall constitute a satisfactory resolution of this matter, and shall be represented as such in any public disclosure(s). This stipulation shall become part of the record with regard to each of the respective Citations.

DISCIPLINARY ORDER AS TO RESPONDENT TRAN NGUYEN

IT IS HEREBY ORDERED that Pharmacist License No. RPH 43129, issued to Respondent Tran Nguyen, is surrendered and accepted by the Board of Pharmacy.

1. The surrender of Respondent Tran Nguyen's Pharmacist License and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent Tran Nguyen. This stipulation constitutes a record of the discipline and shall become a part of Respondent Tran Nguyen's license history with the Board of Pharmacy.

2. Respondent Tran Nguyen shall lose all rights and privileges as a Pharmacist in California as of the effective date of the Board's Decision and Order.

3. Respondent Tran Nguyen shall cause to be delivered to the Board her pocket license(s) and, if one was issued, her wall certificate(s) on or before the effective date of the Decision and Order.

1 4. Respondent Tran Nguyen may not apply, reapply, or petition for any licensure or
2 registration of the Board for three (3) years from the effective date of the Board's Decision and
3 Order.

4 5. If Respondent Tran Nguyen ever files an application for licensure or a petition for
5 reinstatement in the State of California, the Board shall treat it as a new application for licensure.
6 Respondent Tran Nguyen must comply with all the laws, regulations and procedures for licensure
7 in effect at the time the application or petition is filed, and all of the charges and allegations
8 contained in Accusation No. 3727 shall be deemed to be true, correct and admitted by Respondent
9 Tran Nguyen when the Board determines whether to grant or deny the application.

10 6. If Respondent Tran Nguyen ever applies for licensure or petitions for reinstatement in
11 the State of California, Tran Nguyen shall pay the agency its costs of investigation and
12 enforcement in the amount of \$27,443.00 (\$15,560.00 in prosecutorial costs and \$11,883.00 in
13 investigative costs) and \$40,000.00 payable to the Board as a civil penalty, prior to issuance of a
14 new or reinstated license. Respondent Tran Nguyen understands and agrees that the
15 aforementioned civil penalty is an administrative fine pursuant to 11 U.S.C. §523(a)(7), and is
16 non-dischargeable in bankruptcy. Respondent further understands and agrees that the filing of
17 bankruptcy by Respondent shall not relieve Respondent of the obligation to pay the balance of
18 this amount to the Board.

19 7. If Respondent Tran Nguyen should ever apply or reapply for a new license or
20 certification, or petition for reinstatement of a license, by any other health care licensing agency
21 in the State of California, all of the charges and allegations contained in Accusation No. 3727
22 shall be deemed to be true, correct, and admitted by Respondent Tran Nguyen for the purpose of
23 any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

24 **DISCIPLINARY ORDER AS TO RESPONDENT DU PHARMACY**

25 IT IS HEREBY ORDERED that Pharmacy License No. PHY 49001, issued to
26 Respondent Du Pharmacy, is revoked by the Board of Pharmacy.

27 1. The revocation of Respondent Du Pharmacy's license by the Board shall constitute
28 the imposition of discipline against Respondent Du Pharmacy. This stipulation constitutes a

1 record of the discipline and shall become a part of Respondent Du Pharmacy's license history
2 with the Board of Pharmacy.

3 2. Respondent Du Pharmacy shall lose any and all remaining rights and privileges as a
4 Pharmacy in California as of the effective date of the Board's Decision and Order.

5 3. Respondent Du Pharmacy shall cause to be delivered to the Board its pocket
6 license(s) and, if one or more was issued, its wall certificate(s), on or before the effective date of
7 the Decision and Order.

8 4. Respondent Du Pharmacy may not apply, reapply, or petition for any licensure or
9 registration of the Board for three (3) years from the effective date of the Decision and Order.

10 5. If Respondent Du Pharmacy ever applies for licensure or petitions for reinstatement
11 in the State of California, the Board shall treat it as a petition for reinstatement. Respondent Du
12 Pharmacy must comply with all laws, regulations and procedures for licensure in effect at the
13 time the application or petition is filed, and all of the charges in Accusation No. 3727 shall be
14 deemed to be true, correct and admitted by Respondent Du Pharmacy when the Board determines
15 whether to grant or deny the petition.

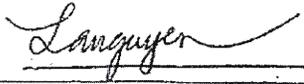
16 6. If Respondent ever applies for licensure or petitions for reinstatement in the State of
17 California, Respondent shall pay the Board, on the basis of joint and several liability, any part of
18 the \$27,433.00 in costs of investigation and enforcement of this case and the civil penalty in the
19 amount of \$40,000.00, made payable by Respondent Tran Nguyen by the Disciplinary Order
20 above, that has/have not yet been paid to the Board or otherwise discharged by Respondent Tran
21 Nguyen pursuant to the Disciplinary Order above, prior to issuance to Respondent Du Pharmacy
22 of a reinstated license.

23 7. If Respondent Du Pharmacy ever applies for a license or certification, or petitions for
24 reinstatement of a license, by any other health care licensing agency in the State of California, all
25 of the charges in Accusation No. 3727 shall be deemed to be true, correct, and admitted by
26 Respondent Du Pharmacy for the purpose of any Statement of Issues or any other proceeding
27 seeking to deny or restrict licensure.
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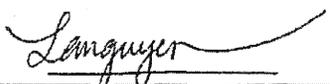
ACCEPTANCE

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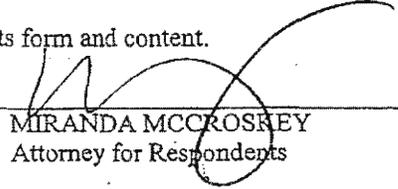
I have carefully read the above Stipulated Surrender and Revocation of Licenses and Order and have fully discussed it with my attorney, Miranda McCroskey. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Surrender and Revocation of Licenses and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: APRIL 25th, 2013 
LAN THI TRAN NGUYEN
Respondent Tran Nguyen

I have carefully read the above Stipulated Surrender and Revocation of Licenses and Order and have fully discussed it with my attorney, Miranda McCroskey. I understand the stipulation and the effect it will have on my Pharmacy License. I enter into this Stipulated Surrender and Revocation of Licenses and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: APRIL 25th, 2013 
LAN THI TRAN NGUYEN DBA DU
PHARMACY
Respondent Du Pharmacy

I have read and fully discussed with Respondent Du Pharmacy and Respondent Tran Nguyen the terms and conditions and other matters contained in this Stipulated Surrender and Revocation of Licenses and Order. I approve its form and content.

DATED: 4/30/13 
MIRANDA MCCROSKEY
Attorney for Respondents

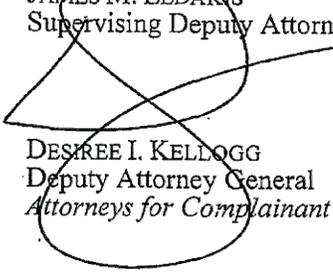
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ENDORSEMENT

The foregoing Stipulated Surrender and Revocation of Licenses and Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 5/1/13

Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
JAMES M. LEDAKIS
Supervising Deputy Attorney General


DESIREE I. KELLOGG
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 3727

1 EDMUND G. BROWN JR.
 Attorney General of California
 2 LINDA K. SCHNEIDER
 Supervising Deputy Attorney General
 3 DESIREE I. KELLOGG
 Deputy Attorney General
 4 State Bar No. 126461
 110 West "A" Street, Suite 1100
 5 San Diego, CA 92101
 P.O. Box 85266
 6 San Diego, CA 92186-5266
 Telephone: (619) 645-2996
 7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
 9 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11
 12 In the Matter of the Accusation Against:
 13 **LAN THI TRAN NGUYEN**
 North Palm Street
 14 La Habra, CA 90631
 15 **Pharmacist License No. RPH 43129**
 16 **DU PHARMACY**
 10042 Lampson Ave
 17 Garden Grove, CA 92840
 18 **Permit No. PHY 49001**
 19
 Respondents.

Case No. 3727

ACCUSATION

21 Complainant alleges:

PARTIES

- 23 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
 24 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.
 25 2. On or about March 6, 1990, the Board of Pharmacy issued Pharmacist License
 26 Number RPH 43129 to Lan Thi Tran Nguyen (Respondent). The Pharmacist License was in full
 27 force and effect at all times relevant to the charges brought herein and will expire on July 31,
 28 2011, unless renewed.

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Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

As used in this section, 'license' includes 'certificate,' 'permit,' 'authority,' and 'registration.'

10. Section 4032 of the Code states:

'License' means and includes any license, permit, registration, certificate, or exemption issued by the board and includes the process of applying for and renewing the same.

11. Section 4113(c) states:

The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

12. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

....

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

....

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed or the judgment of conviction has been

1 affirmed on appeal or when an order granting probation is made suspending the
2 imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the
3 Penal Code allowing the person to withdraw his or her plea of guilty and to enter a
4 plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
5 information or indictment.

6

7 (o) Violating or attempting to violate, directly or indirectly, or assisting
8 in or abetting the violation of or conspiring to violate any provision or term of this
9 chapter or of the applicable federal and state laws and regulations governing
10 pharmacy, including regulations established by the board or by any other state or
11 federal regulatory agency.

12 ...

13 13. Section 4307 of the Code states:

14 (a) any person who has been denied a license or whose license has been revoked
15 or is under suspension or who has filed to renew his or her license while it was under
16 suspension, or who has been a manger, administrator, owner, member, officer,
17 director, associate, or partner of any partnership, corporation, firm, or association
18 whose application for a license has been denied or revoked, is under suspension or
19 has been placed on probation, and while acting as the manger, administrator, owner,
20 member, officer, director, associate, or partner had knowledge of or knowingly
21 participated in any conduct for which the license was denied, revoked, suspended or
22 placed on probation, shall be prohibited from serving as a manger, administrator,
23 owner, member, officer, director, associate, or partner of a licensee as follows:

24 (1) Where a probationary license is issued or where an existing license is
25 placed on probation, this prohibition shall remain I effect for a period not to exceed
26 five years.

27 (2) Where the license is denied or revoked, the prohibition shall continue
28 until the license is issued or reinstated.

(b) 'Manager, administrator, owner, member, officer, director, associate or
partner,' as used in this section and Section 4308, may refer to a pharmacist or to any
other person who serves in that capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed
pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of
the Government Code. However, no order may be issued in that case except as to a
person who is named in the caption, as to whom the pleading alleges the applicability
of this section, and where the person has been given notice of the proceeding as
required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of
the Government Code. The authority to proceed as provided by this subdivision shall
be in addition to the board's authority to proceed under Section 4339 or any other
provision of law.

14. Title 16, California Code of Regulations, section 1769 states:

....

(b) When considering the suspension or revocation of a facility or a personal license on the ground that the licensee or the registrant has been convicted of a crime, the board, in evaluating the rehabilitation of such person and his present eligibility for a license will consider the following criteria:

- (1) Nature and severity of the act(s) or offenses(s).
- (2) Total criminal record.
- (3) The time that has elapsed since commission of the act(s) or offense(s).
- (4) Whether the licensee has complied with all terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
- (5) Evidence, if any, of rehabilitation submitted by the licensee.

15. Title 16, California Code of Regulations, section 1770 states:

For the purpose of denial, suspension, or revocation of a personal or facility license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered substantially related to the qualifications, functions or duties of a licensee or registrant if to a substantial degree it evidences present or potential unfitness of a licensee or registrant to perform the functions authorized by his license or registration in a manner consistent with the public health, safety, or welfare.

COST RECOVERY

16. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Pseudoephedrine is a listed I chemical as defined by title 21, United States Code, Section 802(34) ("the term 'listed I chemical' means a chemical specified by regulation of the Attorney General as a chemical that is used in manufacturing a controlled substance in violation of this subchapter and is important to the manufacture of the controlled substances, and such term includes... (K) Pseudoephedrine, its salts, optical isomers, and salts of optical isomers").

18. Methamphetamine is a schedule II controlled substance as designated by Health and Safety Code section 11055(d)(2), and is a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(February 5, 2010 Conviction for Sale of Chemical to be Used to Manufacture Controlled Substance on May 13, 2009)

19. Respondents are subject to disciplinary action under sections 490 and 4301(l) of the Code in that Respondent Lan Thi Tran Nguyen was convicted of a crime that is substantially related to the qualifications, duties and functions of a pharmacist. The circumstances are as follows:

a. On or about February 5, 2010, in a criminal proceeding entitled *United States v. Lan Thi Tran Nguyen*, in United States District Court for the Central District of California, case number 09-115-CJC, a jury rendered a verdict against Respondent and found her guilty of distribution of pseudoephedrine, knowing or having reasonable cause to believe that the pseudoephedrine would be used to manufacture a controlled substance, namely methamphetamine in violation of Title 21, United States Code, section 841(c)(2). Her sentencing hearing date is scheduled for January 31, 2011.

b. The facts that led to the conviction were that Respondent worked as the pharmacist in charge and owned Respondent Du Pharmacy in Garden Grove, California in April and May 2009. On or about April 28, 2009, the Drug Enforcement Administration and local police executed a probation search of the hotel room of a confidential informant. In his hotel room, law enforcement officials found 144 "blister packs" of pseudoephedrine and a business card for "Du Pharmacy." The informant agreed to cooperate with law enforcement agents and stated that he obtained the pseudoephedrine from Respondent Du Pharmacy.

c. On May 13, 2009, the informant conducted an undercover buy of pseudoephedrine. Respondent sold the informant 9 cardboard cases, each containing 24 individually wrapped blister packs of products containing pseudoephedrine. Each blister pack contained 10 pills, each pill consisted of a 240 milligram dosage. In sum, Respondent sold the informant 2,160 pills of pseudoephedrine, totaling 518.4 grams. Respondent knew that pseudoephedrine could be used to make methamphetamine and that there are limits to the amount of pseudoephedrine that can be sold in a single transaction. For example, when law enforcement

1 officials searched Respondent's pharmacy, they found an Internet printout with passages
 2 highlighted describing how pseudoephedrine could be used to make methamphetamine.
 3 Additionally, Respondent received a training entitled "Pseudoephedrine Learner's Guide" while
 4 working at CVS Pharmacy in 2006. This training discussed how pseudoephedrine could be used
 5 to make methamphetamine and that customers were limited to purchasing certain amounts of
 6 pseudoephedrine per day and per month. Respondent also admitted to law enforcement officials
 7 that she ordered cases of OHM brand cold medication containing pseudoephedrine from a
 8 wholesaler on a daily basis.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Unprofessional Conduct-Violating Laws Regulating Controlled Substances)**

11 20. Respondents are subject to disciplinary action under section 4301(j) of the Code for
 12 violations of the California Uniform Controlled Substances Act, including Health and Safety
 13 Code section 11100(g)(3), which limits the amount of pseudoephedrine that can be sold in a
 14 single transaction, as is more fully described in paragraph 19 above.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Unprofessional Conduct-Violations of the Chapter)**

17 21. Respondents are subject to disciplinary action under Code section 4301(o) for
 18 violations of the Pharmacy Act in that Respondent Lan Thi Tran Nguyen sold more than three
 19 packages of a product she knew to contain pseudoephedrine and more than 9 grams of
 20 pseudoephedrine in a single transaction in violation of Health and Safety Code section
 21 11100(g)(3), as is more fully described in paragraph 19 above.

22 **PRAAYER**

23 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
 24 and that following the hearing, the Board of Pharmacy issue a decision:

- 25 1. Revoking or suspending Pharmacist License Number RPH 43129, issued to Lan Thi
- 26 Tran Nguyen;
- 27 2. Revoking or suspending Permit No. PHY 49001 issued to Du Pharmacy;

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2. Ordering Lan Thi Tran Nguyen and Du Pharmacy to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 10/29/10



VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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Exhibit B

Citation No. 2010 47822

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number CI 2010 47822	Name, License No. LAN THI TRAN-NGUYEN , RPH 43129.
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JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4067 subd. (a)	Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination	\$1,475,000.00

CONDUCT:

Dispensing Internet Prescriptions - Lan Tran-Nguyen was not in compliance with Business and Professions Code section 4067, subdivision (a), which prohibits furnishing or dispensing controlled substances via the Internet without a good faith prior exam. Specifically, from 08/21/09 to 10/02/09, Lan Tran-Nguyen furnished a total of 59 prescriptions issued via the Internet, which were without a good faith prior exam while she was working at Du Pharmacy located at 10042 Lampson Ave., Garden Grove, CA. Violation of pharmacy law. The prescriptions included:

Patient Name	City	Medication	Dr's Name	City	State	Rx Date/Time
jm	Elk Grove	Soma	Kareem Tannous	Freeport	NY	
rv	Harbor City	Soma	Samson Orusa	Clarksville	TN	
am	Sacramento	Soma	Kareem Tannous	Freeport	NY	
gr	Huntington	Soma	Samson Orusa	Clarksville	TN	
iw	Lancaster	Ultram	Kareem Tannous	Freeport	NY	
gl	Vallejo	Soma	Jack Olin	Boca Raton	FL	
ay	Coalinga	Fioricet	James Frede	Wailuku	HI	0:26:25
dm	Azusa	Soma	Joseph Kamaka III	Wailuku	HI	2:36:00
mr	Concord	Soma	Samson Orusa	Clarksville	TN	
sb	Monterey	Soma	Joseph Kamaka III	Wailuku	HI	
fa	Gardena	Soma	James Frede	Wailuku	HI	1:56:48
cj	Castaic	Soma	Samson Orusa	Clarksville	TN	23:09:43
ko	Portola Hills	Fioricet	Laura Garabedian	Glen Oaks	NY	23:43:24
dh	Lakeport	Soma	Kareem Tannous	Freeport	NY	0:38:26
mp	Tulare	Soma	Joseph Kamaka III	Wailuku	HI	0:05:32
mg	Nevada City	Soma	Samson Orusa	Clarksville	TN	2:31:58
jk	Canyon County	Soma	Samson Orusa	Clarksville	TN	
gg	El Segundo	Soma	Kareem Tannous	Freeport	NY	3:29:03
jr	Westlake	Ultram	Kareem	Freeport	NY	1:55:07

	Village		Tannous			
bp	Van Nuys	Soma	Howard Strassberg	Brooksville	NY	5:08:25
jl	West Covina	Soma	Samson Orusa	Clarksville	TN	1:00:38
ro	Carmel Valley	Soma	Gloria Fong	Delaware	DE	
gm	Santa Barbara	Soma	Leland Hilburg	Tarzana	CA	0:21:49
ac	Paradise	Ultram	Kareem Tannous	Freeport	NY	
gb	San Bernardino	Soma	Samson Orusa	Clarksville	TN	3:52:14
dg	Hemet	Fioricet	Samson Orusa	Clarksville	TN	0:35:14
mk	Portola Hills	Soma	Terrill Brown	Visalia	CA	5:12:27
mh	Hacienda Height	Soma	Samuel Neil Grief	Chicago	IL	
ar	Orville	Soma	Jack Olin	Boca Raton	FL	3:43:49
jm	Murrieta	Soma	Samuel Neil Grief	Chicago	IL	
vg	Santa Fe Springs	Soma	Howard Strassberg	Old Brooksville	NY	5:00:39
jp	Thermal	Ultram	Samson Orusa	Clarksville	TN	01:01:25
ts	Sacramento	Soma	Howard Strassberg	Old Brooksville	NY	
kr	Quincy	Soma	Samson Orusa	Clarksville	TN	1:29:02
jb	Willows	Soma	Kareem Tannous	Freeport	NY	5:19:41
mm	Oceano	Soma	Kareem Tannous	Freeport	NY	
ch	Oroville	Soma	Kareem Tannous	Freeport	NY	12:11:04
gb	Torrance	Soma	Charles Myers	Mishawaka	IN	
jk	Concord	Ultram	Irving Harper III	Kihel	HI	0:31:46
gh	Fresno	Soma	Samson Orusa	Clarksville	TN	22:50:47
pp	Roseville	Soma	Elaina George	Atlanta	GA	3:29:12
ar	Mountainview	Soma	Samson Orusa	Clarksville	TN	
te	Truckee	Soma	Bob Thompson	West Frankfurt	IL	5:23:22
jw	Stockton	Soma	Gloria Fong	Delaware	DE	3:55:23
dw	Concord	Soma	James Frede	Wailuku	HI	
ml	San Jose	Ultram	Howard Strassberg	Old Brooksville	NY	22:27:37
hc	Van Nuys	Soma	Kareem Tannous	Freeport	NY	
dk	Stockton	Soma	Samson Orusa	Clarksville	TN	
jz	Mill Valley	Fioricet	Samson Orusa	Clarksville	TN	
jd	Glendora	Soma	Gloria Fong	Newark	DE	0:28:02
gr	Lomita	Soma	Samuel Neil Grief	Chicago	IL	
ml	Merced	Soma	Samuel Neil Grief	Chicago	IL	
pp	Fresno	Soma	Samson Orusa	Clarksville	TN	
kg	Pacheco	Soma	Laura Garabedian	Glen Oaks	NY	
wb	Tracy	Soma	James Frede	Wailuku	HI	
es	Corning	Soma	Samuel Neil Grief	Chicago	IL	
as	Temecula	Soma	Charles Myers	Mishawaka	IN	
ja	Napa	Soma	Samuel Neil Grief	Chicago	IL	

CITATION ISSUED ON: April 8, 2011

TOTAL AMOUNT OF FINE(S): \$1,475,000.00

PAYMENT OF FINE(S) DUE BY: May 8, 2011

Exhibit C

Citation No. 2009 43894

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

CITATION AND FINE

Citation Number CI 2009 43894	Name, License No. DU PHARMACY, PHY 49001
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JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4067 subd. (a)	Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination	\$1,475,000.00

CONDUCT:

Dispensing Internet Prescriptions Du Pharmacy was not in compliance with Business and Professions Code section 4067, subdivision (a), which prohibits furnishing or dispensing dangerous drugs via the Internet without a good faith prior exam. Specifically, from 08/21/09 to 10/02/09, Du Pharmacy, located at 10042 Lampson Ave., Garden Grove, CA, furnished total of 59 prescriptions issued via the Internet, which were without a good faith prior exam, and written by in and out-of-state prescribers. Violation of pharmacy law. The prescriptions included:

Patient Name	City	Medication	Dr's Name	City	State	Rx Date/Time
jm	Elk Grove	Soma	Kareem Tannous	Freeport	NY	
rv	Harbor City	Soma	Samson Orusa	Clarksville	TN	
am	Sacramento	Soma	Kareem Tannous	Freeport	NY	
gr	Huntington	Soma	Samson Orusa	Clarksville	TN	
jw	Lancaster	Ultram	Kareem Tannous	Freeport	NY	
gl	Vallejo	Soma	Jack Olin	Boca Raton	FL	
ay	Coalinga	Fioricet	James Frede	Wailuku	HI	0:26:25
dm	Azusa	Soma	Joseph Kamaka III	Wailuku	HI	2:36:00
mr	Concord	Soma	Samson Orusa	Clarksville	TN	
sb	Monterey	Soma	Joseph Kamaka III	Wailuku	HI	
fa	Gardena	Soma	James Frede	Wailuku	HI	1:56:48
cj	Castaic	Soma	Samson Orusa	Clarksville	TN	23:09:43
ko	Portola Hills	Fioricet	Laura Garabedian	Glen Oaks	NY	23:43:24
dh	Lakeport	Soma	Kareem Tannous	Freeport	NY	0:38:25
mp	Tulare	Soma	Joseph Kamaka III	Wailuku	HI	0:05:32
mg	Nevada City	Soma	Samson Orusa	Clarksville	TN	2:31:58
jk	Canyon Country	Soma	Samson Orusa	Clarksville	TN	
gg	El Segundo	Soma	Kareem	Freeport	NY	3:29:03

			Tannous			
ir	Westlake Village	Ultram	Kareem Tannous	Freeport	NY	1:55:07
bp	Van Nuys	Soma	Howard Strassberg	Brooksville	NY	5:08:25
jl	West Covina	Soma	Samson Orusa	Clarksville	TN	1:00:38
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gm	Santa Barbara	Soma	Leland Hilburg	Tarzana	CA	0:21:49
ac	Paradise	Ultram	Kareem Tannous	Freeport	NY	
gb	San Bernardino	Soma	Samson Orusa	Clarksville	TN	3:52:14
dq	Hemet	Fioricet	Samson Orusa	Clarksville	TN	0:35:14
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ts	Sacramento	Soma	Howard Strassberg	Old Brooksville	NY	
kr	Quincy	Soma	Samson Orusa	Clarksville	TN	1:29:02
io	Willows	Soma	Kareem Tannous	Freeport	NY	5:19:41
mm	Oceano	Soma	Kareem Tannous	Freeport	NY	
ch	Oroville	Soma	Kareem Tannous	Freeport	NY	12:11:04
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dw	Concord	Soma	James Frede	Wailuku	HI	
ml	San Jose	Ultram	Howard Strassberg	Old Brooksville	NY	22:27:37
hc	Van Nuys	Soma	Kareem Tannous	Freeport	NY	
dk	Stockton	Soma	Samson Orusa	Clarksville	TN	
jz	Mill Valley	Fioricet	Samson Orusa	Clarksville	TN	
jd	Glendora	Soma	Gloria Fong	Newark	DE	0:28:02
gr	Lomita	Soma	Samuel Neil Grief	Chicago	IL	
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pp	Fresno	Soma	Samson Orusa	Clarksville	TN	
kg	Pacheco	Soma	Laura Garabedian	Glen Oaks	NY	
wb	Tracy	Soma	James Frede	Wailuku	HI	
es	Corning	Soma	Samuel Neil Grief	Chicago	IL	
as	Temecula	Soma	Charles Myers	Mishawaka	IN	
ja	Napa	Soma	Samuel Neil Grief	Chicago	IL	

CITATION ISSUED ON: April 8, 2011

TOTAL AMOUNT OF FINE(S): \$1,475,000.00

PAYMENT OF FINE(S) DUE BY: May 8, 2011

Exhibit D

Citation No. 2010 48444

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

CITATION AND FINE

Citation Number	Name, License No
CI 2010 48444	LAN THI TRAN-NGUYEN , RPH 43129

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4306.5/CCR, Title 16, § 1764/Civil Code § 56.10 subd. (a) et seq.	Misuse of education, etc. by pharmacist outside course of practice of pharmacy as Unprofessional Conduct /Unauthorized disclosure of prescription and medical information	\$500.00

CONDUCT:

Unauthorized Disclosure and Maintenance of Patient Specific Records- Pharmacist Lan Thi Tran-Nguyen was not in compliance with the Business and Professions Code Section 4306.5 which states unprofessional conduct for a pharmacist includes any of the following: acts or omissions that involve, in whole or in part the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or the act or omission arises in the course of the practice of pharmacy or the ownership, management, administrations, or operation of a pharmacy or other entity licensed by the board and as it relates to the California Code of Regulations 1764 that states no pharmacist shall exhibit or reveal the contents of any prescription with any person other than the patient or his or her authorized representative and Civil Code 56.10(a) that states no provider of health care shall disclose medical information regarding a patient without first obtaining authorization. Specifically between May 2010 to October 2010 while working at Pharmerica located at 11205 Knott Avenue, Suite C in Cypress, pharmacist Lan Thi Tran-Nguyen acted unprofessionally when she accessed, obtained, and removed unauthorized copies of highly confidential patient specific records including prescriptions, from Pharmerica in Cypress even after RPH Nguyen signed the Statement of Confidentiality "HIPAA Privacy & Security" form on 5/20/10 that stated, "If my employment with PharMerica ends, whether voluntarily or involuntarily, I hereby agree not to use or disclose any Health Information to anyone for any reason". This is a violation of pharmacy law.

CITATION ISSUED ON: June 09, 2011	TOTAL AMOUNT OF FINE(S): \$500.00
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PAYMENT OF FINE(S) DUE BY: July 09, 2011

10

10A

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

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

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

Application must be printed legibly or typed

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

Form with checkboxes for ownership types: New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Handwritten information fields: Pharmacy Name (CMH PHARMACY, LLC), Physical Address (1930 VILLAGE CENTER CIR. 3-104), City (LAS VEGAS), State (NV), Zip Code (89134), Telephone (702-400-3139), Fax (N/A), Toll Free Number (N/A), E-mail (KLIVELY@CMHMAIL.COM), Website (TBD), Managing Pharmacist (ALYSHA McMAHON), License Number (18590).

TYPE OF PHARMACY AND SERVICES PROVIDED

Large form grid for selecting pharmacy types and services provided, with Yes/No checkboxes for various categories like Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, etc.

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

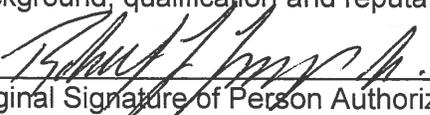
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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


Original Signature of Person Authorized to Submit Application, no copies or stamps

ROBERT L LIVELY JR
Print Name of Authorized Person

12/12/2018
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: ROBERT LEE LIVELY -JR. %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: CMH PHARMACY, LLC

Mailing Address: 1930 VILLAGE CENTER CIRCLE 3-104

City, State Zip Code: LAS VEGAS, NV 89134

Telephone Number: 702-400-3139 Fax Number: N/A

Contact Person: ROBERT LIVELY

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours X

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV 2018 1866473

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

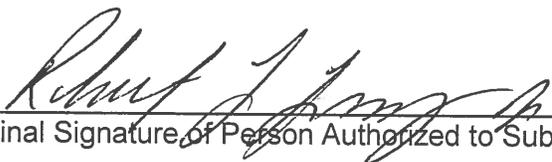
I, ROBERT L LIVELY JR.

Responsible Person of CMH PHARMACY, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

ROBERT L LIVELY JR.

Print Name of Authorized Person

12/12/2018

Date

Managing Pharmacist

Pharmacist Name: Alysha McMahon

License #: 18590

Pharmacy Name: CMH Pharmacy, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____ County: _____ Court: _____		

**PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)**

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



Signature



Date

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

Date 12/11/18

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy

CUH Pharmacy, LLC Nature of Pharmacy or Wholesaler
1930 Village Center Circle Suite 3-104 Las Vegas NV 89134
Name and Address of Business for Which Designated Representative Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

McMahon Alysha Leilani
Last Name First Name Middle Name

N/A
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Pro Tour Ct Las Vegas NV 89141
Present Residence Address-Street or RFD City State/Zip

350 W. Lake Mead Pkwy 8-8-13 Henderson NV 89015
Present Business Address Dates to Present City State/Zip

Pharmacist 8-8-13 to Present
Present Position with the Pharmacy or Wholesaler Dates

Honolulu, Honolulu, HI
Place of Birth (City, County, State)

29 Female
Age Sex

Green Brown Fair 140 Athletic 5'4
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics round scar above right knee

Are you a citizen of the United States? Yes No If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial all
Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/14/18 Las Vegas, Clark, NV
Date City, County and State
 Spouse's full name (Maiden) Dustin Lively S.S. No.
 Date of Birth _____ Place of Birth Las Vegas, NV
 Resident address Pro Tour Ct Las Vegas NV 89141
Street City State Zip
 Telephone: Residence _____ Business 702-793-1537
 Spouse's employer Lennar Occupation construction manager
 Address of employer 9275 West Russel Rd Las Vegas NV 89148
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below.

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial all

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

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 Chris McMahon		1 Lloyd George Dr Henderson NV 89052	Corporate Business Consultant
Mother Susan McMahon		1 Lloyd George Dr Henderson NV 89052	Retired
Father-in-Law Robert Lively		Conough Lane Las Vegas NV 89149	Real Estate Developer
Mother-in-Law Kelley Clifton		Conough Lane Las Vegas NV 89149	Real Estate Developer

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
Melissa McMahon		Tomessa St Las Vegas NV 89141	Nurse (RN)
Spouse Chris Holmes		Tomessa St Las Vegas NV 89141	Personal Trainer
<u>N/A</u>			
Spouse <u>N/A</u>			
<u>N/A</u>			
Spouse <u>N/A</u>			
<u>N/A</u>			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School St. John Vianney	920 Keolu Dr. Kailua HI 96734	8/11/94 - 5/30/03	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Le Jardin Academy	917 Kalamianale Dr. Kailua HI 96734	8/1/03 - 5/27/07	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University University of Nevada, Reno	1664 N. Virginia St Reno NV 89557	8/1/07 - 6/1/10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Roseman University	11 Sunset Way Henderson NV 89014	8/1/10 - 6/7/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Doctor of Pharmacy, Pharm.D

College or university where obtained Roseman University

Applicant's initial all

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch NIA Date of entry-active service NIA

Date of separation NIA Type of discharge NIA

Rating at separation NIA Serial number NIA

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 NIA State NIA Date registered NIA

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
<u>NIA</u>					
<u>NIA</u>					
<u>NIA</u>					

- 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? NIA city, county and state NIA
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? NIA city, county and state NIA
- 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
<u>NIA</u>				
<u>NIA</u>				
<u>NIA</u>				

Applicant's initial all

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- 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
N/A		
N/A		
N/A		

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
6/89 - 8/07	1422 AUAUKI ST	Kailua	HI
8/07 - 6/10	2800 Enterprise Rd	Reno	NV
6/10 - 6/16	924 Lloyd George Dr	Henderson	NV
6/16 - 6/18	6482 Holland Hills St	Las Vegas	NV
6/18 - current	Pro Tour Ct	Las Vegas	NV

Applicant's initial all Page 5

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

8/13	CVS 350 W. Lake Mead Pkwy Henderson NV 89015	10,000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist, Staff Float, Full Time	Prepare, process, check, counsel dispense medication/prescriptions	Mike Natale
Title	Description of Duties	Name of Supervisor
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
<hr/>		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial *mu*
 Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Laura Hook</u>	Home	<u>1 Awaiki St</u>	<u>Kailua</u>	<u>HI 96734</u>		<u>25</u>
Employer <u>Student (MO)</u>	Business	<u>University of Hawaii Manoa</u>				
Name <u>Keegen Walsh</u>	Home	<u>U. university Blvd</u>	<u>Mobile</u>	<u>AL 36688</u>		<u>10</u>
Employer <u>Student (PA)</u>	Business	<u>University of South Alabama</u>				
Name <u>Cheryl Sherman</u>	Home	<u>Awinala Rd</u>	<u>Kailua</u>	<u>HI 96734</u>		<u>29</u>
Employer <u>The Green Comb</u>	Business	<u>1297 Kapiolani Blvd Honolulu HI 96814</u>				
Name <u>Robin Taber</u>	Home	<u>Wind Drift</u>	<u>Boca Raton</u>	<u>FL 33433</u>		<u>29</u>
Employer <u>Florida Atlantic University</u>	Business	<u>777 Glades Rd Boca Raton FL 33431</u>				
Name <u>Robert Handley</u>	Home	<u>2 Holland Hills St</u>	<u>Las Vegas</u>	<u>NV 89113</u>		<u>5</u>
Employer <u>Smith's Nephew</u>	Business	<u>3945 W. Reno Ave Las Vegas NV 89118</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|--|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor <input checked="" type="checkbox"/> | 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

Doctor of Pharmacy, Nevada

Licensed 8/8/13 - present

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

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

N/A

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

N/A

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial AM
Page 7

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

N/A

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

N/A

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

N/A

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

N/A

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

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph 12/7/18

Applicant's initial all

STATE OF Nevada

ss.

COUNTY OF Clark

I, Alysha McMahon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

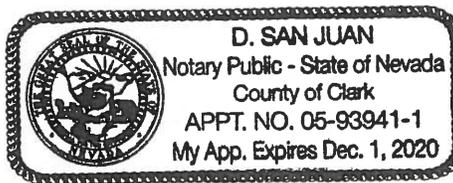
[Handwritten Signature]

Original Signature of Applicant

State of NV, County of Clark
Subscribed and Sworn to before me this 11 day of December 2018

Alysha L. McMahon
[Handwritten Signature]
Notary Public

(seal)



Applicant's initial AM

ADDITIONAL INFORMATION

[Lined area for additional information]

Applicant's initial *all*
Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/12/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for PHARMACY
Nature of License
CMH PHARMACY, LLC 1930 VILLAGE CENTER CIR. 3-104 LAS VEGAS, NV 89134
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name LIVELY JR First Name ROBERT Middle Name LEE

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

NONE

Present Residence Address-Street or RFD Conough Lane City LAS VEGAS, NV State/Zip 89149 Dates 2005-Present

Present Business Address 4105 Rampart Blvd STE 390 City LAS VEGAS, NV State/Zip 89145 Dates 2010-Present

Occupation Phone: Residence: Business 702-583-6188

Date of Birth Place of Birth (City, County, State) CRESCENT CITY, DEL NORTE, CALIFORNIA

Age 57 Social Security Number Sex MALE

Color of Eyes BROWN Color of Hair BROWN Complexion FAIR Weight 185 Build AVERAGE Height 5'10"

Scars, tattoos or distinguishing marks and/or characteristics CROSS TATTOO LEFT UPPER ARM

Are you a citizen of the United States? Yes [checked] No [] If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [checked] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial B

MARITAL INFORMATION-Continued

A. **Current Marriage** MAY 2, 1981 LAS VEGAS, CLARK, NV
Date City, County and State
 Spouse's full name (Maiden) KELLEY-TAY CLIFTON
S.S. No.
 Date of Birth Place of Birth TUCSON, AZ
 Resident address CONOUGH LANE LAS VEGAS NV 89149
Street City State Zip
 Telephone: Residence Business 702-583-6188
 Spouse's employer BETTER BUILDING TECHNOLOGIES Occupation REAL ESTATE DEVELOPER
 Address of employer 410 S. RAMPART BLVD STE 390 LAS VEGAS NV 89145
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
----------------	-------------------------	---------------------------	------------------	-----------------------

NONE

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

NONE

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

<u>ROBERT RUSSELL LIVELY</u>	<u>7</u>	<u>LAS VEGAS, NV</u>	<u>9 VALLEY EDGE CRT LAS VEGAS, NV 89141</u>
<u>DUSTIN LEE LIVELY</u>	<u>7</u>	<u>LAS VEGAS, NV</u>	<u>7 PROTOUR CRT LAS VEGAS, NV 89141</u>
<u>ASHLEY-TAY LIVELY</u>	<u>1</u>	<u>LAS VEGAS, NV</u>	<u>CONOUGH LANE LAS VEGAS, NV 89149</u>

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial B

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....
 Address.....
 Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>ROBERT LEE LIVELY SR.</u>	<u>?</u>	<u>PEACEFUL POND LAS VEGAS, NV 89131</u>	<u>SELF-EMPLOYED</u>
Mother <u>DOROTHY JEAN LIVELY (RYDER)</u>	<u>?</u>	<u>PEACEFUL POND LAS VEGAS, NV 89131</u>	<u>SELF-EMPLOYED</u>
Father-in-Law <u>JAMES TRAY CLIFTON</u>	<u>1</u>	<u>PIRAMIDA AVE LAS VEGAS, NV 89107</u>	<u>FLOORING INSTALLER</u>
Mother-in-Law <u>NANCY LOUISE DAY</u>	<u>1</u>	<u>CELITA LAS VEGAS, NV 89143</u>	<u>CLERICAL</u>

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>JEAN LEE LIVELY</u>		<u>2 Longleaf Dr. GREENWOOD IN 46143</u>	<u>BANKING</u>
Spouse <u>EARL RAYH RUSK</u>		<u>Longleaf Dr. GREENWOOD IN 46143</u>	<u>CONSTRUCTION MANAGER</u>
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>MITCHELL</u>	<u>900 AVENUE B Boulder City, NV 89005</u>	<u>1972</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Boulder City</u>	<u>1101 5TH STREET Boulder City, NV 89005</u>	<u>1975-1978</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>UNLV</u>	<u>4505 S. MARYLAND BLVD LAS VEGAS, NV 89154</u>	<u>1979-1982</u>	Yes <input type="checkbox"/> No <input checked="" 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

RL

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

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 Clark State NEVADA Date registered 4/1979

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 B
Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
DEFENDANT	5-14-2009	A-09-590331C	LAS VEGAS, CLARK, NV	DISMISSAL
DEFENDANT	3-14-2002	02A447778	LAS VEGAS, CLARK, NV	DISMISSAL
DEFENDANT	3-30-2000	00A416955	LAS VEGAS, CLARK, NV	DISMISSAL

- 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
RL HOMES, LLC	LIMITED LIABILITY COMPANY	7-23-2008
RL HOMES, LLC	LIMITED LIABILITY COMPANY	3-18-2008

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/2005 - Present	CONOUGH LANE	LAS VEGAS	NV, CLARK
1/1993 - 8/2005	7784 W. ROSADA WAY	LAS VEGAS	NV, CLARK

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 5/2010 - Present	Name/Mailing Address of Employer/Business BETTER BUILDING TECHNOLOGIES 410 S. RAMPART BLVD STE 390 LAS VEGAS, NV, 89145	Reason for Leaving N/A
Title PRINCIPAL	Description of Duties DAILY OPERATIONS, BUSINESS PLANNING CONTRACTS, FINANCING	Name of Supervisor N/A
Month and Year 2008-2010	Name/Mailing Address of Employer/Business RETIRED	Reason for Leaving N/A
Title N/A	Description of Duties MANAGED PERSONAL ASSETS	Name of Supervisor N/A
Month and Year 2001-2008	Name/Mailing Address of Employer/Business RL HOME, LLC LAS VEGAS, NV	Reason for Leaving BUSINESS CLOSED
Title PRINCIPAL	Description of Duties DAILY OPERATIONS, FORWARD PLANNING CONTRACTING, FINANCING	Name of Supervisor N/A
Month and Year 1996-2001	Name/Mailing Address of Employer/Business AMERICAN PREMIERE HOMES, DEV. LAS VEGAS, NV	Reason for Leaving STARTED RL HOMES
Title MANAGING MEMBER	Description of Duties Daily operation, contracting, development	Name of Supervisor N/A
Month and Year 1993-1996	Name/Mailing Address of Employer/Business FALCON HOMES LAS VEGAS, NV	Reason for Leaving Business DOWN SIZING
Title VP CONSTRUCTION	Description of Duties MANAGED CONSTRUCTION DEPARTMENT	Name of Supervisor MARK DORPEY
Month and Year 1992-1993	Name/Mailing Address of Employer/Business DEL WEB LAS VEGAS, NV	Reason for Leaving OFFERED MANAGEMENT FALCON HOMES
Title CONSTRUCTION SUPERINTENDANT	Description of Duties MANAGED DAILY SITE CONSTRUCTION	Name of Supervisor DO NOT RECALL
Month and Year 1989-1992	Name/Mailing Address of Employer/Business LIVELY CONSTRUCTION, DEV LAS VEGAS, NV	Reason for Leaving Business slowdown
Title OWNER	Description of Duties MANAGED ALL ASPECTS OF GENERAL CONTRACTING	Name of Supervisor N/A
Month and Year 1984-1989	Name/Mailing Address of Employer/Business METROPOLITAN HOMES LAS VEGAS, NV	Reason for Leaving BUSINESS CLOSED IN LAS VEGAS
Title CONSTRUCTION SUPERINTENDANT	Description of Duties MANAGED CONSTRUCTION TRADES CONTRACTS, HOMEOWNER WARRANTY	Name of Supervisor DAN MAULDIN

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>PAT BERTHES</u>	Home	<u>W. DEERSPTINHS</u> <u>LAS VEGAS</u>	<u>NV</u>	<u>89131</u>		<u>20</u>
Employer <u>METRO LEDBY</u>	Business	<u>1415 S. ARVILLE ST.</u> <u>LAS VEGAS</u>	<u>NV</u>	<u>89102</u>		
Name <u>BRUCE BETTRIDGE</u>	Home	<u>7 EVERGREEN OAKS DR.</u> <u>HENDERSON</u>	<u>NV</u>	<u>89052</u>		<u>15</u>
Employer <u>RETIRED</u>	Business	<u>N/A</u>				
Name <u>SALLY GALATI</u>	Home	<u>OWLS PEAK COURT</u> <u>LAS VEGAS</u>	<u>NV</u>	<u>89144</u>		<u>8</u>
Employer <u>DRURY GALATI LTD</u>	Business	<u>3015 SOUTH TOWN CENTER DR. SUITE 100</u> <u>LAS VEGAS</u>	<u>NV</u>	<u>89144</u>		
Name <u>PATRICK NUNES</u>	Home	<u>3 193 STREET</u> <u>HUNTINGTON BEACH</u>	<u>CA</u>	<u>92648</u>		<u>20</u>
Employer <u>LSE</u>	Business	<u>1587 E BENTLEY DR.</u> <u>IRVINE</u>	<u>CA</u>	<u>92619</u>		
Name <u>DENNIS MORGAN</u>	Home	<u>NIGHT WIND</u> <u>LAS VEGAS</u>	<u>NV</u>	<u>89130</u>		<u>25</u>
Employer <u>VALLEY AIR</u>	Business	<u>9225 S. MANN ST.</u> <u>LAS VEGAS</u>	<u>NV</u>	<u>89139</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
 If yes, state type, where and years held

CONTRACTOR, NEVADA, 16 YEARS,

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

.....

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

.....

If yes to the above, state where, when and for what reason:

.....

.....

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

.....

.....

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

.....

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

.....

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

.....

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

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Date of photograph..... 12/15/2018

Applicant's initial..... [Signature]

STATE OF Nevada

ss.

COUNTY OF CLARK

I, ROBERT C. LIVELY JR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

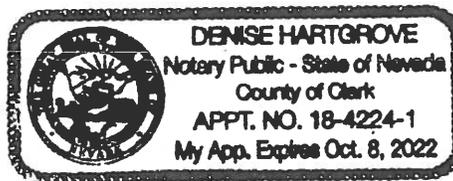
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 15th day of

December 2018

[Handwritten Signature]
.....
Notary Public



(seal)

Applicant's initial [Handwritten Initials]

ADDITIONAL INFORMATION

SECTION 6 (I)

DEFENDANT 11-26-1997 97A381725 LAS VEGAS, NV, Clark Dismissal

DEFENDANT 1999 LAS VEGAS, NV, Clark Dismissal

SECTION 8 Employment

1980-1984 PARDEE CONSTRUCTION LAS VEGAS, NV OFFERED ADVANCEMENT METROPOLITAN DEV. ASSISTANT SUPERINTENDANT, WORKED WITH PROJECT SUPERINTENDANT TO MANAGE CONSTRUCTION OF SINGLE AND MULTI-FAMILY HOMES.

Applicant's initial

APPLICATION FOR CERTIFICATION AS A PROVIDER OF
INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: CMH Pharmacy, LLC

Nevada license number: _____

Websites in use or intended to be used: TBD

Affiliated websites (websites that link to or otherwise direct users to your website):
NONE

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by NABP) certified? Please provide a copy with application. Yes No

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes No

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:
- A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes No
- B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes No
- C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes No
- D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes No
- E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes No
- F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes No
- G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes No
- H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes No
- I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes No
- J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes No
3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes No

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes No
5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes No
6. Does the pharmacy comply with applicable federal and state laws regarding the following:
- A) To the dispensing of prescription drugs? Yes No
- B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes No
- C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs? Yes No
7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes No
8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia*, 25th edition, 2002, which is hereby adopted by reference? Yes No

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



 Signature of Owner

12/12/2018
 Date

10B

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

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

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

Application must be printed legibly or typed

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

- | | |
|--|---|
| <input type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH____
Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public
Corporation or Partnership. | |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b | <input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b | <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EastSide Pharmacy LLC

Physical Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip Code: 89119

Telephone: 844-334-1010 Fax: 833-861-0249

Toll Free Number: 844-334-1010 E-mail: RYAN@EASTSIDERXLV.COM

Website: N/A

Managing Pharmacist: Jeffery Lang License Number: 17503

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
 For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

Ryan L Ross

Original Signature of Person Authorized to Submit Application, no copies or stamps

Ryan L Ross

Print Name of Authorized Person

12/11/18

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: 5835 S Eastern Ave STE 100

City: Las Vegas State: NV Zip: 89119

Telephone: 844-334-1010 Fax: 833-861-0249

Contact Person: Ryan L Ross

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Ryan L Ross 5835 S Eastern Ave ste 100
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the ^{LLC} corporation. 100%

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Ryan L Ross

Responsible Person of Eastside Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Ryan L Ross
Original Signature of Person Authorized to Submit Application, no copies or stamps

Ryan L Ross
Print Name of Authorized Person

12/11/18
Date

Managing Pharmacist

Pharmacist Name: Jeffrey S Lamy

License #: 17503

Pharmacy Name: Eastside Rx

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

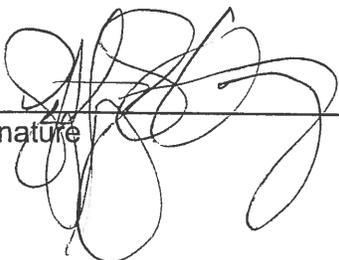
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

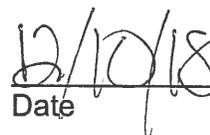
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date



Eastside Pharmacy List of Managing members

Ryan Ross Managing member 100%.

MARITAL INFORMATION-Continued

A. **Current Marriage** 3/17/07 Santa Rita, Gu
Date
 Spouse's full name (Maiden) Ayleen Martinez Santa Rita, Gu
City, County
S.S. No.
 Date of Birth _____ Place of Birth Bronx, NY
 Resident address Calle Adolfo Sanchez Las Piedras, PR 00771
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation Homemaker
 Address of employer N/A
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Mertina Westerman</u>	<u>12/05</u>	<u>12/99</u>	<u>Dissolution</u>	<u>San Diego, CA</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>Mertina Westerman</u>	<u>Clements Way</u>	<u>Murrieta</u>	<u>CA</u>	<u>92563</u>	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Rosalina Hammack</u>		<u>Lemoore, CA</u>	<u>Spiracle Ave Henderson, NV 89002</u>
<u>Marianne Ross</u>		<u>Portland, OR</u>	<u>Clements Way Murrieta, CA 92563</u>
<u>Gabriella Ross</u>		<u>Calle Adolfo Sanchez</u>	<u>Las Piedras, PR 00771</u>

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial RJR

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name California Department of Child Support Services

Address P.O. Box 49064 Rancho Cordova, CA 95741

Contact person Clerk of the Court

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
<u>Delbert Ross</u>		<u>unknown</u>	
Mother			<u>clerk</u>
<u>Kathleen Shrauger</u>		<u>25th M St NW Arnegard, ND</u>	<u>58835</u>
Father-in-Law			
<u>Raymond Martinez</u>		<u>Las Piedras, PR</u>	<u>Retired</u>
Mother-in-Law			
<u>Maria Diaz</u>		<u>Las Piedras, PR</u>	<u>Retired</u>

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>Eric Ross</u>		<u>NE Hickory St Vancouver, WA</u>	<u>98082</u> <u>Contractor</u>
Spouse			
<u>Janice Thorildson</u>			
<u>Clifford Ross</u>		<u>Watford City, ND</u>	<u>Clerk</u>
Spouse			
<u>Cynthia Ross</u>		<u>Glendale, AZ</u>	<u>Nurse</u>
Spouse			
<u>Keneth Damié</u>			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Rangel Elementary</u>	<u>Rangel, CO</u>	<u>8/83-6/88</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Rangel High</u>	<u>Rangel, CO</u>	<u>8/91-5/94</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University	<u>Grantham University</u>	<u>Lenexa, KS</u>	<u>8/12-4/15</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS Business management

College or university where obtained Grantham university

Applicant's initial RR

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch Navy Date of entry-active service 7/31/95
 Date of separation 4/21/11 Type of discharge Honorable
 Rating at separation MA² Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No
 County Clark State WA Date registered 6/18/94

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial RAC Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
9/18 - present	Spiracle Ave	Henderson, NV	89002
6/18 - 9/18	163 Afternoon Rain Ave	Henderson, NV	89002
7/16 - 6/18	3907 SE 30th St	Gresham, OR	97080
3/13 - 7/16	11645 SE Fuller rd	Portland, OR	97222
3/12 - 3/13	8640 SE Causey Ave	APT 11303 Happy Valley, OR	97086
2/11 - 3/12	15258 SW Millikan Way	APT 616 Beaverton, OR	97006
7/67 - 2/11^{1/2}	U.S. Navy		
6/08 - 2/11	8760 Redwood Dr	unit 144 Santee, CA	92071
5/05 - 6/08	2229A McMillen Dr	Santa Rita, GU	96915
4/02 - 5/05	San Diego, CA		
2/98 - 4/02	Manama, Bahrain		

Applicant's initial DK Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/18 - Present	Sunrise Pharmacy 2500 E Sunset Rd Las Vegas, NV 89120	

Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Compounding Lab Manager	Tamara Angeles

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/12 - 7/18	Professional Center 205 Pharmacy 10000 SE Main St Portland, OR 97216	moved to vegas

Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Compounding Lab Manager	Krissy Bray

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/12 - 6/12	Fred Meyer Pharmacy Portland, OR	Better Position

Title	Description of Duties	Name of Supervisor
Pharmacy Tech	fill prescriptions	JOE

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/97 - 3/11	U.S Navy	Tenure

Title	Description of Duties	Name of Supervisor
MA ²	Police Officer	Jake Englander

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RE Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Josh Dillingor</u>	Home	<u>1 NW 291st St Ridgefield WA 98442</u>				<u>9 years</u>
Employer	Business					
Name <u>Kristy Tera</u>	Home	<u>SW 5th St Gresham, OR 97030</u>				<u>8 years</u>
Employer <u>prestige Pharmacy</u>	Business	<u>Portland, OR 97220</u>				
Name <u>Rose Chen</u>	Home	<u>3 SE 89th Ave Portland, OR 97244</u>				<u>6 years</u>
Employer <u>prestige Pharmacy</u>	Business	<u>Portland, OR 97220</u>				
Name <u>Karen Northrop</u>	Home	<u>5136 Ave Henderson, NV 89002</u>				<u>6 years</u>
Employer <u>JSMN</u>	Business	<u>Las Vegas, NV</u>				
Name <u>Merline Westerman</u>	Home	<u>3 Clements way Murrieta, CA 92563</u>				<u>21 years</u>
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
 If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 12/11/18

Applicant's initial BR

STATE OF Nevada

ss.

COUNTY OF Clark

I, Ryan L Ross, being duly sworn, depose and say I have read the

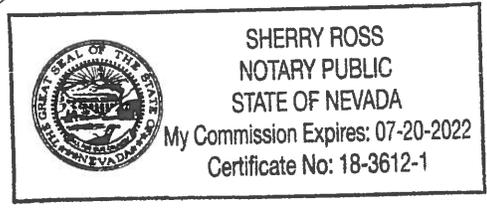
foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Ryan L Ross
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of

December, 2018
Sherry Ross
Notary Public



(seal)

Applicant's initial RLR
Page 9

ADDITIONAL INFORMATION

Lined area for additional information.

Applicant's initial *RJR*
Page 10

Date

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for

Nature of License

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Lang, First Name: Jeffrey, Middle Name: Scott

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

Present Residence Address-Street or RFD: Villa De Cande Way, City: Las Vegas, State/Zip: NV 89102

Present Business Address: 5835 S. Eastern Ave, City: Las Vegas, State/Zip: NV 89119

Occupation: Pharmacist, Dates: 5/08 - Present

Phone: Residence

Business: 702.791.3800

Date of Birth: 4/1, Place of Birth (City, County, State): Greensburg PA Westmoreland County

Age: 41, Social Security Number: M

Color of Eyes: Brown, Color of Hair: Black, Complexion: Light, Weight: 190, Build: Medium, Height: 6'0"

Scars, tattoos or distinguishing marks and/or characteristics: None Right elbow scar

Are you a citizen of the United States? Yes [checked] No [] If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [checked] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial: [Signature]

A. **Current Marriage** 7/15/13 Las Vegas, Clark County, NV
 Spouse's full name (Maiden) Holly C. Andrews Date City, County and State S.S. No.
 Date of Birth _____ Place of Birth Panorama, CA
 Resident address Villa De Cande Way Las Vegas NV 89102
Street City State Zip
 Telephone: Residence _____ Business 877 880 0880
 Spouse's employer MGM Grand Occupation Beverage Dept.
 Address of employer 3799 S. Las Vegas Blvd Las Vegas NV 89109
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Jennifer Lang	1/15/10	4/1/04	Divorce	Newton, NC

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Jennifer Lang		Newton	NC	28613	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Jophie Lang		Las Vegas, NV	Newton, NC
Jefferson Lang		Rogers, AR	Las Vegas, NV
Ruby Lang		Rogers, AR	Las Vegas, NV
Hages Lang		Las Vegas, NV	Las Vegas, NV
Gregory Lang		Las Vegas, NV	Las Vegas, NV

B. Child Support Information:

Please mark the appropriate response

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [Signature]

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name Benton County Arkansas Family Court
 Address 102 NE W St #203 Bentonville, AR 72712
 Contact person Clerk of the Court

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>James Roy Lang</u>	<u>Unknown</u>	<u>Last known Greensburg, PA</u>	<u>Unknown</u>
Mother <u>Marce Taylor</u>	<u>"</u>	<u>1000 ^{Ben Villa Way} Carl SC 29708</u>	<u>Retired</u>
Father-in-Law <u>James Taylor</u>	<u>"</u>	<u>1000 ^{Ben Villa Way} Carl SC 29708</u>	<u>Retired</u>
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Ryan Taylor</u>	<u>"</u>	<u>Atlanta, GA</u>	<u>Engineer</u>
Spouse <u>Dawn Lang</u>	<u>"</u>	<u>Charlotte, NC</u>	<u>Engineer</u>
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	<u>Orange County</u>	<u>Orange, VA</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>North Carolina @ Charlotte</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>University of Southern Nevada</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of degree obtained, if any	<u>BS Biochemistry</u>		<u>Pharm D</u>
College or university where obtained	<u>UNCC</u>		<u>USN</u>

Applicant's initial [Signature]

A. Have you ever served in any armed forces? Yes No
 Branch OSAF Date of entry-active service 7/92-6/96
 Date of separation OSAF Type of discharge Honorable
 Rating at separation E4 Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No
 County Orange State VA Date registered 6/92

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
 If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
 If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
 If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial [Signature] Page 4

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

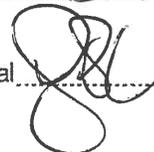
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
12/17-Current	Villa De Cadeleby	Las Vegas	NV
6/11 12/17	3 Dunein Lane	Bella Vista	AR
6/12-6/14	4 Alarby Circle	Bella Vista	AR
1/10-6/11	6 Elmore Lane	Bella Vista	AR
5/8-1/10	5 Rollman Lane	Bella Vista	AR
2/02 5/08	3172 Moderna Circle	Las Vegas	NV
8/01 2/02	Edgefield Dr	North Augusta	SC
8/01-8/01	Atlanta, GA	Atlanta	GA
9/96-5/01	Sh	Charlotte	NC
3/94-9/96		Wichita	KS
8/92-3/94	Monterey, CA	Monterey	CA

Applicant's initial



8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
12/17	Partell Pharmacy 5835 S. Eastern Ave Las Vegas, NV 89119	
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
1/16-12/17	837 Henri De Lanti Blvd Springdale, AR 72762	Moved to Las Vegas
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72764	No longer needed on job
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72764	No longer needed on job
10/16-10/17	CVS 2001 S Thompson St Springdale, AR 72764	No longer needed on job
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
5/08-10/16	Walgreens 4206 W New Hope Road Rogers AR 72758	Left for CVS
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
6/00-2/02	UB Chemicals N Augusta, SC UB Chemicals	Company Shot Down
9/96-5/00	Circle K Charlotte, NC	Graduated College
9/96-5/00	Circle K Charlotte, NC	Graduated College
9/96-5/00	Circle K Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/96-5/00	Clear Creek Animal Hospital Charlotte, NC	Graduated College
8/92-7/96	USAF Texas, California, Kansas	4 years ended
8/92-7/96	USAF Texas, California, Kansas	4 years ended
8/92-7/96	USAF Texas, California, Kansas	4 years ended

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name: Karen Dalton	Home	Jane	MO	64856		5
Employer: Premier Pharmacy	Business	Springdale	AR	72762		
Name: Marc Barbose	Home	Las Vegas	NV			7
Employer: NS Pharmacy	Business	Las Vegas	NV			
Name: George Andrews	Home	Las Vegas	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: George Andrews	Home	Boulder City	NV			10
Employer: MSM	Business	Las Vegas	NV			
Name: Am Sparacio	Home	Las Vegas	NV			8
Employer: MSM	Business	Las Vegas	NV			

Tina
aga

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
- Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
- Accountant Pilot Sports promoter Trainer or manager Educator

Yes No

If yes, state type, where and years held

Las Vegas, Gaming license, 6 years

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial  Page 7

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 12/11/18

Applicant's initial [Signature]

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jeffrey S Lang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

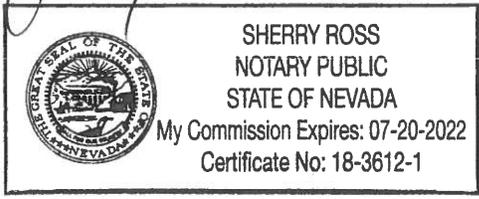
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of

December, 2018

Sherry Ross
Notary Public



(seal)

Applicant's initial  Page 9

10C

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

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
 Publicly Traded Corporation – Pages 1,2,3,10,11a&b Partnership - Pages 1,2,6,10,11a&b
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Modern Rx

Physical Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip Code: 89119

Telephone: 800-959-3457 Fax: 800-376-5441

Toll Free Number: _____ E-mail: info@modernrxpharmacy.com

Website: Not Applicable

Managing Pharmacist: THUHO NGUYEN License Number: 14869

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

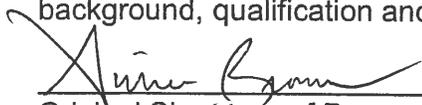
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

Aimee Brown
Print Name of Authorized Person

09/09/2018
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip: 89119

Telephone: 800-959-3657 Fax: 800-376-5441

Contact Person: Aimee Brown

For any ^{LLC} ~~corporation~~ non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the ^{LLC} ~~corporation~~?

a) Aimee Brown - 100% owner 6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:30 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

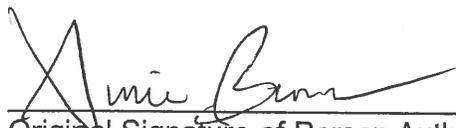
I, Aimee Brown

Responsible Person of Modern Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Aimee Brown
Print Name of Authorized Person

9/12/2018
Date

Managing Pharmacist

 Pharmacist Name: THUHO NGUYEN

 License #: 14009

 Pharmacy Name: Modern Rx

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____ County: _____ Court: _____		

**PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)**

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

10/1/18

Date

SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MODERN RX LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 12, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 28, 2018.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180928-1256

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 10/2/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy Licence
 Nature of License
Modern Rx Pharmacy 6330 S EASTERN AVE., LAS VEGAS, NEVADA 89119
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Brown</u>	First Name	<u>Aimee</u>	Middle Name	<u>Elizabeth</u>
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>Mansbury St.</u>		<u>Fremont</u>	<u>California, 94538</u>		
Present Residence Address-Street or RFD		City	State/Zip		
<u>6330 S EASTERN AVE.,</u>	Dates <u>10/1/2018</u>	<u>LAS VEGAS,</u>	<u>NEVADA, 89119</u>		
Present Business Address		City	State/Zip		
Owner/ Operations		Dates <u>TBD</u>			
Occupation				Phone:	
				Residence	
				Business <u>TBD</u>	
		<u>Livonia, Michigan</u>			
Date of Birth		Place of Birth (City, County, State)			
<u>49</u>		<u>Female</u>			
Age	Social Security Number			Sex	
<u>Hazel</u>	<u>Blonde</u>	<u>caucasian</u>	<u>140</u>	<u>Average</u>	<u>5' 7"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Small mole on chin right side

Are you a citizen of the United States? Yes No If alien, registration No.....

If naturalized, certificate No..... Date.....

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AB

MARITAL INFORMATION-Continued

A. **Current Marriage**..... N/A

Spouse's full name (Maiden)..... Date N/A City, County and State S.S. No.....

Date of Birth..... Place of Birth.....

Resident address..... Street City State Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer..... Street City State Zip.....

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Paul Brown	1/26/2018	9/19/1992	Divorce	Alameda County, Fremont, Ca.

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Paul Brown	Beethoven Common Apt 306	Fremont	Ca.	94538	

3. FAMILY INFORMATION:

A. Children and Dependents:

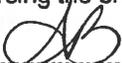
List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Haley Brown		San Mateo	Mansbury St. Fremont, Ca. 94538

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial..... 

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name..... N/A.....
 Address.....
 Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Jerry Baird	)	Yonder Drive Lake Havasu, AZ 86406	Retired
Mother			
Sandra Baird		Yonder Drive Lake Havasu, AZ 86406	Retired
Father-in-Law			
None			
Mother-in-Law			
None			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Jerry Baird		Alameda De Las Pulgas, Belmont, CA 94002	IT Manager
Spouse			
Cherrise Baird		Alameda De Las Pulgas, Belmont, CA 94002	Accountant
Junko Droesher	I	Germany	Retired
Spouse			
Raik Droesher		Germany	Sales
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Red Rocks Elementary	Morrison, CO	1980-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Bear Creek High School	Colorado	1984-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University College of San Mateo	San Mateo, CA	1987-2014	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... High School , AA Degree in Accounting.....

College or university where obtained..... College of San Mateo.....

Applicant's initial..... 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial 

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2011	Envia Systems 3390 Gateway Blvd Fremont Ca. 94538	Laid off
Title	Description of Duties	Name of Supervisor
Senior Accountant	Accounting	Mary McGregor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2008	Tioga	Went to Envia Systems
Title	Description of Duties	Name of Supervisor
EA, Accounting	Office and Accounting	Ruby
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2000	GoTo Foster City, CA	Stayed at home with child
Title	Description of Duties	Name of Supervisor
Office Manger/Accounting	Office and Accounting	Narinder Singh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial AB Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Dyan Vassallo	Brecon Court Home	Redwood City	CA	94062		30
Employer Splunk	Business	270 Breannan Street, San Francisco, CA			415-848-8400	
Name Christina Valdez	Home	Pennsylvania Ave., #15 Fremont, CA		94536		2 9
Employer Praxair	Business	41446 Christy Street, Fremont, CA		94538	510-438-6734	
Name Leah Gregg	Home	Calico Ct, Morgan Hill, CA		95037		22
Employer Student	Business					
Name Linda Folan	Home	Clifton Avenue, San Carlos, CA		94070		26
Employer Retired	Business					
Name Judy Weber	Home	Mansbury Street, Fremont, CA		94538		24
Employer Stay at home mom	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

Real Estate in the state of California 2006-2010

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial 

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 10/3/18

Applicant's initial DB

STATE OF California

SS.

COUNTY OF Alameda

I, Aimee Brown, being duly sworn, depose and say I have read the

foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Aimee Brown
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of

October 2018

Ivana Nickkawde
Notary Public

(seal)



Applicant's initial AB

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

Date 11/2/18

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Modern Rx
6330 S Eastern Suite 1A Las Vegas, NV 89119
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN THUHO
Last Name First Name Middle Name

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

Melrose Abbey pl Las Vegas NV 89141
Present Residence Address-Street or RFD City State/Zip

NA
Present Business Address Dates City State/Zip

NA
Present Position with the Pharmacy or Wholesaler Dates

Phone:
Residence _____
Business _____

1-1-1988 DANANG, VIETNAM
Date of Birth Place of Birth (City, County, State)

45 _____ M
Age Social Security Number Sex

Brown Black Medium Tan 147 lbs Medium 5'8
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes No If alien, registration No _____

If naturalized, certificate No _____ Date 9/14/2001

Place Las Vegas, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial TH

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/2008 Las Vegas, Clark, NV
 Date City, County and State
 Spouse's full name (Maiden) THUY NGUYEN S.S. No. _____
 Date of Birth _____ Place of Birth SAIGON - VIETNAM
 Resident address Melrose Abbey Pl Las Vegas NV 89141
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Walgreen Occupation pharmacist
 Address of employer 6650 E Lake mead Blvd Las Vegas NV 89156
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>THUY NGUYEN</u>	<u>3/2003</u>	<u>Las Vegas, NV</u>	<u>Divorced</u>	<u>Las Vegas, NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>THUY NGUYEN</u>	<u>Melrose Abbey Pl</u>	<u>LV</u>	<u>NV</u>	<u>89141</u>	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>XENA NGUYEN</u>		<u>Las Vegas, NV</u>	<u>Melrose Abbey Pl, LV, NV 89141</u>
<u>STAR NGUYEN</u>		<u>Las Vegas, NV</u>	<u>Melrose Abbey Pl LV, NV 89141</u>

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____
 Address N/A _____
 Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father GIAO NGUYEN	- / /	Deceased	Pharmacist
Mother HANH VO	/ /	Gaelic Hills Ln, NV 89141	Retired
Father-in-Law LIEUCAO	- / -	Deceased	
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
THUNHI Duncan	/ /	Moody ave Fullerton, CA	Pharmacist
Spouse Kent Duncan	/ /	Moody ave Fullerton, CA	Pharmacist
TRAC NGUYEN	/ /	Dogwood St, Westminster, CA	Pharmacist
Spouse Victoria NGUYEN	/ /	Dogwood St, Westminster, CA	Registered Nurse
LUONG NGUYEN	/ /	Patch Dr, Huntington Beach, CA	Pharmacist
Spouse VY NGUYEN	/ /	Patch Dr, Huntington Beach, CA	Pharmacist
NGAN NGUYEN	/ /	Southern Highland, Las Vegas, NV Loggetta Way, LV, NV 89141	Registered Nurse
Spouse Katerina NGUYEN	/ /	Loggetta Way, LV, NV 89141	Dental Assistant

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Pham Chan Trinh Danang, Vietnam	8/1988 - 5/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	The University of New Mexico Albuquerque, NM	5/94 - 5/99	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharmacist

College or university where obtained Bachelor of ~~Science~~ Science at University of New Mexico

Applicant's initial TD

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? city, county and state
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? city, county and state
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial DM Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
5/2011 - present	Melrose Abbey pl	Las Vegas,	NV 89141
6/2010 - 5/2011	1425 Corral Dr	Las Vegas	NV
3/2007 - 6/2010	7903 Sleeping Lily Dr	Las Vegas, NV	89178

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

5/2008-present	CVS Pharmacy - Las Vegas, NV	over 10,000 hours
pharmacist	All Duties of a pharmacist	Jody Lewis
5/2006-5/2008	Walgreen, Las Vegas, NV	about 3000 hours
pharmacist in charge	All of Duties of a pharmacist & PIC	Matt Forster
12/2008-12/2009	AMex pharmacy, Las Vegas, NV	about 800 hours
Owner	All duties of owner of pharmacy	Owner
3/2004-5/2006	CVS pharmacy, Las Vegas, NV	about 3000 hours
pharmacist in charge	Typing, production, Inventory....	Chad Luebski
6/2002-3/2004	Walgreen, Chico, CA	about 2000 hours
pharmacist	All duties of a full time pharmacist	Collins Bogg
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Sam Labib</u>	Home	<u>3 Nordland Dr, Corona, CA 92880</u>				<u>10 years</u>
Employer <u>Kaiser</u>	Business	<u>Kaiser permanente, California</u>				
Name <u>Hoa Leu</u>	Home	<u>1 Inverlocky Ct, Las Vegas, NV 89161</u>				<u>6 years</u>
Employer <u>Tiger soft</u>	Business	<u>Tiger soft computer</u>		<u>702-808-0033</u>		
Name <u>Trinh Huu</u>	Home	<u>5 Muscarel way, Las Vegas, NV 89141</u>				<u>10 years</u>
Employer <u>unemployment</u>	Business	<u>unemployment</u>				
Name <u>Tony chiu</u>	Home	<u>E camelia Dr, Alhambra, CA 91801</u>				<u>10 years</u>
Employer <u>Walgreen</u>	Business	<u>working for Walgreen in California</u>				
Name <u>TRUNG NGUYEN</u>	Home	<u>Henderson, NV</u>				<u>11 years</u>
Employer <u>CVS pharmacy</u>	Business	<u>work for CVS at 1825 E warm spring LV, NV 89119</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

.....

If yes to the above, state where, when and for what reason:

.....

.....

Applicant's initial DM

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 11/1/18

Applicant's initial JM

STATE OF Nevada

SS.

COUNTY OF Clark

I, THUHO NGUYEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Handwritten Signature]
Original Signature of Applicant

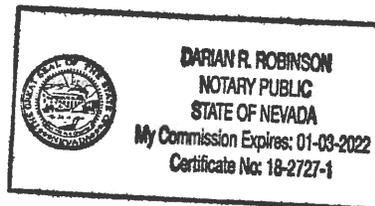
Subscribed and Sworn to before me this 2nd day of

November 2018

DARRYL

Notary Public

(seal)



Applicant's initial TH Page 9

ADDITIONAL INFORMATION

N/A

Applicant's initial PH

10D

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH____ Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Perform Rx Pharmacy

Physical Address: 2565 Chandler Ave Suite 2

City: Las Vegas State: NV Zip Code: 89120

Telephone: 844-334-1010 Fax: 833-861-0249

Toll Free Number: 844-334-1010 E-mail: performpharmacy@yahoo.com

Website: Not Applicable

Managing Pharmacist: Trinh Luu License Number: 16351

TYPE OF PHARMACY AND SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

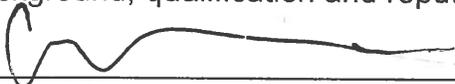
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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



Original Signature of Person Authorized to Submit Application, no copies or stamps

Courtney Robinson

Print Name of Authorized Person

10/26/2018

Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 2565 Chandler Ave Suite 2City: Las Vegas State: NV Zip: 89120Telephone: 844-334-1010 Fax: 833-861-0249Contact Person: Courtney Robinson.

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Courtney Robinson 2565 Chandler Ave Suite 2, Las Vegas, NV 89120
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9:00 am 5:30 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181777436

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Courtney Robinson

Responsible Person of Perform Rx Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Courtney Robinson
Print Name of Authorized Person

10/26/2018
Date

Managing Pharmacist

Pharmacist Name: Trinh LuuLicense #: 16351Pharmacy Name: Perform Rx Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____ County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

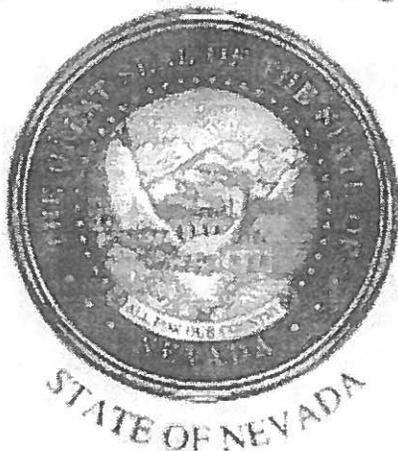


Signature

11-1-18

Date

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PERFORM RX PHARMACY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 28, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 2, 2018.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20181102-1888

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

Date 11-1-18

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for.....
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 <u>Luu</u>	First Name <u>Triah</u>	Middle Name <u>Ngoc</u>
-------------------------	----------------------------	----------------------------

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD <u>2 Spring Ranch Pkwy</u>	City <u>Las Vegas</u>	State/Zip <u>NV 89118</u>
<small>Dates</small>		
<u>2009-Present</u>		

Present Business Address	City	State/Zip
<small>Dates</small>		

Present Position with the Pharmacy or Wholesaler	Phone:
	Residence
	Business

Date of Birth	Place of Birth (City, County, State) <u>Saigon, Vietnam</u>
---------------	--

Age <u>49</u>	Social Security Number	Sex <u>Male</u>
------------------	------------------------	--------------------

Color of Eyes <u>Brown</u>	Color of Hair <u>Black</u>	Complexion <u>Medium</u>	Weight <u>170 lbs</u>	Build <u>Medium</u>	Height <u>5'9"</u>
-------------------------------	-------------------------------	-----------------------------	--------------------------	------------------------	-----------------------

Scars, tattoos or distinguishing marks and/or characteristics Birth mark on Right Cheek

Are you a citizen of the United States? Yes No If alien, registration No.....

If naturalized, certificate No..... Date 11-1-18

Place Bakerstfield California (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial TL

A. **Current Marriage** 3-4-08 Las Vegas, Clark, NV
Date City, County and State
 Spouse's full name (Maiden) Ho, Linh Thuy Thi S.S. No.
 Date of Birth _____ Place of Birth Vietnam
 Resident address Spring Ranch Pkwy Las Vegas NV 89116
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Sweet Nails Occupation Manicurist
 Address of employer 10530 Southern Highlands Las Vegas NV 89118
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Olivia Nguyen</u>	<u>2006</u>	<u>2009</u>	<u>Divorced</u>	<u>Las Vegas, Clark, NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Lynna Luu</u>		<u>Las Vegas, NV</u>	<u>Spring Ranch Pkwy</u>
<u>Lana Luu</u>		<u>Las Vegas, NV</u>	<u>Spring Ranch Pkwy</u>

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TL

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Hai Luu		N. Main St Chambersburg, PA	Electrical Engineer
Mother Lang Luu		N. Main St Chambersburg, PA	Taylor
Father-in-Law Duong Van Ho (Deceased)		Vietnam	Farmer
Mother-in-Law Ba Kim Nguyen (Deceased)		Vietnam	Farmer

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
Michelle Trainor		495 Arcaro Dr	House wife
Spouse Richard Trainor		Milton GA 30004	CEO of Lexisnexis
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Wilson	Battle Creek	1977-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Burroughs	Ridgecrest	1984-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University University of New Mexico	Albuquerque	1989-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Pharm D.

College or university where obtained..... University of New Mexico

Applicant's initial..... 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial 

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
1/2010 - Present	Spring Ranch Pkwy	Las Vegas	NV
2/2008 - 1/2010	10367 Gwynns Falls ST	Las Vegas	NV
6/04 - 2/08	3555 Arville ST #105B	Las Vegas	NV
5/99 - 6/04	4573 ATLANTIC Ave	Long Beach	CA

Applicant's initial *RL*

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.

8/17	QHR Pharmacy 765 N. Nellis Blvd #7 Las Vegas	1,400
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	Manage Pharmacy Operations	Moli
Title	Description of Duties	Name of Supervisor

7/14	Huntbridge RX 1144 E. Charleston Blvd, Las Vegas	6,240
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Fill, Process, Verify, Transfery	Shaina
Title	Description of Duties	Name of Supervisor

6/04	CVS Pharmacy Dessert Inn Rd	20,800
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Fill, Process, Verify, counsel	Ke
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Hoa Luu</u>	Home	<u>4 Inverloch, CT</u>				<u>3 1 yr</u>
Employer <u>Self</u>	Business					
Name <u>Jimmy Nguyen</u>	Home	<u>Melrose Abbey, LV</u>				<u>12 15 yrs</u>
Employer <u>CRS</u>	Business	<u>Las Vegas NV</u>				
Name <u>Christina Ariet</u>	Home	<u>Poker face, LV</u>				<u>10 yrs</u>
Employer <u>Primerica</u>	Business					
Name <u>Samantha Dony</u>	Home	<u>Sahara Ave, LV</u>				<u>15 1 yr</u>
Employer <u>West Valley RX</u>	Business					
Name <u>Karin Nguyen</u>	Home	<u>Muscari way, LV</u>				<u>6 10 yrs</u>
Employer <u>Self</u>	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 No

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 RL

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph 11-2-18

Applicant's initial JD

ss.

COUNTY OF Clark

I, Trinh Luu, 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.

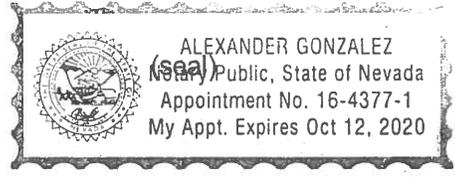
[Handwritten Signature]
Original Signature of Applicant

State of Nevada
Clark, County

Subscribed and Sworn to before me this 2nd day of November 2018

Alexander Gonzalez

[Handwritten Signature]
Notary Public



Applicant's initial TL

Area with horizontal dotted lines for writing.

Applicant's initial TV Page 10

11

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Lerons Middle: Wan Last: Wang

Home Address: Pinley Spring Street Apt #:

City: Las Vegas State: NV Zip Code: 89113

Telephone: Social Security Number:

Date of Birth: Place of Birth: NY, USA Sex: M or F

E-mail Address:

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
Copy of a certificate from an ASHP approved pharmacy technician school.
Non ASHP approved school and PTCB or ICPT.

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

- 1. Are you 18 years of age or older? Yes No
2. Are you a high school graduate or the equivalent? Yes No
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

Table with 2 columns: Question, Yes/No. Contains questions 3-5 regarding mental illness, legal issues, and license discipline.

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Table for Board Administrative Action with columns for State and Case #.

Table for Criminal Action with columns for State, Date, Plead, Possession of, and Court.

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

- Are you the subject of a court order for the support of a child?
IF you marked YES to the question, above are you in compliance with the court order?

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Original Signature, no copies or stamps accepted Date: 11/08/2018

Board Use Only: Date Processed: Amount: 40.00

Explanation of Circumstances

On the evening of 06/22/2017, I was stopped at a sobriety checkpoint in the city of Vinton, Virginia. At the checkpoint, the officer noticed a scent of cannabis coming from inside my car and asked if I had any marijuana in the car. I said yes, and the officer proceeded to search my vehicle. He located the marijuana and I was told to leave the scene after receiving a summons to appear in court. To clarify, I was stopped while driving my car, but I was not under the influence of any drugs or alcohol. The charge on the court summons was solely for possession of marijuana.

At my first court hearing on 07/19/2017, I pleaded guilty in front of the judge. I was notified by the judge that the court would be lenient because this offense was my first offense. My case was then taken "under advisement" and I was ordered to complete 1 year of probation along with 18 community service hours. In return, after completion of these tasks, the charge for possession of marijuana would be wiped from my permanent record.

Unfortunately, I was unable to complete my probation because I was moving to Philomath, Oregon. Once I knew of my plan to move to Oregon in late January, I called the clerk's office and scheduled a second court hearing on 02/12/2018 to speak to a judge about my case.

At my second court hearing on 02/12/2018, I explained to the judge that I was unable to complete the court's requests because I was moving to the state of Oregon. The judge then reassured me that the marijuana possession charge would stay on my record and I was also ordered to pay a fine in the amount of \$75.

Thank you for taking the time to read my account of the events leading to my possession of marijuana charge. All court costs/fees related this charge have been paid in full. Please let me know if you have any other questions or concerns. I may be reached at _____ or at _____

A handwritten signature in black ink, appearing to be "D. Mc", written over a horizontal line.

Pharmacy Technician Certification Board



Has met all requirements for certification and merits the designation of

Certified Pharmacy Technician (CPhT)

Certification Number	Initial Certification Date	Application Deadline	Expiration Date
10073122	February 13, 2015	February 01, 2019	February 28, 2019

Jay Sigurdson

Chair, Board of Governors



E. Lynn Albister

Executive Director/CEO

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

Caroline D. Juran
Executive Director
(804) 367-4456

BOARD OF PHARMACY

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Registered As A Pharmacy Technician

Jevons Wang

Expires 12/31/2018

Number 0230026202

For Information About This License, visit our website: www.dhp.virginia.gov
To File a Complaint About a Licensee, Call: 1-800-533-1560

Oregon Board of Pharmacy

THIS CERTIFIES THAT THE FOLLOWING IS A LICENSED
CERTIFIED OREGON PHARMACY TECHNICIAN

LICENSE NO: CPT-0012301

This license is valid from:
08/15/2018 - 06/30/2020

ISSUED TO: **JEVONS WAN WANG**



Executive Director ORS 475 & 689

DO NOT COPY - Request certified copies in writing

Oregon Board of Pharmacy

THIS CERTIFIES THAT THE FOLLOWING IS A LICENSED
CERTIFIED OREGON PHARMACY TECHNICIAN

This license is valid from: 08/15/2018-06/30/2020 License Number: CPT-0012301

ISSUED TO:
JEVONS WAN WANG
PO BOX 1276
PHILOMATH OR 97370

DO NOT COPY

THIS IS A CERTIFIED COPY OF CERTIFIED OREGON PHARMACY TECHNICIAN LICENSE:
CPT-0012301



JEVONS WAN WANG

This license is valid until :
06/30/2020



SALEM POLICE DEPARTMENT
OFFICE OF THE CHIEF OF POLICE • 36 EAST CALHOUN STREET
SALEM, VIRGINIA 24153
TELEPHONE 540-375-3010 FAX 540-375-4015
www.salemva.gov

MIKE CRAWLEY
CHIEF

DEREK WEEKS
DEPUTY CHIEF

June 18, 2018

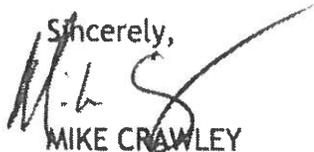
TODD CLAYTON
CAPTAIN

Jevons W. Wang
PO Box 1276
Philomath, OR 97370
(626) 800-9987

RE: **CASE #2017-2477**
DATE OF INCIDENT: 6-22-17

Mr. Wang:

This office is in receipt of your request for the complete police records relating to case #2017-2477 in accordance with the Virginia Freedom of Information Act ((§2.2-3700 et seq.)). Please be advised **Police Criminal Investigation Records** are exempt from disclosure under Section 2:2-3706 and therefore will not be released.

Sincerely,

MIKE CRAWLEY
CHIEF OF POLICE

MDC:dsw

Jevons W. Wang
PO Box 1276
Philomath, OR. 97370

Salem Police Department
36 East Calhoun St
Salem, Virginia 24153

June 13, 2018

Police Case Number: 20172477
Date of Incident: June 22, 2017

To whom it may concern:

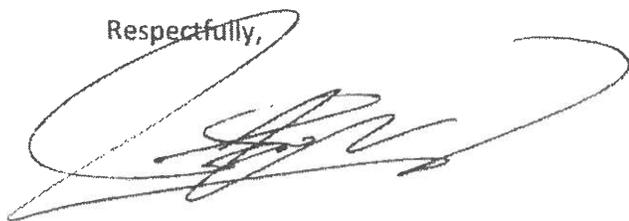
I, Jevons Wang, hereby request, in writing, the complete police records relating to case number 20172477. The date of the incident was 6/22/17.

If, for any reason, the complete police records cannot be provided, please send what is available and include a written explanation as to why the complete police record is not available.

Please find enclosed, for your convenience, a self-addressed stamped envelope.

If you have any questions, please feel free to contact me at the telephone number listed above.

Respectfully,



Jevons W. Wang

06/13/2018

VINTON POLICE DEPARTMENT
16-36501 VIRGINIA UNIFORM SUMMONS

YOU ARE SUMMONED TO APPEAR IN THE (COUNTY) COUNTY OF
ROANOKE 2017-2477
GENERAL DISTRICT COURT (TRAFFIC)
GENERAL DISTRICT COURT (CRIMINAL)
JUVENILE & DOMESTIC RELATIONS DISTRICT COURT
Roanoke County Courthouse
305 E. Main St., Salem, VA. 24153
ON JULY 20 AT 0900 A.M.
FOR VIOLATION OF STATE COUNTY CITY TOWN
LAW SECTION 18.2-250.1 DESCRIBE CHARGE:
POSSESSION OF MARIJUANA

PROSECUTING ATTORNEY (NAME)
DEFENDANT'S ATTORNEY (NAME)
NO ATTORNEY
ATTORNEY WANTED
NO ATTY JAIL WAIVED BY CT
THE ACCUSED WAS THIS DAY:
PRESENT
DIED IN ABSENCE
THE ACCUSED PLEADED:
NOT GUILTY
NOLLO CONTENDERE
GUILTY PREPAYMENT
AND WAS TRIED AND FOUND BY ME:
FINANCING SUFFICIENT
DEFERRED \$ 2000
NOT GUILTY
GUILTY AS CHARGED
GUILTY OF
COMPLIED WITH LAW
UNDER \$

IN ADDITION I FIND THE ACCUSED WAS:
DRIVING A COMMERCIAL M.V.
CARRYING HAZARDOUS MAT.
A CDL HOLDER
AND THE OFFENSE:
RESULTED IN A FATALITY
WAS IN A HWY. SAFETY COR.
I ORDER THE CHARGE DISMISSED
I ORDER A NOLLE PROSEQUI ON COMMONWEALTH'S MOTION
IMPOSE THE FOLLOWING SENTENCE:
FINE CIVIL PENALTY OF \$ 250 WITH SUSPENDED.
DRIVER'S LICENSE SUSPENDED EFFECTIVE IN THIRTY (30) DAYS IF FINES/COSTS/ FORFEITURE/PENALTY/RESTITUTION NOT PAID WITHIN (30) DAYS \$46.2-395.
JAIL SENTENCE OF WITH SUSPENDED.
CONDITIONED UPON BEING OF GOOD BEHAVIOR AND KEEPING THE PEACE.
ON PROBATION FOR 12 MO. SEE 1687 OK
DRIVER'S LICENSE SUSPENDED
CONSECUTIVE SUSPENSION UNDER \$46.2-301 YES NO
RESTITUTION OF PAYABLE TO AS CONDITION OF SUSPENDED SENTENCE.

BY OTHER DATE 16 Aug 2017
16-36501
JUDGE
1687 OK

NAME: WANG, JEVONS
RES. ADDRESS: STRATFORD VIEW DR, BLACKSBURG, VA
CITY/TOWN: BLACKSBURG, STATE: VA, ZIP: 24060
FACE: WM, SEX: M, D.O.B.: 11/10/84, HT.: 5'8", WT.: 200, HAIR: BLK, EYES: BRO, STATE: VA
CDL HOLDER: YES, TYPE: DM, MAKE: BUICK, YEAR: 17, LICENSE NO.: 080, DATE OF OFFENSE: 6/22/17, DAY OF WEEK: THURS, TIME: 2:30 PM
DIRECTION: S, WEATHER: RAIN, ROUTE NUMBERS/STREET: VA-111, VA-111, VA-111
LOCATION OF OFFENSE: STH, DATE: 6/22/17, TIME: 10:29, OFFICER: P. WOMACK, TASK FORCE: 296, CITY/TOWN: P. WOMACK, STATE: VA, ZIP: 296

110/201 FINE \$ 75
114/129/237 CIVIL PENALTY \$ 2-18-18
460 FIXED TRAFFIC INFRACTION FEE \$
461 FIXED MISDEMEANOR FEE \$
462 FIXED MISDEMEANOR FEE - DRUGS \$ 130
APPEAL BOND \$ 001
APPEAL NOTED ON
APPEAL WITHDRAWN
TOTAL INTEREST CHARGE \$ 166.00
TOTAL WITH INTEREST \$ 244

HEARING DATE AND TIME
7-19-18
11 PM
2-18-18
10 AM

CASE NO. 6C17-9849

COURT COPY - PAGE 1
COURT COPY - PAGE 2

"I Certify that the Document to which this
 authentication is affixed is a true copy of a
 record in the Ramsey County General District
 Court, and that I have custody of the record,
 and that I am the custodian of that record."

6/18/18 KB Clerk
 Date Deputy Clerk

12

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: VICTOR Middle: R Last: BRUCE Degree: M.D.

Practice Name (if any): Trucare Medical Center

Nevada Address: 2290 McDaniel Street Suite #: 2A

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: SS#:

E-mail address:

City: North Las Vegas State: NV Zip Code: 89030

Work Telephone: 702-657-6365 Date of Birth:

Fax: 702-657-6704 Sex: X M or F

Practitioner License Number: 18273 Specialty: Internal Medicine / Pediatrics

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

Table with columns for Yes/No, Board Administrative Action, State, Date, Case #, Criminal Action, State, Date, Case #, County, Court. Includes checkboxes for mental illness, felony convictions, board citations, and discipline.

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

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

Original Signature, no copies or stamps accepted.

Date: 12/7/2018

Board Use Only: : Date Processed: Amount: 80.00

Explanation page for questions 1, 2 & 3 for NV State Board of Pharmacy

On December 13, 2013, I was arrested at my clinic (Swanlake Medical Center) and charged with “conspiracy to distribute oxycodone”. I was charged with having written oxycodone prescriptions for some patients that were filled and diverted for sale on the streets.

On December 31, 2014, the Nevada State Board of Medical Examiners revoked my license to practice medicine in the state of Nevada and also issued a public reprimand. This is due to my violation of NRS 630.301(1), conviction of a felony relating to the practice of medicine.

I surrendered my DEA registration and Nevada State Pharmacy licenses.

In September 2014, I was sentenced in federal court to serve 46 months in Taft Correctional Institute, California. I had to shut down my then 16-year old practice and turned myself in to serve my sentence January 16, 2015.

I had my original medical licensure in Nevada since 1998 (license number 8652). I practiced successfully in Nevada until December 2014.

I completed my sentence in Federal prison camp May 18, 2018. I went to a NV Medical Board hearing September 7, 2018, at which time they approved my application for re-licensure. They gave me a new license 18273 with restrictions of “no controlled substance prescriptions” for 24 months. I was also required to have a preceptor for 1 year. Dr. Bernard Addo-Quaye was approved to provide said preceptorship for the required duration.



Nevada State Board of Medical Examiners

December 10, 2014

Victor R. Bruce, M.D.
 c/o John Hunt, Esq.
 Morris Polich & Purdy LLP
 500 S. Ranch Drive, Ste 17
 Las Vegas, NV 89106

Dr. Bruce:

On December 5, 2014, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 14-12252-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(1), conviction of a felony relating to the practice of medicine or the ability to practice medicine. For the same, your license to practice medicine in the state of Nevada is revoked, with said revocation stayed until December 31, 2014, when the revocation becomes effective; you shall receive a public reprimand; and comply with the following terms and conditions once released from incarceration: reimburse the Board for the fees and costs of the investigation and prosecution prior to petitioning the Board for reinstatement of your license to practice medicine; submit proof of compliance with CME requirements; submit proof of surrender of your DEA registration and Nevada State Pharmacy license to prescribe Schedule II, III, IV or V controlled substances; and submit proof of attendance and completion of a twenty-four (24) hour ethics course entitled "The PBI Professional Boundaries Course." In the event the Board reinstates your license to practice medicine in the state of Nevada, you shall be placed on probation for a period of three (3) years with an obligation to comply with the terms and conditions of your parole and probation related to the case of *United States of America v. Victor Bruce, MD*, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Upon receipt of written notice of your completion and compliance with the terms of your probation, the Board shall reinstate your licensure status to active with no conditions/restrictions.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D., President
 Nevada State Board of Medical Examiners

cc:

LAS VEGAS OFFICE
 Board of Medical Examiners
 Building A, Suite 2
 9010 S. Rainbow Boulevard
 Las Vegas, NV 89119
 Phone: 702-486-3300
 Fax: 702-486-3301

RENO OFFICE
 Board of Medical Examiners
 Suite 301
 1105 Terminal Way
 Reno, NV 89502
 Phone: 775-688-2559
 Fax: 775-688-2553

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

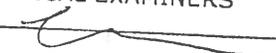
* * * * *

In re Matters and)
Complaint Against)
VICTOR R. BRUCE, M.D.,)
Respondent.)

Case No. 14-12252-1

FILED

DEC - 8 2014

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

SETTLEMENT AGREEMENT

THIS AGREEMENT is hereby entered into by and between the Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed of Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member, in the above-captioned matter, by and through Erin L. Albright, Esq., Board General Counsel and counsel for the IC, and Victor R. Bruce, M.D. (Respondent), by and through John A. Hunt, Esq., counsel for Respondent, as follows:

WHEREAS, a Sealed Indictment was filed on December 11, 2013 ("Indictment"), in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Respondent provided the Board with timely notice of the Indictment;

WHEREAS, on February 13, 2014, the Board's IC at the time filed a Complaint in case no. 14-12252-1 against Respondent (relative to matters unrelated to the Indictment) charging Respondent with engaging in conduct that is grounds for discipline pursuant to the Nevada

1 Medical Practice Act (MPA), i.e., Nevada Revised Statutes (NRS) Chapter 630 and Nevada
2 Administrative Code (NAC) Chapter 630;

3
4 **WHEREAS**, following extensions of time, on or about April 24, 2014, Respondent filed
5 an Answer to the Complaint in case no. 14-12252-1 denying the allegations contained therein;

6
7 **WHEREAS**, a *Judgment in a Criminal Case* was filed on October 23, 2014, in the matter
8 of United States of America v. Victor Bruce, MD, United States District Court, District of
9 Nevada, Case No. 2:13-cr-0041-APG-CWH, wherein it notes Respondent has plead guilty to
10 count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C),
11 conspiracy to distribute oxycodone. The *Judgment in a Criminal Case* also, in part, sentences
12 Respondent to forty-six (46) months of imprisonment, requires Respondent to surrender for
13 service of sentence before 12 p.m. on January 16, 2015, and upon release from imprisonment, sets
14 forth supervised release for three (3) years, subject to certain conditions. Respondent provided the
15 Board with timely notice of the *Judgment in a Criminal Case*. It is important to note Respondent
16 has taken full responsible for issuing controlled substances on more than one occasion to patients
17 not of record and Respondent has cooperated with Federal authority in every manner during this
18 investigation. Respondent prior to this incident has no prior criminal background. Respondent
19 has no prior patient complaints or any prior Board actions.

20
21 **WHEREAS**, Respondent has received a copy of the Complaint in case no. 14-12252-1,
22 reviewed it, understands it, and has had ample opportunity to consult with his above-identified
23 counsel concerning the nature and significance of the Complaint in case no. 14-12252-1, and
24 Respondent is fully aware concerning his rights and defenses to the Complaint, as well as the
25 possible sanctions that may be imposed if the Board finds and concludes that he has violated one
26 or more provisions of the MPA;

27
28

1 **WHEREAS**, Respondent has received a copy of the Indictment and a copy of the
 2 *Judgment in a Criminal Case*, reviewed it, understands it, and has had ample opportunity to
 3 consult with his above-identified counsel concerning the nature and significance of the same with
 4 regards to possible sanctions that may be imposed if the Board finds and concludes that he has
 5 violated one or more provisions of the MPA as a result of the Indictment and/or *Judgment in a*
 6 *Criminal Case*;

7
 8 **WHEREAS**, Respondent understands and agrees that this Agreement is entered into by
 9 and between himself and the Board's IC, and not with the Board, but that the IC will present this
 10 Agreement to the Board for consideration in open session at a meeting duly noticed and
 11 scheduled, and that the IC shall advocate approval of this Agreement by the Board, but that the
 12 Board has the right to decide in its own discretion whether or not to approve this Agreement; and,

13
 14 **WHEREAS**, Respondent understands and agrees that if the Board approves the terms,
 15 covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated
 16 below shall be binding and enforceable upon him.

17
 18 **NOW THEREFORE**, in order to resolve this matter and all charges alleged by the
 19 Board's IC in the Complaint in case no. 14-12252-1 and any and all matters relating to and any
 20 and all matters that may be charged by the Board or the Board's IC by virtue of or in connection
 21 with the above-referenced Indictment and/or the above-referenced *Judgment in a Criminal Case*,
 22 Respondent and the IC hereby agree to the following terms, covenants and conditions:

23
 24 1. **Jurisdiction**. Respondent is, and at all times mentioned in the
 25 Complaint in case no. 14-12252-1 and at all times relevant with respect to the filing of the
 26 Indictment and the filing of the *Judgment in a Criminal Case*, Respondent was a physician
 27 licensed to practice medicine in the state of Nevada subject to the jurisdiction of the Board to hear
 28 and adjudicate charges of violations of the MPA and to impose sanctions as provided by the MPA.

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2. Representation by Counsel/Knowing, Willing and Intelligent Agreement.

Respondent is represented by above-identified legal counsel in this matter and has had ample opportunity to review this Agreement, the Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, and the related factual basis with regards to the same with said legal counsel, John A. Hunt, Esq. Respondent covenants and agrees that he knowingly, willingly, and intelligently enters into this Agreement.

3. Waiver of Rights. In connection with this Agreement, and the terms, covenants,

and conditions contained herein, and the understanding that Respondent knowingly, willingly, and intelligently waives all rights arising under or pursuant to the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630, NRS Chapter 233B, and any other statutory rights that may be available to him or that may apply to him in connection with the proceedings on the Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, the defense of said Complaint in case no. 14-12252-1, and the adjudication of the charges in said Complaint in case no. 14-12252-1.

In connection with this Agreement, and the terms, covenants, and conditions contained herein, and the understanding that Respondent knowingly, willingly, and intelligently waives all rights arising under or pursuant to the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630, NRS Chapter 233B, and any other statutory rights that may be available to him or that may apply to him in connection with the proceedings herein and/or any and all matters relating to and any and all matters that may be charged by the Board or the Board's IC by virtue of or in connection with the above-referenced Indictment and/or the above-referenced *Judgment in a Criminal Case*, the defense of the same in this administrative context.

4. Consent to Entry of Order. Respondent concedes only that the Board has

sufficient evidence to proceed with its formal Complaint in case no. 14-12252-1 against him, and that by virtue of the Indictment and/or the *Judgment in a Criminal Case*, the Board also has

1 sufficient evidence to bring additional allegations against Respondent, but does not concede or
 2 admit to such allegations, which he expressly denies, and which, but for his desire to reach this
 3 compromise, he would contest at a formal hearing of these matters (i.e., the Complaint in case no.
 4 14-12252-1 as well as any and all matters that could be alleged by the Board with regards to the
 5 Indictment and/or the *Judgment in a Criminal Case*). Accordingly, in order to resolve these
 6 matters without incurring further costs and expense of providing a defense to a formal Complaint,
 7 Respondent hereby agrees¹ that the Board may issue an order finding that Respondent engaged in
 8 conduct that is grounds for discipline pursuant to the MPA, and agrees:

9 a. The Board may find that Respondent engaged in conduct that is grounds for
 10 discipline pursuant to the MPA, to wit: conviction of a felony relating to the practice of medicine
 11 or the ability to practice medicine, a violation of NRS 630.301(1), as set forth in *Judgment in a*
 12 *Criminal Case* and as was alleged in the Indictment;

13 b. Respondent agrees upon adoption of this Agreement, to accept a stayed
 14 revocation of his license to practice medicine in the State of Nevada until such time as
 15 Respondent allows his license to practice medicine in the State of Nevada to be revoked, effective
 16 December 31, 2014. If, during the term of Respondent's stayed revocation, the IC receives
 17 substantial evidence that Respondent has materially breached any of the terms and conditions of
 18 this Agreement, including but not limited to Respondent violating the prohibition of prescribing
 19 any Schedule II, III, IV or V controlled substances, or should Respondent violate any of the terms
 20 of his current release until he surrenders to the Federal Bureau of Prisons on January 16, 2015.
 21 Respondent agrees the IC, without any further hearing or action by the Board, shall issue an Order
 22 Revoking Respondent's license to practice medicine in the State of Nevada. Respondent waives
 23 any right to seek judicial review (state or federal) to reinstate his revoked license pending his
 24 release from incarceration.

27 ¹ All admissions made by Respondent are solely for final disposition of this matter and any subsequent related
 28 administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by
 Respondent are not intended or made for any other use, such as in the context of another state or federal government
 regulatory agency proceeding, state or federal civil or criminal court proceeding, or any other state or federal court
 proceeding, or any credentialing or privileges matter.

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c. Pursuant to NRS 630.352(4)(b) Respondent agrees the Board shall administer a formal written public reprimand which will include language with is synonymous with the terms of this Agreement.

d. Following his release from incarceration pursuant to the *Judgment in the Criminal Case*, Respondent's may petition the Board to reinstated Respondents' license to practice medicine in the State of Nevada pursuant to the following terms and conditions:

i. Pursuant to NRS 622.400, Respondent shall reimburse to the Board the sum of \$ 932.91, the amount of the costs incurred by the Board to investigate and prosecute this matter, along with the costs to conclude the matter, if any. Respondent must pay the reimbursement costs prior to Respondent petitioning the Board for reinstatement of Respondents' license to practice medicine in the State of Nevada;

ii. Respondent must submit proof that Respondent has complied with required continuing education requirements while incarcerated;

iii. Respondent must submit proof that Respondent has surrender his DEA registration and Nevada State Pharmacy license to prescribe any Schedule II, III, IV or V controlled substances.

iv. Respondent must submit proof that Respondent has attended and completed a twenty-four (24) hour ethics course entitled "The PBI Professional Boundaries Course". However, Respondent agrees attendance and completion of the twenty-four (24) hour ethics course entitled "The PBI Professional Boundaries Course" may not be used by Respondent to fulfill the normal continuing education requirements regarding ethics.

1 e. Pursuant to NRS 630.353(4)(a) in addition to any additional terms the
2 Board deems appropriate in the event the Board reinstates Respondents' license to practice
3 medicine in the State of Nevada, Respondent shall be placed on probation for a period of three (3)
4 years. Respondent shall also comply with any terms and conditions of parole and probation
5 related to the case of United States of America v. Victor Bruce, MD, United States District
6 Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Within thirty (30) days of
7 Respondent release, Respondent shall provide a copy of this Agreement to the office of Federal
8 Parole and Probation. Respondent shall also execute any documents necessary authorizing the
9 office of Federal Parole and Probation to release any and all reports generated regarding
10 Respondent's compliance with the terms and conditions of Respondent's federal probation. Once
11 respondent is given written notice of his completion of his probation, Respondent shall submit the
12 written notice to the Investigative Committee. Upon receipt of the written notice of completion
13 of probation and Respondents' completion of the three (3) years of probation the IC shall, without
14 any further action of the Board, authorize an Order reinstating Respondent's license to the status
15 of good standing without restriction. If, during the term of Respondent's probation, the IC
16 receives substantial evidence that Respondent has materially breached the terms and conditions of
17 his probation. Respondent agrees the IC, without any further hearing or action by the Board, shall
18 issue an order suspending Respondent's license to practice medicine in the State of Nevada.
19 Thereafter, Respondent may request a hearing before the Board to reinstate his license which must
20 be heard within forty-five (45) days of the Order of Suspension. However, during the pendency of
21 the hearing before the Board, Respondent waives any right to seek judicial review (state or
22 federal) to reinstate his privilege to practice medicine in the State of Nevada pending a final Board
23 hearing.

24
25 f. Pursuant to NRS 630.353(4)(a), Respondent agrees he shall submit to the
26 Board any and all documentation regarding any of the terms and conditions of parole and
27 probation related to the case of United States of America v. Victor Bruce, MD, United States
28

1 District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH upon Respondents' release
2 from incarceration.

3
4 g. This Agreement fully and completely resolves all matters contained in the
5 Complaint in case no. 14-12252-1;

6 h. This Agreement fully and completely resolves all matters that have or may
7 be alleged by the Board or the Board's IC against Respondent with regards to the Indictment
8 and/or the *Judgment in a Criminal Case*; and

9 i. The terms of this Agreement shall be reported as required by law.

10
11 5. **Release From Liability.** In execution of this Agreement, the Respondent, for
12 himself, his executors, successors and assigns, hereby releases and forever discharges the state of
13 Nevada, the Board, the Nevada Attorney General, and each of their members, agents and
14 employees in their representative capacities, and in their individual capacities, from any and all
15 manner of actions, causes of action, suits, debts, judgments, executions, claims and demands
16 whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have
17 or claim to have, against any or all of the persons or entities named in this paragraph arising out of
18 or by reason of this investigation, this Agreement or its administration.

19
20 6. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall
21 recommend approval and adoption of the terms, covenants and conditions contained herein by the
22 Board in resolution of the matters referenced herein and above. In the course of seeking Board
23 approval, adoption and/or acceptance of this Agreement, counsel for the IC may communicate
24 directly with the Board staff and members of the panel of the Board who would adjudicate this
25 case if it were to go to hearing.

26 Respondent acknowledges that such contacts and communication may be made or
27 conducted ex parte, without notice or opportunity to be heard on his part or on the part of his
28 counsel until the public Board meeting where this Agreement is discussed, and that such contacts

1 and communications may include, but not be limited to, matters concerning this Agreement, the
2 Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, and any and
3 all information of every nature whatsoever related to the same or the proceedings herein against
4 Respondent. The IC and its counsel agree that Respondent and/or his counsel may appear at the
5 Board meeting where this Agreement is discussed, and if requested, respond to any questions that
6 may be addressed to the IC or its counsel.

7
8 7. Effect of Acceptance of Agreement by Board. In the event the Board approves,
9 accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the
10 IC will cause to be entered herein the Board's Order accepting, adopting and approving this
11 Settlement Agreement, ordering full compliance with the terms herein and ordering that this case
12 involving the Complaint in case no. 14-12252-1, as well as any matter involving the Indictment,
13 and the *Judgment in a Criminal Case*, be closed.

14
15 8. Effect of Rejection of Agreement by Board. In the event the Board does not
16 approve, accept and adopt the terms covenants and conditions set out in this Agreement, this
17 Agreement shall be null, void, and of no further force and effect except as to the following
18 covenant and agreement regarding disqualification of adjudicating Board panel members.
19 Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing
20 contained herein and nothing that occurs pursuant to efforts of the IC or its counsel to seek
21 acceptance and adoption of this Agreement by the Board shall disqualify any member of the
22 adjudicating panel of the Board from considering the charges against Respondent and
23 participating in the disciplinary proceeding in any role, including adjudication of the case.
24 Respondent further agrees that he shall not seek to disqualify any such member absent evidence of
25 bad faith.

1 9. Binding Effect. Providing this Agreement is approved by the Board, Respondent
2 covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent
3 and the Board's IC, which contract may be enforced in a court or tribunal having jurisdiction.

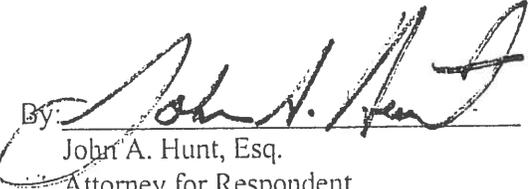
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5 10. Attorneys' Fees and Costs. Respondent covenants and agrees that in the event an
6 action is commenced in the district court to enforce any provision of this Agreement, the
7 prevailing party shall be entitled to recover costs and reasonable attorneys' fees.

8
9 11. Failure to Comply with Terms. In the event the Board enters its order approving
10 this Agreement, should Respondent fail to comply with any term or condition recited herein, the
11 IC shall be authorized to immediately suspend Respondent's license to practice medicine in the
12 state of Nevada pending an order to show cause hearing, which will be duly noticed.
13 Further, failure to comply with the terms recited herein may result in additional disciplinary action
14 being initiated against Respondent for a violation of an order of the Board in accordance with
15 NRS 630.3065(2)(a). Moreover, the failure of Respondent to reimburse the Board for monies
16 agreed to be paid as a condition of settlement may subject Respondent to civil collection efforts.

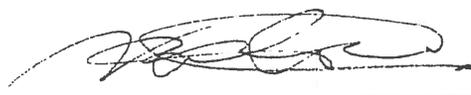
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18 Dated this 1st day of December, 2014.

Dated this 25th day of November, 2014.

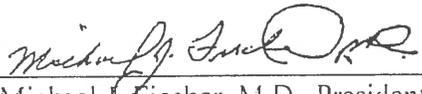
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20 By: 
21 Erin L. Albright, Esq.
22 Attorney for the Investigative Committee

By: 
John A. Hunt, Esq.
Attorney for Respondent

23 UNDERSTOOD AND AGREED:

24 
25 _____
26 Victor R. Bruce, M.D., Respondent

1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted by the
2 Nevada State Board of Medical Examiners on the 5th day of December 2014, with the final total
3 amount of costs due of \$932.91.

4 

5 _____
6 Michael J. Fischer, M.D., President
7 NEVADA STATE BOARD OF MEDICAL EXAMINERS

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Ava LLC, DBA: 702 Medical Supplies

Physical Address: 3365 Wynn rd Suite E. Las Vegas NV 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3365 Wynn rd Suite E. Las Vegas NV 89102

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702.986.1156 Fax: 702.331.3886

E-mail: ajschm1@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p
Fri: 9a to 5p Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Ana Ballelli

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>1255842423</u>	_____	_____
_____	_____	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician s Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

Andrew Schmidt
Print Name of Authorized Person

11/08/2018
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
-----------------------	-----------------	-----------------------

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

License 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. | <u>Ana Bailetti</u> | %: <u>50</u> |
| 2. | <u>Andrew Schmidt</u> | %: <u>50</u> |
| 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 corporationList 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 MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: n/a

Corporation Name: _____

Mailing Address: 3365 Wynn rd Suite E.

City: Las Vegas State: NV Zip: 89102

Telephone: 702-986-8514 Fax: 702-331-3886

Contact Person: Ana Baiketti, Andeew Schmidt

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Ana Baiketti Soft Breezes Dr Apt 2187 LV NV 89102
Name Address

b) Andeew Schmidt Soft Breezes Dr Apt 2187 LV NV 89102
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the New Applications tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

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 MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Andrew Schmidt %: 50

Name: Ana Baitetti %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: 3365 Wynn rd Suite E

City: Las Vegas State: NV Zip Code: 89102

Telephone Number: 702-986-8514 Fax Number: 702-331-3886

Contact Person: Andrew Schmidt, Ana Baitetti

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. 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*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/08/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment
Avaa LLC, 3365 Wynn rd Suite E, Las Vegas NV 89102
DBA: 702 Medical Supplies

1. PERSONAL INFORMATION:

Last Name Schmidt First Name Andrew Middle Name James

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

Present Residence Address-Street or RFD Soft Breezes Dr #2187 City Las Vegas State/Zip NV 89128
Dates 2018

Present Business Address 3365 Wynn rd Suite E City Las Vegas State/Zip NV 89102
Dates 2018

Occupation _____ Phone: Residence _____ Business _____

Date of Birth _____ Place of Birth (City, County, State) Las Vegas, Clark, NV

Age 31 Social Security Number _____ Sex M

Color of Eyes Blue Color of Hair Blond Complexion White Weight 230 Build Average Height 6'2"

Scars, tattoos or distinguishing marks and/or characteristics N/A

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 [Signature]
Page 1

MARITAL INFORMATION-Continued

A. Current Marriage.....

Spouse's full name (Maiden).....
Date..... City, County and State.....
S.S. No......

Date of Birth..... Place of Birth.....

Resident address.....
Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer.....
Street..... City..... State..... Zip.....

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

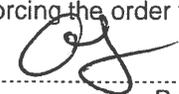
List all children, including step-children and adopted children and give the following information:

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..... ..... Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father George B. Schmidt		LV NV	(Deceased)
Mother Patricia Schmidt		Trenier Dr Henderson NV	Reheed
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			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School St Victor	Las Vegas NV	09/1989 - 05/2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Foothill	Henderson NV	09/2004 - 05/2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University CSN	Las Vegas NV	05/2007 - 12/2010	Yes <input type="checkbox"/> No <input checked="" 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  Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes No

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes No

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

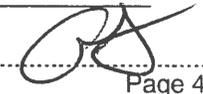
E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse s family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant s initial..... .....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
09/1987 - 12/2002	4535 Carol Cir	Las Vegas NV	Clark
12/2002 - 12/2009	238 Trevis Dr	Henderson NV	Clark
12/2009 - 12/2011	1851 Green Valley Pkwy	Henderson NV	Clark
12/2011 - 05/2017	6675 Abrams Dr Unit 2	Las Vegas NV	Clark
05/2017 - current	Soft Breezes Dr Unit 2137	Las Vegas NV	Clark

Applicant's initial  Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
02/2006	USBank 4320 ETropiana 89121	New Job
Banker/Teller	Personal Banker	Gail Pogrette
01/2009	United Blood Services 6920 W Charleston 89127	Laid off
Phlebotomist	Take blood of donors	Loreto Balagbagan
09/2012	Red Cross 1641 ETropiana ave	New Job
Supervisor	Running Blood drives	EVA Klapper
02/2016	Good Samaritan Behavioral Health	Current
Owner/Manager	PCN Company	Myself
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 af Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Jayro Lopez	Home	SAN DIEGO	CA		10 years
Employer	AV RP Stryport	Business	Architectural	3078 Broadway Unit 104	San Diego CA 92102	
Name	Ricardo Garcia	Home	SAN DIEGO	CA		870 years
Employer	Fairbanks Ranch Country Club	Business	15150 San Dieguito rd	Rancho Santa Fe, CA 92067		
Name	Rachel Vasquez	Home	European Robin	N. Las Vegas NV 89084		5 years
Employer	Bioplora	Business	North Las Vegas	NV		
Name	Eduardo M. Bailetti	Home	wheatfield cir.	Hatfield PA 19440		6 years
Employer	Marriott Hotels	Business	1737 Sunneytown Pike	Landsdale PA 19446		
Name	Benny Ornela	Home	1 Tilkuni DR.	Las Vegas NV 89166		10 years
Employer	UMC	Business	1800 W. Charleston Blvd	Las Vegas NV 89102		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person s depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No
 If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant s initial GJ Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 12/05/18

Applicant's initial AS

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, ANDREW J SCHMIDT, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



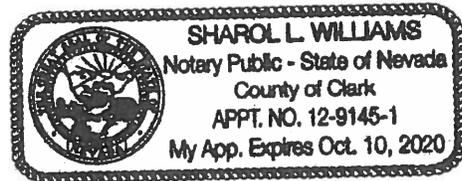
Original Signature of Applicant

Subscribed and Sworn to before me this 11 day of DEC, 2018

ANDREW J. SCHMIDT



Notary Public



Applicant s initial 
Page 9

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/08/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment
Avaq LLC, 3365 Wynn rd Suite E. Las Vegas NV 89102
Nature of License
Name and Address of Establishment for Which License Is Requested
DBA: 702 Medical Supplies
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Bailetti First Name Ana Middle Name _____

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Ana M. Bailetti, Ana Maria del Pilar Bailetti Vidaverly, Ana B. Simon

Present Residence Address-Street or RFD Soft Breezes DR. #2187 City Las Vegas State/Zip NV/89128
Dates

Present Business Address 3365 Wynn rd Suite E LV NV 89102 City 2018 State/Zip _____
Dates

Occupation Community Liason Phone: Residence _____ Business 702.986.8514

Date of Birth _____ Place of Birth (City, County, State) Lima, Peru

Age 33 Social Security Number _____ Sex F

Color of Eyes Brown Color of Hair Brown Complexion light brown Weight 150 Build _____ Height 5'11"

Scars, tattoos or distinguishing marks and/or characteristics n/a

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 [Signature]

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____ S.S. No _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Rhorne Simon	03/23/2016	Las Vegas NV	Divorce (decree)	Las Vegas, Clark, NV
Daniel Beard	11/20/10	Las Vegas NV	Divorce	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Rhorne Simon		Las Vegas	NV		
Daniel Beard	Sheps way	Broomfield	CO	80021	

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
Aiden Simon		Las Vegas NV	Soft breezes #2187 Las Vegas NV 89128

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [Signature]

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....
 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 Eduardo E. Baiketti		wheatfield cir, Hatfield PA 19440	Driver
Mother Ana M. Vidworek		Soft breezes Dr. #2187 LVNV 89128	Homemaker
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 Eduardo M. Baiketti		Wheatfield cir, Hatfield PA 19440	CHEF
Spouse Jose M. Baiketti		Lima PERU	Student.
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Montgomery College	Maryland	2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
High School	PEDRO RUIZ GALLO	LIMA - PERU	2000-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	CSN	Las Vegas NV	2008	Yes <input type="checkbox"/> No <input checked="" 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 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

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

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.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2018	Soft Breezes Dr. #2187	Las Vegas	NV 89128, Clark county
2017-2018	6675 Abeuzzi Dr. #102	N Las Vegas	NV 89084, Clark county
2015-2017	10151 Doreel Lane #1004	Las Vegas	NV 89166, Clark county
2012-2015	8972 Embroidery ave	Las Vegas	NV 89149, Clark county
2011 2011-2012	9145 Echelon Point Dr #2040	Las Vegas	NV 89149, Clark county
2011	4460 S. Jones blvd #2078	Las Vegas	NV 89103, Clark county
2010-2011	2615 W. Jaey ave #2030	Las Vegas	NV 89123, Clark county
2010	7098 Los Banderas ave,	Las Vegas	NV 89179, Clark county
2009-2010	7181 S. Durango Dr,	Las Vegas	NV 89113 Clark County
2009	Denver - Colorado		
2006-2009	Las Vegas	NEVADA	
2005	LIMA	PERU	
2004	Maryland		
1995-2004	LIMA	PERU	

Applicant's initial  Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year 2018	Name/Mailing Address of Employer/Business 702 Medical Supplies	Reason for Leaving still there
Title Administrator	Description of Duties In charge of company day to day operations	Name of Supervisor n/a
Month and Year -01/2017	Name/Mailing Address of Employer/Business Family Personal Care 4550 Oakley #1012 UNV 89102	Reason for Leaving PRN
Title Business Consultant	Description of Duties help agency with growth/operations	Name of Supervisor Juan Avila
Month and Year 03/2015	Name/Mailing Address of Employer/Business Abk Home Care Solutions UNV	Reason for Leaving better opportunity / sold business
Title Assistant Admin.	Description of Duties responsible for day to day operations	Name of Supervisor n/a
Month and Year 07/13 to 02/15	Name/Mailing Address of Employer/Business A New Day Medical Supplies	Reason for Leaving change of field
Title office staff	Description of Duties day to day operations	Name of Supervisor Andeina Vasquez
Month and Year 06/2007 - 06/2013	Name/Mailing Address of Employer/Business Vida Home Care Las Vegas NV	Reason for Leaving n/a
Title Administrator	Description of Duties business development/admin/scheduler	Name of Supervisor several
Month and Year 2006 - 2007	Name/Mailing Address of Employer/Business Agave - Las Vegas NV	Reason for Leaving change of field
Title Server	Description of Duties serving customers	Name of Supervisor Rawl
Month and Year 2005 - 2004	Name/Mailing Address of Employer/Business CSN Coffee Shop	Reason for Leaving better pay
Title SERVER	Description of Duties serving customers	Name of Supervisor Candela Murua
Month and Year 2004	Name/Mailing Address of Employer/Business Victorias Secret Maryland	Reason for Leaving change of state
Title sale rep.	Description of Duties floor sales	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Rachel Vasquez</u> Home	<u>European Robin,</u>	<u>Nlas Vegas</u>	<u>NV</u>	<u>89084</u>		<u>8 years</u>
Employer <u>Biopreal</u> Business	<u>North las Vegas</u>	<u>NV</u>				
Name <u>Haydee May Gagliardi</u> Home	<u>1 Frank Derek ave</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89139</u>		<u>11 years</u>
Employer <u>68 W. Closed circuit circuit</u> Business	<u>2925 N. Green Valley Parkway</u>	<u>Henderson</u>	<u>NV</u>	<u>89014</u>		
Name <u>Ivan Ortiz</u> Home	<u>1 W. Charleston blvd suite 180</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		<u>13 years</u>
Employer <u>Realty One Group</u> Business	<u>10750 W. Charleston blvd Suite 180</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89135</u>		
Name <u>Johnnie Chavez</u> Home	<u>Margo DR-</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89122</u>		<u>12 years</u>
Employer <u>Good Samaritan</u> Business	<u>3365 Wynn Suite E</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89102</u>		
Name <u>Neda Barbaed</u> Home	<u>Las Vegas</u>	<u>NV</u>				<u>12 years</u>
Employer <u>Healthline of SN</u> Business	<u>215 E. Warm Springs rd st. 106</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89119</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person s depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
- Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
- Accountant Pilot Sports promoter Trainer or manager Educator

Yes No
 If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

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13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 12/05/18

Applicant's initial [Signature]

STATE OF NEVADA.....

ss.

COUNTY OF CLARK.....

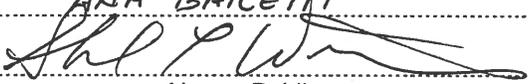
I, ANA BAILETTI..... being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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,

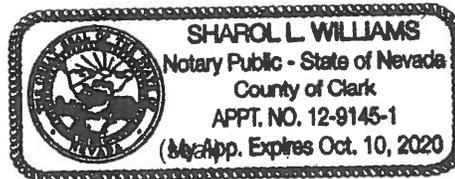
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 11 day of Dec, 2018

ANA BAILETTI

Notary Public



Applicant's initial 

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 11/08/2018

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment

Nature of MDEG

Avaa LLC, 3365 Wynn rd Suite E. Las Vegas NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

DBA: 702 Medical Supplies

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bailetti Last Name Ana First Name _____ Middle Name _____

Ana M. Bailetti, Ana Macia del Pilar Bailetti Vidaveze, Ana B. Simon
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1 Soft Beeches Dr. #2187 Las Vegas NV 89128
Present Residence Address-Street or RFD City State/Zip

3365 Wynn rd Suite E. LV NV 89102
Present Business Address Dates City State/Zip

Administrator Dates _____
Present Position with the MDEG

Phone: _____ Fax: 702.331.3886

Email address: _____

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

33 Age 1 Social Security Number F Sex

Brown Color of Eyes Brown Color of Hair 150 Weight 5' 1" Height

Scars, tattoos or distinguishing marks and/or characteristics N/a

Are you a citizen of the United States? Yes No

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place Las Vegas NV (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

2018	Avaia LLC / 3365 Wynn rd Suite A LVNV	40
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Administator	Administee business	
Title	Description of Duties	Name of Supervisor
07/2018 to 02/2015	A new day Medical Supplies	LVNV 40
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
office employee	help with day to day operations	Andrina Vasquez
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have I have not been the subject of an administrative action whether completed or pending.
- 3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked I have to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b)

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a write

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.....
.....



Date of photograph.....12/05/18.....

I, Ana Bailetti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



.....
Original Signature of Applicant



CBR Detail Report

Business Name: AVAA LLC

v2 - APPROVED - 10/28/2018 15:47:03

NV Business ID	NV20181592171
Entity Type	Partnership
Entity Status	ACTIVE
State Business License Expiration Date	Aug 31, 2019
Last Updated By	ajschm1@gmail.com
Last Updated Date	2018-10-28 15:46:55.0

Company Officers

No officers found for this company.

Compliance Information

State Business License:	Completed on 08/17/2018
B&I Workers' Compensation eAffirmation of Compliance (D-25)	Completed on 08/17/2018
Nevada Labor Laws eAffirmation of Compliance:	Completed on 08/17/2018
OSHA/Safety Consultation and Training (SCATS)	Completed on 08/17/2018
NV Dept of Taxation eClearance Receipt:	Completed on 08/17/2018
Department of Motor Vehicles:	Completed on 08/17/2018

Declaration

Andrew Schmidt on Oct 28, 2018

Export Information

Do you have a Nevada Location or conduct sales and services in Nevada? **Yes**

Do you sell goods and services outside the State of Nevada? **No**

Would you be interested to learn more about opportunities to expand your business outside Nevada? **No**

Federal Employer Identification Number: 83 1590134

Business Information

Primary NAICS Code:	532291 - Home Health Equipment Rental
Applicable NAICS Codes:	532291 - Home Health Equipment Rental
Business Description:	DME company

Owner Information

Name	Title	Percent Owned	Address	Contact Number	Last Updated By	Last Updated Date
Andrew J Schmidt	Partner	50	3150 SOFT BREEZES DR APT 2187, LAS VEGAS, NV 89128	US702-332-1856	ajschm1@gmail.com	2018-10-28 15:46:55.0
Ana Bailetti	Partner	50	3150 SOFT BREEZES DR APT 2187, LAS VEGAS, NV 89128	US702-986-8514	ajschm1@gmail.com	2018-10-28 15:46:55.0

Location Information

Primary Location	
Fictitious Firm Name/DBA:	
Applicable NAICS Codes:	532291 - Home Health Equipment Rental

Business Description:	DME company
Date Opened in NV:	Oct 1, 2018
Total # of Employees:	2
Total Part-Time Employees:	1
Total Full-Time Employees:	1
Physical Address:	3365 WYNN RD STE A, LAS VEGAS, NV 89102
Jurisdiction:	CC Paradise
Zoning:	
Assessor Parcel Number:	
Property Ownership:	USA
County:	Clark County
Mailing Address:	3365 WYNN RD STE A, LAS VEGAS, NV 89102
Phone:	(702) 332-1856
Fax:	
Last Updated By:	ajschm1@gmail.com
Last Updated Date:	2018-10-28 15:46:55.0

Sales & Services (Non-Bricks & Mortar)

Fictitious Firm Name / DBA	County	City
None Entered	Clark County	City of Las Vegas

13B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation - Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation - Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner - Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Las Vegas Mobility Store

Physical Address: 4533 W. Sahara Ave. unit 3 Las Vegas, NV 89102

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4533 W. Sahara Ave. unit 3 and 4

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702.330.3031

Fax: _____

E-mail: info@lasvegasmobilitystore.com

Website: www.lasvegasmobilitystore.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 am to 5pm Sat: 10am to 2pm Sun: 10am to 2pm Holidays: 10am to 1pm

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Harutyun Babayan

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

Medical Gases**

Assistive Equipment

Respiratory Equipment**

Parenteral and Enteral Equipment**

Life-sustaining equipment**

Orthotics and Prosethics

Diabetic Supplies

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Harutyun Babayan Telephone: 702.275.8345

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____	N/A	_____
_____	_____	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: _____	N/A
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____	N/A
<input type="checkbox"/> Physician's Assistant	Name: _____	N/A
<input type="checkbox"/> Physical Therapist	Name: _____	N/A
<input type="checkbox"/> Occupational Therapist	Name: _____	N/A
<input type="checkbox"/> Registered Nurse	Name: _____	N/A
<input type="checkbox"/> Respiratory Therapist	Name: _____	N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

Harutyun Babayan

12/12/2018

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Harutyun Babayan

Business Name: Las Vegas Mobility Store

Current Business Address: 4533 W. Sahara Ave unit 3 and 4

City: Las Vegas State: NV Zip: 89102

Telephone: 702.330.3031 Fax: _____

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

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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 12/12/2018

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Assisive Equipment

Nature of MDEG

Las Vegas Mobility Store- 4533 W. Sahara Ave. Unit 3 and 4 Las Vegas, NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Babayan _____ Harutyun _____
 Last Name First Name Middle Name

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

S. Buffalo Dr. unit 202 Las Vegas NV 89145

Present Residence Address-Street or RFD City State/Zip

4533 W. Sahara Ave unit 3 and 4 Dates 01/03/2018 Las Vegas NV, 89102

Present Business Address City State/Zip

Owner/Operator Dates 01/03/2018

Present Position with the MDEG

Phone: _____ Fax: _____

Email address: info@lasvegasmobilitystore.com

_____ Yerevan, Armenia
 Date of Birth Place of Birth (City, County, State)

23 _____ Male
 Age Social Security Number Sex

Brown Brown 130 5'9"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

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.)

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have I have not been the subject of an administrative action whether completed or pending.
- 3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked 'I have not' to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explan

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ATTACH PHOTO
TAKEN WITHIN
30 DAYS HE



Date of photograph 12-13-18

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Jan 2018- Present	Las Vegas Mobility Store-4533 W. Sahara Ave unit 3 and 4 Las Vegas, NV 89102	10,400 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Owner/Operator	Owner/Operator	N/A
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I, Harutyun Babayan, 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



 Original Signature of Applicant

14



NABP

National Association of
Boards of Pharmacy

www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056

T) 847/391-4406

F) 847/375-1114

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: December 13, 2018

RE: Comments to FDA from NABP on the Revised Draft Standard Memorandum of Understanding Addressing Certain Distributions of Compounded Drug Products Between the States and US Food and Drug Administration

Attached please find NABP's comments to the US Food and Drug Administration (FDA) on its revised draft standard memorandum of understanding (MOU) entitled "Memorandum of Understanding Addressing Certain Distributions of Compounded Drug Products Between the State of [insert State] and the US Food and Drug Administration." As background, on September 10, 2018, FDA announced the availability of the revised draft standard memorandum of understanding for public comment. Special thanks for all the comments submitted within the limited timeframe. NABP included almost all of the comments provided by the member jurisdictions either in the body of the redlined MOU or cover memo document.

In summary, the attached redlined version of the MOU does the following:

- Identifies the state board of pharmacy as the contracting agency with FDA, as opposed to the State.
- Clarifies that the MOU addresses compounded *human* drug products.
- Clarifies that the use of the word "distribution" is separate and distinct from, and should not be used in relation to, the word "distribution" as it is used in Part H, Section 360(e)(e)(e) of the FD&C Act (pertaining to the definition of distribution as it applies to the pharmaceutical industry supply chain).
- Regarding the investigation of complaints related to compounded drug products distributed outside the state:
 - Adds the qualification that investigations will be performed pursuant to board investigatory policies and procedures, including those related to prioritizing complaints.
 - For drug products compounded by a physician and distributed outside the state, the original MOU requires the state (board) to report such complaints to the regulator of physician compounding (clarified to be the *state agency responsible for regulating the practice of medicine*) and to notify the FDA if such complaint involves a *serious adverse drug experience* or a *serious product quality issue*. As the board of pharmacy lacks jurisdiction to investigate such complaints, it will not be in a position to make such a determination, therefore, the text was edited to require the board to simply notify FDA of any such complaints.
 - Adds the requirement that the FDA notify the board of any action taken by FDA in response to complaints submitted, including the decision to not pursue further action.
 - Regarding submission of information to the FDA, clarifies that the board may not have the name and contact information of the complainant.
- Regarding the interstate distribution of inordinate amounts of compounded drug products:
 - Removes all references to drug products compounded by physicians.

- Identifies the circumstances under which a board will determine whether a pharmacy had distributed an inordinate amount of compounded drug products interstate:
 - When the board receives a complaint related to drug products compounded by a pharmacist and distributed outside the state by a pharmacy and the complaint is determined to be related to a serious adverse drug experience or serious product quality issue; or
 - During a regular inspection of a pharmacy that distributes compounded drug products interstate, and the board identifies a serious product quality issue with compounded drug products distributed interstate.
- Notes that the board may also use other mechanisms to identify compounding pharmacies that distribute inordinate amounts of compounded drug products interstate.
- Removes the requirement that boards collect information regarding the total number of prescription orders for sterile compounded drugs outside the state.

Additionally, the redlined MOU contains minor grammatical edits.

If you have any questions or comments, please contact execoffice@nabp.pharmacy. More information on this topic may be found at <https://www.federalregister.gov/documents/2018/09/10/2018-19461/memorandum-of-understanding-addressing-certain-distributions-of-compounded-drug-products-between-the>.

Attachments

cc: NABP Executive Committee



NABP
National Association of
Boards of Pharmacy
www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056

T) 847/391-4406

F) 847/375-1114

TO: US Food and Drug Administration
FROM: Carmen A. Catizone, Executive Director/Secretary
DATE: December 10, 2018
RE: NABP Comments on the Revised Draft Standard Memorandum of Understanding Addressing Certain Distributions of Compounded Drug Products Between the States and US Food and Drug Administration

The National Association of Boards of Pharmacy (NABP) appreciates the opportunity to submit comments concerning the “Memorandum of Understanding Addressing Certain Distributions of Compounded Drug Products Between the State of [insert State] and the U.S. Food and Drug Administration” (MOU). NABP is the independent, international, and impartial association that assists its member boards and jurisdictions for the purpose of protecting the public health. Founded in 1904, NABP aims to ensure the public’s health and safety through its pharmacist license transfer and pharmacist competence assessment programs, as well as through its accreditation programs such as the Verified Internet Pharmacy Practice Sites®, Verified-Accredited Wholesale Distributors®, and DMEPOS.

In anticipation of submitting these comments and based upon input from its member boards of pharmacy, those responsible for the regulation of compounding, NABP developed a redlined version of the MOU and circulated it to the boards for their review and feedback. Approximately half of the US jurisdictions provided generally favorable feedback to the redlined version of the MOU. These jurisdictions also indicated that they may be able, and therefore are far more likely, to approve and sign an MOU similar to NABP’s redlined version rather than the MOU that was published in the Federal Register on September 10, 2018.

Distribution

NABP was informed by approximately twenty states that the MOU presented a serious conflict because of the use of the term “distribution.” These states maintain that the act of distribution does not include “dispensing,” nor should the use of the term “distribution” in the MOU be misconstrued to reference the act of “dispensing” or provide the FDA with regulatory authority over the act of “dispensing.”

NABP attempted to correct this conflict in the redlined version of the MOU circulated to the states by inserting a footnote into the redlined MOU:

“The definition of interstate ‘distribution’ in this MOU is separate and distinct from, and should not be used in relation to, the term ‘distribution’ as it is used in Part H, Section 360(e)(e)(e) of the FD&C

Act (pertaining to the definition of distribution as it applies to the pharmaceutical distribution supply chain).”

As one state specifically noted to NABP:

“ . . . The terms are universally understood to be mutually-exclusive, and they are defined as mutually-exclusive throughout State and Federal law and regulation, as well as NABP’s model guidance. Footnotes recognizing the error do nothing to correct it. Dispensing is not distribution and should not figure in assessments of interstate distribution.”

The FDA responded to this conflict in the Federal Register, Volume 83, No. 175 noting that “if we were to interpret the word ‘distribution’ to apply only if a drug is provided without a prescription, it would mean that drug products compounded under section 503A of the FD&C are excluded from regulation under the MOU . . .”

In responses to NABP, the aforementioned states believe that if the terminology is not corrected, the MOU is essentially null and void and has no application to pharmacies that compound products under section 503A of the Food, Drug and Cosmetic Act (FD&C Act). NABP understands the distinction between and the differences that exist in federal and state statutes and regulations with the two terms. NABP also acknowledges that the FDA’s interpretation of the term “distribution” is present throughout the DQSA and a foundational consideration. NABP is submitting the redlined version of the MOU with the language proposed to the states and alerting the FDA that the language will not ameliorate a significant number of states’ concerns. Further, based upon the input from a number of states, unless the language in the MOU is corrected, a number of state boards of pharmacy will not be able to or will refuse to sign the MOU.

Inordinate Amount Determination

Another area of note from the states are the provisions regarding the “Inordinate Amount Determination.” States’ comments included but were not limited to, requests that the information should be limited to sterile drug products, questions concerning if the appropriate determinants are used to calculate the percentage, whether a percentage and/or if 50% is the most appropriate measure, and the date selected for the annual report.

NABP’s Redlined MOU

The attached redlined version of the MOU does the following:

- Identifies the state board of pharmacy as the contracting agency with FDA, as opposed to the State.
- Clarifies that the MOU addresses compounded *human* drug products.
- Regarding the investigation of complaints related to compounded drug products distributed outside the state:
 - Adds the qualification that investigations will be performed pursuant to board investigatory policies and procedures, including those related to prioritizing complaints.
 - For drug products compounded by a physician and distributed outside the state, the original MOU requires the state (board) to report such complaints to the regulator of physician compounding (clarified to be the *state agency responsible for regulating the practice of medicine*) and to notify the FDA if such complaint involves a *serious*

adverse drug experience or a *serious product quality issue*. As the board of pharmacy lacks jurisdiction to investigate such complaints, it will not be in a position to make such a determination, therefore, the text was edited to require the board to simply notify FDA of any such complaints.

- Adds the requirement that the FDA notify the board of any action taken by FDA in response to complaints submitted, including the decision to not pursue further action.
- Regarding submission of information to the FDA, clarifies that the board may not have the name and contact information of the complainant.
- Regarding the interstate distribution of inordinate amounts of compounded drug products:
 - Removes all references to drug products compounded by physicians.
 - Identifies the circumstances under which a board will determine whether a pharmacy had distributed an inordinate amount of compounding drug products interstate:
 - When the board receives a complaint related to drug products compounded by a pharmacist and distributed outside the state by a pharmacy and the complaint is determined to be related to a serious adverse drug experience or serious product quality issue; or
 - During a regular inspection of a pharmacy that distributes compounded drug products interstate, and the board identifies a serious product quality issue with compounded drug products distributed interstate.
 - Notes that the board may also use other mechanisms to identify compounding pharmacies that distribute inordinate amounts of compounded drug products interstate.
 - Removes the requirement that boards collect information regarding the total number of prescription orders for sterile compounded drugs outside the state.

Additionally, the redlined MOU contains minor grammatical edits.

Thank you again for the opportunity to submit comments.

Attachment

cc: Executive Officers – State Boards of Pharmacy
NABP Executive Committee

Attachment B

DRAFT MEMORANDUM OF UNDERSTANDING ADDRESSING CERTAIN
DISTRIBUTIONS OF COMPOUNDED DRUG PRODUCTS
BETWEEN THE ~~STATE OF~~ [insert STATE]
BOARD OF PHARMACY AND THE U.S. FOOD
AND DRUG ADMINISTRATION

I. PURPOSE

This Memorandum of Understanding (MOU) establishes an agreement between the ~~State of~~ [insert State] Board of Pharmacy (“Board”) and the U.S. Food and Drug Administration (FDA) regarding the interstate distribution¹ of inordinate amounts² of compounded human drug products ~~interstate~~ and the appropriate investigation by the Board State of [insert State] of complaints relating to human drug products compounded in such State and distributed outside such State. This is the MOU provided for by section 503A(b)(3)(B)(i) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 353a), and does not apply to veterinary drug products, biological products subject to licensure under section 351 of the Public Health Service Act (42 U.S.C. 262), and drugs that are compounded by outsourcing facilities.

II. BACKGROUND

- a. Section 503A of the FD&C Act describes the conditions that must be satisfied for human drug products compounded by a licensed pharmacist ~~or licensed physician~~ to be exempt from three sections of the FD&C Act requiring:
 1. Compliance with current good manufacturing practice (section 501(a)(2)(B) (21 U.S.C. 351(a)(2)(B));
 2. Labeling with adequate directions for use (section 502(f)(1) (21 U.S.C. 352(f)(1)); and
 3. FDA approval prior to marketing (section 505 (21 U.S.C. 355)).

¹The definition of interstate distribution in this MOU is separate and distinct from, and should not be used in relation to, the term distribution as it is used in Part H Section 360(e)(e)(e) of the FD&C Act (pertaining to the definition of distribution as it applies to the pharmaceutical distribution supply chain). See Appendix A for the definition of interstate distribution.

²The definition of inordinate amounts in this MOU is separate and distinct from, and should not be used, in relation to the term inordinate amounts as it is used in section 503A(b)(1)(D) of the FD&C Act (pertaining to compounding a drug product that is essentially a copy of a commercially available drug product). The interpretation of this term in each instance necessarily is based on the particular context of the distinct provisions within 503A in which the term appears. See Part III.b.1 of this MOU for the definition of inordinate amounts.

- b. To qualify for these exemptions, among other things, a compounded human drug product must meet the conditions in section 503A(b)(3)(B) of the FD&C Act, under which the drug product is compounded in a State that:
1. Has entered into an MOU [developed in consultation with the National Association of Boards of Pharmacy (NABP)] with FDA that addresses the interstate distribution of inordinate amounts⁺ of compounded human drug products ~~interstate~~ and provides for appropriate investigation by ~~a State agency~~ the Board of complaints relating to compounded human drug products distributed by a licensed pharmacist or licensed pharmacy outside such State (section 503A(b)(3)(B)(i)); or
 2. Has not entered into an MOU with FDA and the licensed pharmacist, ~~or licensed pharmacy, or licensed physician~~ distributes (or causes to be distributed) compounded human drug products out of the State in which they are compounded in quantities that do not exceed 5 percent of the total prescription orders dispensed or distributed by such pharmacy ~~or physician~~ (section 503A(b)(3)(B)(ii)).
- c. Section 503A(b)(3) of the FD&C Act directs FDA to develop a standard MOU for use by the States in complying with section 503A(b)(3)(B)(i). The content of this MOU conforms to the standard MOU developed by FDA for this purpose.

III. SUBSTANCE OF AGREEMENT

- a. Investigation of Complaints Relating to Compounded Drug Products Distributed Outside the State
1. ~~Appropriate agencies of the State of [insert State] Board~~ will investigate complaints of adverse drug experiences and product quality issues received relating to human drug products compounded by a pharmacist or pharmacy and delivered by interstate distribution, and distributed outside the State by a pharmacy. ~~Primary responsibility for investigating complaints involving drug products compounded by a pharmacist will generally lie with the [insert State Board of Pharmacy or other appropriate State agency].~~ Complaints relating to compounded drug products distributed outside the State that will be investigated include reports received by the State Board concerning adverse drug experiences ~~or product quality issues associated with drugs compounded by a pharmacist.~~ Any investigations will be performed pursuant to the Board's established investigatory policies and procedures, including those related to prioritizing complaints. See Appendix A for definitions of *adverse drug experiences* and *product quality issues*.
 2. Any investigations performed by the ~~State of [insert State] Board~~ under this MOU will include, but are not limited to, taking steps to

assess (1) whether there is a public health risk associated with the compounded human drug product; and (2) whether any public health risk associated with the product is adequately contained.

3. ~~Based on findings from an investigation of a complaint about drug products compounded by a pharmacist and distributed outside the State~~ After the Board's investigation, if the complaint is ~~found to be valid~~ substantiated, the ~~State of [insert State] Board~~, in accordance with and as permitted by State law, will take the action that the State considers to be appropriate and warranted to ensure that the ~~relevant~~ compounding pharmacy investigates the root cause of the problem that is the subject of the complaint and undertakes sufficient corrective action to address any identified public health risk relating to the complaint, including the risk that future similar complaints may occur.
4. The Board will maintain records of the complaint, its investigation, and any response to or action taken as a result of the complaint, beginning when the State receives notice of the complaint. The Board will maintain these records for at least three (3) years. The three-year period begins on the date of final action on a complaint, or the date of a decision that the complaint requires no action.
5. The ~~State of [insert State] Board~~ will, by email (to StateMOU@fda.hhs.gov), notify provide FDA ~~by sending an email to StateMOU@fda.hhs.gov~~ with the information described in section III.c.1.a of this MOU as soon as possible, but no later than 3 business days after receiving and assessing any a Section III.a.1 complaint ~~complaint relating to a drug product compounded by a pharmacist and distributed outside the State~~ to involveing a serious adverse drug experience or serious product quality issue. After ~~this notification~~ the Board concludes its investigation of a Section III.a.1 complaint assessed to involve a serious adverse drug experience or serious product quality issue, the ~~State Board~~ will share with FDA the results ~~of the investigation that it conducted as permitted by state law~~. See Appendix A for definitions of *serious adverse drug experience* and *serious product quality issue*.
6. If the ~~State of [insert State] Board~~ receives complaint involving an adverse experience or product quality issue relating to a human drug product compounded by a physician and distributed outside the State, the ~~State Board~~ will notify the appropriate State agency responsible for regulating the practice of medicine, regulator of physician compounding within the State. ~~If the complaint involves a serious adverse drug experience or serious product quality issue,~~ †The State Board will also notify FDA of the complaint by sending an email to StateMOU@fda.hhs.gov with the information in section III.c.1.a of this MOU as soon as possible, but no later than 5 business days, after receiving the complaint.
7. The FDA will notify the Board by email (insert state-specific email

address) of any action taken by the FDA in response to complaints submitted to the FDA by the Board, including the decision of the FDA not to pursue further action.

~~7. The State of [insert State] will maintain records of the complaint, the investigation of the complaint, and any response to or action taken as a result of the complaint, beginning when the State receives notice of the complaint. The State will maintain these records for at least 3 years. The 3-year period begins on the date of final action on a complaint, or the date of a decision that the complaint requires no action.~~

b. Interstate Distribution of Inordinate Amounts of Compounded Human Drug Products ~~Interstate~~

1. For purposes of this MOU, a pharmacy ~~or physician~~ has engaged in an inordinate amount of interstate distribution of distributed an inordinate amount of compounded human drug products interstate if the number of prescription orders for compounded human drug products ~~distributed interstate~~ delivered by interstate distribution during any calendar month is greater than 50 percent of the number of prescription orders for compounded human drug products ~~distributed or dispensed both intrastate and interstate by such pharmacy or physician~~ delivered by intrastate distribution³ and interstate distribution during that same calendar month.
2. The Board will determine whether a pharmacy has engaged in an inordinate amount of interstate distribution of compounded human drug products in either of the following circumstances: (a) the Board receives a complaint as defined in Section III.a.1 and assesses the complaint to involve a serious adverse drug experience or a serious product quality issue under Section III.a.4; or (b) during a regular inspection of a pharmacy that distributes compounded human drug products interstate, the Board identifies a serious product quality issue with compounded human drug products distributed interstate by the pharmacy. In these circumstances, the Board will make the Section III.b.1 inordinate amount calculation for the calendar month in which it received the complaint or conducted the inspection. ~~On an annual basis (at minimum), the State of [insert State] will~~ The Board may also use other mechanisms to identify, using surveys, reviews of records during inspections, or other mechanisms available to the State, compounding pharmacies that distribute inordinate amounts of compounded drug products interstate, ~~by collecting information regarding the total number of prescription orders for compounded drug products~~

³The definition of *intrastate distribution* in this MOU is separate and distinct from, and should not be used in relation to, the term *distribution* as it is used in Part H Section 360(e)(e)(e) of the FD&C Act (pertaining to the definition of distribution as it applies to the pharmaceutical distribution supply chain). See Appendix A for the definition of *intrastate distribution*.

~~distributed or dispensed intrastate and the total number of prescription orders for compounded drug products distributed interstate.~~

- ~~3. If the State of [insert State] becomes aware of a physician who is distributing compounded drug products interstate, the State will coordinate with the appropriate regulator of physician compounding within the State to determine, using surveys, reviews of records during inspections, or other mechanisms available to the State, whether the physician distributes inordinate amounts of compounded drug products interstate by collecting information regarding the total number of prescription orders for compounded drug products distributed or dispensed intrastate and the total number of prescription orders for compounded drug products distributed interstate.~~
43. When acting under Section III.b.2, if the Board identifies a pharmacy that has delivered inordinate amounts of compounded human drug products by interstate distribution, it ~~For pharmacies or physicians that have been identified as distributing inordinate amounts of compounded drug products interstate, the State also will~~ also collect information regarding the total number of prescription orders for sterile compounded drugs distributed outside the State; ascertain the number ~~each~~ of States in which the compounding pharmacy or physician is licensed or number of States into which the compounding pharmacy or physician distributes compounded human drug products; and, as well as determine whether the State inspected for and found during its most recent inspection that the compounding pharmacy or physician distributed compounded human drug products without valid prescription orders for individually identified patients.
- ~~54. The State Board will, within 30 days of identifying a pharmacy that has delivered inordinate amounts of compounded human drug products by interstate distribution, notify FDA, by email, (sending an email to StateMOU@fda.hhs.gov) within 30 days of identifying a pharmacy or physician within its jurisdiction that has distributed inordinate amounts of compounded drug products interstate and will include the information described in section III.c.1.b of this MOU.~~

c. Submission and Disclosure of Information

1. When submitting information to StateMOU@fda.hhs.gov under Section III.a.4 or Section III.b.2 regarding complaints relating to compounded drug products distributed outside the State or regarding distribution of inordinate amounts of drugs interstate determinations, the following minimum information will be included:
- a. Complaints:
- i. Name and contact information of the complainant, if available;

- ii. Name and address of the pharmacy/~~physician~~ that is the subject of the complaint;
- iii. Description of the complaint, including a description of any compounded human drug product that is the subject of the complaint;
- iv. ~~The State Board's initial~~ assessment of the validity of the complaint ~~relating to a compounded drug product distributed outside the State~~, if available; and
- v. Description ~~and date~~ of any actions the State Board has taken at the time of the submission to address the complaint.

b. Inordinate Amount Determinations:

- i. Name and address of the pharmacy/~~physician~~ that ~~distributed~~ delivered inordinate amounts of compounded human drug products ~~interstate~~ by interstate distribution;
- ii. The total number of prescription orders for compounded human drug products ~~distributed or dispensed~~ intrastate ~~delivered by intrastate distribution~~;
- iii. The total number of prescription orders for compounded human drug products ~~the pharmacy distributed~~ interstate ~~delivered by interstate distribution~~;
- ~~iv. The total number of prescription orders for sterile compounded drug products distributed interstate;~~
- ~~v.iv.~~ A list of States in which the ~~compounding~~ pharmacy ~~or physician~~ is licensed or into which the pharmacy ~~or physician~~ distributes compounded human drug products, and
- ~~v.v.~~ Whether the State Board ~~inspected for and found during its most recent inspection~~ determined that the ~~compounding~~ pharmacy ~~or physician~~ distributed compounded human drug products without valid prescription orders for individually identified patients.

2. On or about [pick a date] each year, the Board will submit to an annual report to FDA containing the following information:

a. A list of each pharmacy in the State that compounds human drug product and that is licensed in multiple states;

b. Each such pharmacy's self-report of the total number of compounded human drug product prescriptions delivered to patients the previous calendar year.

23. The parties to this MOU will share information consistent with applicable statutes and regulations. The parties recognize that a separate agreement under 21 CFR 20.88 or commissioning of officials under 21 CFR 20.84 may be necessary before FDA can share information that is protected from public disclosure. Such an agreement, or commissioning terms, will govern FDA's sharing of the following types of information:

- Confidential commercial information, such as information that would be protected from public disclosure under Exemption 4 of the Freedom of Information Act (FOIA) (5 U.S.C. 552(b)(4));
- Personal privacy information, such as information that would be protected from public disclosure under Exemption 6 or 7(C) of the FOIA (5 U.S.C. 552(b)(6) and(7)(C)); or
- Information that is otherwise protected from public disclosure by Federal statutes and their implementing regulations (e.g., the Trade Secrets Act (18 U.S.C. 1905), the Privacy Act (5 U.S.C. 552a), other FOIA exemptions not mentioned above (5 U.S.C. 552(b)), the FD&C Act (21 U.S.C. 301 et seq.), the Health Insurance Portability and Accountability Act (Public Law 104-191), and FDA's regulations in parts 20 and 21 (21 CFR parts 20 and 21)).

FDA agrees that information provided to FDA by the ~~State of [insert State]~~ Board will only be disclosed consistent with applicable Federal law and regulations governing the disclosure of such information, including, but not limited to, the FOIA (5 U.S.C. 552(b)), the FD&C Act (21 U.S.C. 301 et seq.), 21 U.S.C. 331(j), 21 U.S.C. 360j(c), the Trade Secrets Act (18 U.S.C. 1905), FDA's regulations in 21 CFR parts 20 and 21, and other pertinent laws and regulations.

IV. ENFORCEMENT AUTHORITIES AND LEGAL STATUS OF AGREEMENT

The parties to this MOU recognize that FDA and the ~~State of [insert State]~~ Board

retains the statutory and regulatory authorities provided by the FD&C Act, other Federal statutes and attendant regulations, and State statutes and regulations. The parties also recognize that this agreement does not restrict FDA or any other Federal agency from taking enforcement action, when appropriate, to ensure compliance with Federal statutes, including the FD&C Act and attendant regulations, or prevent the State of [insert State] Board from taking enforcement action, as appropriate, to ensure compliance with applicable State statutes and regulations. This MOU does not create or confer any rights for or on any person. By signing this MOU, the [insert name of State agency] Board affirms that it now possesses and will maintain, at the discretion of the State legislature, the legal authority (under State statutes and/or regulations) and the resources necessary to effectively carry out all aspects of this MOU. If State law changes such that the State Board no longer has the legal authority or resources necessary to effectively carry out all aspects of this MOU, the State Board will notify FDA.

V. NAME AND ADDRESS OF PARTICIPATING AGENCIES

U.S. Food and Drug Administration Center
for Drug Evaluation and Research
Office of Compliance
Office of Unapproved Drugs and Labeling Compliance
10903 New Hampshire Avenue
Bldg. 51, Suite 5100
Silver Spring, MD 20993-0002
Telephone: (301) 796-3110
Email: StateMOU@fda.hhs.gov

[State] Board of Pharmacy
TBD

Upon signing the MOU, each party must designate one or more liaisons to act as points of contact. Each party may designate new liaisons at any time by notifying the other party's liaison(s) in writing. If, at any time, an individual designated as a liaison under this agreement becomes unavailable to fulfill those functions, the parties will name a new liaison within 2 weeks and notify the other party's liaison(s).

VI. PERIOD OF AGREEMENT

- a. When accepted by both parties, this MOU will be effective from the date of the last signature and will continue until terminated by either party. It may be terminated in writing by either party, upon a 30-day notice of termination. Notice of termination will be sent to the address listed in section V of this MOU.
- b. If the State Board does not adhere to the provisions of this MOU, including conducting an investigation of complaints related to compounded drug products distributed outside the State, the MOU may be terminated upon 30-days' notice of termination.

In case of termination, FDA will post a notice of the termination on its Web site and the ~~State Board~~ will notify all licensed pharmacists, ~~and~~ pharmacies, ~~and physicians~~ within the State of the termination and advise them that as of 30 days from the date of the posting of the termination notice, compounded drug products may be distributed (or caused to be distributed) out of the State only in quantities that do not exceed 5 percent of the total prescription orders dispensed or distributed by the licensed pharmacy ~~or physician~~ (section 503A(b)(3)(B)(ii) of the FD&C Act).

VII. APPROVALS

APPROVED AND ACCEPTED FOR THE U.S. FOOD AND DRUG ADMINISTRATION	APPROVED AND ACCEPTED FOR THE STATE OF [insert State] <u>BOARD OF PHARMACY</u>
By (Type Name)	By (Type Name)
Title	Title
Date	Date

Appendix A. Definition of Terms Used in the MOU

- **Adverse Drug Experience:** Any adverse event associated with the use of a drug in humans, whether or not considered drug related, including the following: an adverse event occurring in the course of the use of a drug product in professional practice; an adverse event occurring from drug overdose, whether accidental or intentional; an adverse event occurring from drug abuse; an adverse event occurring from drug withdrawal; and any failure of expected pharmacological action (21 CFR 310.305(b)).
- **Interstate Distribution:** ~~*Distribution-Interstate distribution* means that a pharmacy or pharmacist has, pursuant to a patient-specific prescription order as required by section 503A(a) of the FD&C Act, compounded a human drug product and delivered it by any means to the patient, the patient's agent, or the patient's health care provider in another state. *compounder has sent a drug product out of the facility in which the drug was compounded. Such distribution may include, but is not limited to, delivery or shipment to a physician's office, hospital, or other health care setting for administration, and dispensing the drug product by sending it to a patient for the patient's own use.*~~
- ~~Note: To qualify for the exemptions under section 503A, a compounder must obtain a prescription for an individually identified patient (section 503A(a) of the FD&C Act). This MOU will not alter this condition.~~
- **Intrastate Distribution.** ~~*Intrastate distribution* means that a pharmacy or pharmacist has, pursuant to a patient-specific prescription order as required by section 503A(a) of the FD&C Act, compounded a human drug product and delivered by any means to the patient, the patient's agent, or the patient's health care provider within the state in which the pharmacist or pharmacy is located.~~
- **Product Quality Issue :** Information concerning (1) any incident that causes the drug product or its labeling to be mistaken for, or applied to, another article; or (2) any bacteriological contamination; any significant chemical, physical, or other change or deterioration in the distributed drug product; or any failure of one or more distributed batches of the drug product to meet the applicable specifications (21 CFR 314.81(b)(1)). Contamination in general, including but not limited to mold, fungal, bacterial, or particulate contamination, is a product quality issue.
- **Serious Adverse Drug Experience:** Any adverse drug experience (as defined above) occurring at any dose that results in any of the following outcomes: death, a life-threatening adverse drug experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect. Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered a serious adverse drug experience when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition. Examples of such medical events include allergic bronchospasm requiring intensive treatment in an emergency room or at home, blood dyscrasias or convulsions that do not result

in inpatient hospitalization, or the development of drug dependency or drug abuse (21 CFR 310.305(b)).

- **Serious Product Quality Issue:** Any product quality issue [\(as defined above\)](#) that may have the potential to cause a serious adverse drug experience (e.g., possible contamination, superpotent product).

15

16

17

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639 Veterinarians dispensing through consignment	09/07/17 10/19/17 12/06/17	12/12/17	R146-17	02/01/18	02/01/18	03/07/18	04/05/18	05/16/18
639.010 Definition of Designated Agent	10/19/17 12/06/17							
639.670 USP 800	10/19/17	Close – Adopting USP 800						
639.879 APRN Dispensing	10/19/17	11/02/17	R132-17	12/01/17		03/07/18	03/28/18	05/16/18
639 NEW Prescription Readers	10/19/17	11/02/17	R131-17	12/05/17	01/24/18 03/13/18 05/03/18	03/07/18 04/12/18 06/07/18	06/15/18	06/26/18
639 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18	06/15/18	06/26/18
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
639.220 Schedule of Fees								
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18 12/05/18		
639.250 – Technician Ratio	09/05/18 10/11/18 12/05/18							
453.550 – Schedule V – Adding New Substance (Cannabidiol)	12/05/18	12/26/18	R198-18					

EXECUTIVE SECRETARY REPORT – January 16th, 2019

- **FINANCIAL REPORT**

- **TEMPORARY LICENSES**

- **STAFF ACTIVITIES**
 - Meetings with other health care boards
 - Rural Hospital Association – Yen and Dave
 - Nevada Optometry Meeting – Dave
 - Pharmacist Letter CE – Paul
 - Nevada State Medical Association – Yen and Dave
 - Roseman Student Rotation -

- **REPORT TO BOARD**
 - Licensing software update

- **BOARD RELATED NEWS**

- **ACTIVITIES REPORT**
 - PMP Integration

TEMPORARY LICENSES
(Issued since last board meeting)

Pharmacist

Kristi Radosevich - Pipeline



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

DECEMBER 5-6, 2018 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the December 2018 Board meeting.

Licensing Activity:

- 26 licenses were granted for Out-of-State pharmacies.
- 5 licenses were granted for Nevada pharmacist; pending receipt of a favorable inspection for all compounding pharmacies.
- 23 licenses were granted for Out-of-State wholesalers.
- 1 license was granted for a Nevada wholesaler pending receipt of a favorable inspection.
- 14 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 2 licenses were granted for Nevada MDEG companies pending receipt of a favorable inspection.
- 2 licenses were granted for Out-of-State Outsourcing Facilities.
- 1 renewal application was approved for an Out-of-State pharmacy with allegations of past disciplinary action in another state.
- 1 license was granted for pharmacist reciprocity with allegations of past criminal activity
- 1 pharmacist license was reinstated.
- 1 renewal application for pharmacist license was denied.
- 1 renewal application was approved for pharmaceutical technician in training registration with allegations of past disciplinary action.
- 1 license was granted for pharmaceutical technician registration with allegations of past criminal activity.
- 1 license was granted for Authority to Dispense Drugs - Practitioner

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Licensing software update was provided.
- Legal staff offered updates on present litigation and audits.

Workshop:

- A. **Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings
- B. **Amendment of Nevada Administrative Code (NAC) 453.550: Schedule V.** The proposed amendment will add FDA approved cannabidiol to the controlled substances listed in Schedule V.

Public Hearing:

Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto providing for the prescribing or dispensing of controlled substances for the treatment of pain in conformance with Assembly Bill 474 from the 2017 Nevada Legislative Session. (LCB File No. R144-18) The proposed amendments relate to controlled substances. They clarify the requirements a practitioner must follow when obtaining informed written consent to prescribe a controlled substance, entering into prescription medication agreements concerning a class of certain controlled substances and establishing a manner for obtaining an assessment of a patient's risk for abuse, dependency and addiction; and providing other matters properly relating thereto.

18

18A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 17, 2019

Explanation – Language in *blue italics* is new; language in *red text* [omitted material] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule II; and providing other matters properly relating thereto.

NAC 453.520 Schedule II. ([NRS 453.146](#), [453.2182](#), [639.070](#))

1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrophan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine;
 Diprenorphine;
 Ethylmorphine;
 Etorphine hydrochloride;
 Granulated opium;
 Hydrocodone;
 Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);
 Hydromorphone;
 Metopon;
 Morphine;
 Opium extracts;
 Opium fluid;
 Powdered opium;
 Raw opium;
 Oxycodone;
 Oxymorphone;
 Thebaine; and
 Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzoylcegonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrophan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;
 Alphaprodine;
 Anileridine;
 Bezitramide;
 Bulk dextropropoxyphene (in nondosage forms);
 Carfentanil;
 Dihydrocodeine;
 Diphenoxylate;
 Fentanyl;
 Isomethadone;
 Levo-alphaacetylmethadol (some trade or other names: levo-alpha-acetylmethadol;
 levomethadyl acetate; LAAM);
 Levomethorphan;
 Levorphanol;
 Metazocine;
 Methadone;
 Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;
 Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
 Pethidine (meperidine);
 Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;
 Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;
 Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
 Phenazocine;
 Piminodine;
 Racemethorphan;
 Racemorphan;
 Ramifentanil;
 Sufentanil; or
 Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

- (a) Amphetamine, its salts, optical isomers and salts of optical isomers;
- (b) Phenmetrazine and its salts;

(c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;

- (d) Methylphenidate; or
- (e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;
Glutethimide;
Pentobarbital; or
Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

- (a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or
1-piperidinocyclohexanecarbonitrile (PCC).

- (b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

8. Dronabinol oral solution in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR,10aR)-6a,7,8,10a-Tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]-pyran-1-ol; (-)-delta-9-trans-tetrahydrocannabinol; Syndros) is hereby enumerated on schedule II.

manner detailed (see “Written/Paper Submissions” and “Instructions”).

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in “Instructions.”

Instructions: All submissions received must include the Docket No. FDA-2013-N-0013 for “Sanitary Transportation of Human and Animal Food: What You Need to Know About the FDA Regulation—Small Entity Compliance Guide.” Received comments will be placed in the docket and, except for those submitted as “Confidential Submissions,” publicly viewable at <https://www.regulations.gov> or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday.

- **Confidential Submissions—**To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states “THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.” The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on <https://www.regulations.gov>. Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as “confidential.” Any information marked as “confidential” will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA’s posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: <https://www.gpo.gov/fdsys/pkg/FR-2015-09-18/pdf/2015-23389.pdf>.

You may submit comments on any guidance at any time (see 21 CFR 10.115(g)(5)).

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to <https://www.regulations.gov> and insert the docket number, found in brackets in the heading of this document, into the “Search” box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

See the **SUPPLEMENTARY INFORMATION** section for electronic access to the SECG.

FOR FURTHER INFORMATION CONTACT:

Carrol Burgundy, Center for Food Safety and Applied Nutrition, Food and Drug Administration, 5001 Campus Dr., College Park, MD 20740, 240-402-2158.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of April 6, 2016 (81 FR 20091), we issued a final rule entitled “Sanitary Transportation of Human and Animal Food” (the final rule) that establishes requirements for shippers, loaders, carriers by motor vehicle and rail vehicle, and receivers engaged in the transportation of food, including food for animals, to use sanitary transportation practices to ensure the safety of the food they transport. The final rule, which is codified at 21 CFR part 1, subpart O, became effective June 6, 2016, and has compliance dates that started April 6, 2017.

We examined the economic implications of the final rule as required by the Regulatory Flexibility Act (5 U.S.C. 601-612) and determined that the final rule will have a significant economic impact on a substantial number of small entities. In compliance with section 212 of the Small Business Regulatory Enforcement Fairness Act (Pub. L. 104-121, as amended by Pub. L. 110-28), we are making available the SECG to reduce the burden of determining how to comply by further explaining and clarifying the actions that a small entity must take to comply with the rule.

We are issuing the SECG consistent with our good guidance practices regulation (21 CFR 10.115(c)(2)). The SECG represents the current thinking of FDA on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. This guidance is not subject to Executive Order 12866.

II. Paperwork Reduction Act of 1995

This guidance refers to previously approved collections of information found in FDA regulations. These collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The collections of information in part 1, subpart O have been approved under OMB control number 0910-0773.

III. Electronic Access

Persons with access to the internet may obtain the SECG at either <https://www.fda.gov/FoodGuidances> or <https://www.regulations.gov>. Use the FDA Web site listed in the previous sentence to find the most current version of the guidance.

Dated: November 16, 2017.

Anna K. Abram,

Deputy Commissioner for Policy, Planning, Legislation, and Analysis.

[FR Doc. 2017-25204 Filed 11-21-17; 8:45 am]

BILLING CODE 4164-01-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[Docket No. DEA-344]

Schedules of Controlled Substances: Placement of FDA-Approved Products of Oral Solutions Containing Dronabinol [(–)-delta-9-trans-tetrahydrocannabinol (delta-9-THC)] in Schedule II

AGENCY: Drug Enforcement Administration, Department of Justice.
ACTION: Final rule.

SUMMARY: This final rule adopts without changes an interim final rule with request for comments published in the **Federal Register** on March 23, 2017. On July 1, 2016, the U.S. Food and Drug Administration (FDA) approved a new drug application for Syndros, a drug product consisting of dronabinol [(–)-delta-9-trans-tetrahydrocannabinol (delta-9-THC)] oral solution. The Drug Enforcement Administration (DEA) maintains FDA-approved products of oral solutions containing dronabinol in schedule II of the Controlled Substances Act.

DATES: The effective date of this final rulemaking is November 22, 2017.

FOR FURTHER INFORMATION CONTACT: Michael J. Lewis, Diversion Control Division, Drug Enforcement Administration; Mailing Address: 8701

Morrisette Drive, Springfield, Virginia 22152; Telephone: (202) 598-8953.

SUPPLEMENTARY INFORMATION:

Background

On March 23, 2017, the DEA published an interim final rule to make FDA-approved products containing dronabinol in an oral solution a schedule II controlled substance. 82 FR 14815. The interim final rule provided an opportunity for interested persons to file written comments as well as a request for hearing or waiver of hearing, on or before April 24, 2017.

Comments Received

In response to the interim final rule, the DEA received 10 comments.

1. *Support for rulemaking:* Four commenters supported the interim final rule.

- *DEA Response:* The DEA appreciates the comments supporting the interim final rule.

2. *Opposition for rulemaking:* One commenter indicated that FDA-approved products of oral solutions containing dronabinol are in schedule II, but marijuana is in schedule I. Two commenters expressed concern that pharmaceutical companies are making a profit from approved drugs containing marijuana constituents. One commenter indicated that FDA should not approve drugs containing constituents of marijuana because, as the commenter alleged, of the lethality of those drugs.

- *DEA Response:* The DEA notes that FDA-approved products of oral solutions containing dronabinol have an approved medical use, whereas marijuana does not have an approved medical use and therefore remains in schedule I. Regarding the comments related to pharmaceutical companies and the approval of FDA drugs, these comments are outside the scope of this rulemaking because they do not relate to the factors determinative of control of a substance [21 U.S.C. 811(c)] or the criteria for placement of a substance in a particular schedule [21 U.S.C. 812(b)].

3. *Request for clarification:* One other commenter wanted clarification of the approval process, including effectiveness on a long-term basis. One commenter indicated hope that the regulation would clarify hiring practices for people testing positive for THC.

- *DEA Response:* The DEA notes that the comment regarding the approval process is written in vague terms; we interpret the comment to pertain to the FDA-approved drug product Syndros, rather than the regulatory process for the interim final rule, and respond accordingly. As such, the DEA notes that the FDA approved a New Drug

Application (NDA) for Syndros which is an oral product containing dronabinol and provided the DEA with a scheduling recommendation for Syndros. The scheduling recommendation by HHS and the FDA approval of the NDA initiated the DEA review and scheduling action. As stated in the interim final rule, after careful consideration of data from preclinical and clinical studies, the DEA concurred with the HHS recommendation that Syndros has abuse potential comparable to other schedule II substances and therefore supported—and continues to support in this final rule—placement of FDA-approved products containing dronabinol in an oral solution in Schedule II under the Controlled Substances Act (CSA). Regarding the commenter seeking clarification on hiring practices, this comment is outside the scope of this rulemaking because it does not relate to the factors determinative of control of a substance [21 U.S.C. 811(c)] or the criteria for placement of a substance in a particular schedule [21 U.S.C. 812(b)].

The DEA did not receive any requests for hearing or waiver. Based on the rationale set forth in the interim final rule, the DEA adopts the interim final rule, without change.

Requirements for Handling FDA-Approved Products Containing Dronabinol in an Oral Solution

As DEA stated in the interim final rule, it should be noted as a preliminary matter that any form of dronabinol other than in an FDA-approved drug product remains a schedule I controlled substance, and those who handle such material remain subject to the regulatory controls, and administrative, civil, and criminal sanctions, applicable to schedule I controlled substances set forth in the CSA and DEA regulations. However, for those who handle dronabinol oral solution exclusively in the form of an FDA-approved drug product, the following is a summary of the schedule II regulatory requirements that remain in effect as a result of this final rule.

FDA-approved products containing dronabinol in an oral solution have been controlled as a schedule II controlled substance since March 23, 2017. With publication of this final rule, such products remain subject to the CSA's schedule II regulatory controls and administrative, civil, and criminal sanctions applicable to the manufacture, distribution, reverse distribution, dispensing, importing, exporting, research, and conduct of instructional activities and chemical analysis with,

and possession involving schedule II substances, including the following:

1. *Registration.* Any person who handles (manufactures, distributes, reverse distributes, dispenses, imports, exports, engages in research, or conducts instructional activities or chemical analysis with, or possesses) FDA-approved products containing dronabinol in an oral solution, or who desires to handle such products, must be registered with the DEA to conduct such activities pursuant to 21 U.S.C. 822, 823, 957, and 958 and in accordance with 21 CFR parts 1301 and 1312.

2. *Quota.* Only registered manufacturers are permitted to manufacture FDA-approved products containing dronabinol in an oral solution in accordance with a quota assigned pursuant to 21 U.S.C. 826 and in accordance with 21 CFR part 1303.

3. *Disposal of stocks.* Upon obtaining a schedule II registration to handle FDA-approved products containing dronabinol in an oral solution, any person who does not desire or is not able to maintain such registration must surrender all quantities of such products, or may transfer all quantities of such products to a person registered with the DEA in accordance with 21 CFR part 1317, in addition to all other applicable federal, state, local, and tribal laws.

4. *Security.* FDA-approved products containing dronabinol in an oral solution are subject to schedule II security requirements and must be handled and stored pursuant to 21 U.S.C. 821, 823, and in accordance with 21 CFR 1301.71-1301.93.

5. *Labeling and Packaging.* All labels, labeling, and packaging for commercial containers of FDA-approved products containing dronabinol in an oral solution must comply with 21 U.S.C. 825 and 958(e), and be in accordance with 21 CFR part 1302.

6. *Inventory.* Every DEA registrant who possesses any quantity of FDA-approved products containing dronabinol in an oral solution must take an inventory of such products on hand, pursuant to 21 U.S.C. 827 and 958, and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11.

7. *Records and Reports.* Every DEA registrant must maintain records and submit reports for FDA-approved products containing dronabinol in an oral solution, pursuant to 21 U.S.C. 827 and 958(e), and in accordance with 21 CFR parts 1304, 1312, and 1317.

8. *Order Forms.* Every DEA registrant who distributes FDA-approved products containing dronabinol in an oral solution is required to comply with

order form requirements, pursuant to 21 U.S.C. 828, and in accordance with 21 CFR part 1305.

9. *Prescriptions.* All prescriptions for FDA-approved products containing dronabinol in an oral solution must comply with 21 U.S.C. 829, and be issued in accordance with 21 CFR parts 1306 and 1311, subpart C.

10. *Manufacturing and Distributing.* In addition to the general requirements of the CSA and DEA regulations that are applicable to manufacturers and distributors of schedule II controlled substances, such registrants should be advised that (consistent with the foregoing considerations) any manufacturing or distribution of FDA-approved products containing dronabinol in an oral solution may only be for the legitimate purposes authorized by the FDCA and CSA.

11. *Importation and Exportation.* All importation and exportation of FDA-approved products containing dronabinol in an oral solution must be in compliance with 21 U.S.C. 952, 953, 957, and 958, and in accordance with 21 CFR part 1312.

12. *Liability.* Any activity involving FDA-approved products containing dronabinol in an oral solution not authorized by, or in violation of, the CSA or its implementing regulations, is unlawful, and may subject the person to administrative, civil, and/or criminal sanctions.

Regulatory Analyses

Administrative Procedure Act

This final rule, without change, affirms the amendment made by the interim final rule that is already in effect. Section 553 of the Administrative Procedure Act (APA) (5 U.S.C. 553) generally requires notice and comment for rulemakings. However, Public Law 114–89 was signed into law, amending 21 U.S.C. 811. This amendment provides that in cases where a new drug is (1) approved by the Department of Health and Human Services (HHS) and (2) HHS recommends control in CSA schedule II–V, the DEA shall issue an interim final rule scheduling the drug within 90 days. This action was taken March 23, 2017. Additionally, the law specifies that the rulemaking shall become immediately effective as an interim final rule without requiring the DEA to demonstrate good cause.

Executive Orders 12866, Regulatory Planning and Review, and 13563, Improving Regulation and Regulatory Review

In accordance with 21 U.S.C. 811(j), this scheduling action is subject to

formal rulemaking procedures performed “on the record after opportunity for a hearing,” which are conducted pursuant to the provisions of 5 U.S.C. 556 and 557. The CSA sets forth the procedures and criteria for scheduling a drug or other substance. Such actions are exempt from review by the Office of Management and Budget (OMB) pursuant to section 3(d)(1) of Executive Order 12866 and the principles reaffirmed in Executive Order 13563.

Executive Order 12988, Civil Justice Reform

This regulation meets the applicable standards set forth in sections 3(a) and 3(b)(2) of Executive Order 12988 to eliminate drafting errors and ambiguity, minimize litigation, provide a clear legal standard for affected conduct, and promote simplification and burden reduction.

Executive Order 13132, Federalism

This rulemaking does not have federalism implications warranting the application of Executive Order 13132. The rule does not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

Executive Order 13175, Consultation and Coordination With Indian Tribal Governments

This rule does not have tribal implications warranting the application of Executive Order 13175. It does not have substantial direct effects on one or more Indian tribes, on the relationship between the Federal government and Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes.

Regulatory Flexibility Act

The Regulatory Flexibility Act (RFA) (5 U.S.C. 601–612) applies to rules that are subject to notice and comment under section 553(b) of the APA. As noted in the above discussion regarding applicability of the Administrative Procedure Act, the DEA was not required to publish a general notice of proposed rulemaking prior to this final rule. Consequently, the RFA does not apply.

Unfunded Mandates Reform Act of 1995

In accordance with the Unfunded Mandates Reform Act (UMRA) of 1995, 2 U.S.C. 1501 *et seq.*, the DEA has determined that this action would not result in any Federal mandate that may

result “in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of \$100,000,000 or more (adjusted for inflation) in any one year.” Therefore, neither a Small Government Agency Plan nor any other action is required under UMRA of 1995.

Paperwork Reduction Act of 1995

This action does not impose a new collection of information requirement under the Paperwork Reduction Act of 1995, 44 U.S.C. 3501–3521. This action would not impose recordkeeping or reporting requirements on State or local governments, individuals, businesses, or organizations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Congressional Review Act

This rule is not a major rule as defined by section 804 of the Small Business Regulatory Enforcement Fairness Act of 1996 (Congressional Review Act (CRA)). This rule will not result in: An annual effect on the economy of \$100,000,000 or more; a major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of U.S.-based companies to compete with foreign based companies in domestic and export markets. However, pursuant to the CRA, the DEA has submitted a copy of this final rule to both Houses of Congress and to the Comptroller General.

List of Subjects in 21 CFR Part 1308

Administrative practice and procedure, Drug traffic control, Reporting and recordkeeping requirements.

PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

■ Accordingly, the interim final rule amending 21 CFR part 1308, published on March 23, 2017 (82 FR 14815), is adopted as a final rule without change.

Dated: November 6, 2017.

Robert W. Patterson,
Acting Administrator.

[FR Doc. 2017–25275 Filed 11–21–17; 8:45 am]

BILLING CODE 4410–09–P

18B

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

Workshop January 17, 2019

LCB File No. R0XX-19

EXPLANATION – Material in *italics* is new; material in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: NRS 639.070 and 639.170.

A REGULATION relating to pharmacy; establishing the requirements for a licensed dispensing practitioner who is employed by a Federally Qualified Health Center (FQHC), as defined by Federal law, to obtain approval from the State Board of Pharmacy to dispense dangerous drugs from a FQHC-owned vehicle to patients who qualify for assistance from the FQHC; and providing other matters properly relating thereto.

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

1. *A dispensing practitioner who is employed by a Federally Qualified Health Center may apply to the Board to transport and dispense dangerous drugs to patients of the Federally Qualified Health Center from a Federally Qualified Health Center vehicle if:

 - a. *The dispensing practitioner holds a dispensing practitioner registration issued by the Board pursuant to NAC 639.742 that is active and in good standing.*
 - b. *The dispensing practitioner applies, and the Board approves the application in writing.**
2. *Approval from the Board pursuant to this section:*
 - a. *Entitles the dispensing practitioner to dispense dangerous drugs from a Federally Qualified Health Center vehicle.*
 - b. *Must be renewed at the same time and in the same manner as the dispensing practitioner registration of the practitioner.*
 - c. *Is a revocable privilege, and no holder of such an approval acquires any vested right therein or thereunder.*

3. *A dispensing practitioner who the Board has approved to dispense dangerous drugs from a Federally Qualified Health Center vehicle may dispense dangerous drugs to patients of the Federally Qualified Health Center only.*

4. *A dispensing practitioner who the Board has approved to dispense dangerous drugs from a Federally Qualified Health Center vehicle pursuant to this section must:*

a. *Comply with all of the requirements of NAC 639.742 through NAC 639.745, unless otherwise specifically excepted herein.*

b. *Not dispense any controlled substance.*

c. *Not charge for any dangerous drug he or she dispenses.*

d. *Not leave any prescription medication in the Federally Qualified Health Center vehicle from which he or she dispenses when the dispensing practitioner is not present.*

Section. 2. NAC 639.010 is hereby amended to read as follows:

NAC 639.010 Definitions. (NRS 639.070) As used in this chapter, unless the context otherwise requires:

1. “Board” means the State Board of Pharmacy.

2. “Controlled substances” has the meaning ascribed to it in NRS 0.031.

3. “Dangerous drug” has the meaning ascribed to it in NRS 454.201.

4. “Direct supervision” means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. *“Dispensing Practitioner” means a practitioner, as defined in NRS 639.0125, who is also registered by the Board pursuant to NAC 639.742 to dispense dangerous drugs and/or controlled substances for human consumption.*

6. *“Dispensing Veterinary Practitioner” means a practitioner, as defined in NRS 639.0125, who is also registered by the Board pursuant to NAC 639.7423 to dispense dangerous drugs and/or controlled substances not for human consumption.*

7.5 “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.

8. *“Federally Qualified Health Center” means a federally-qualified health center as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community.*

9.6. *“Federally Qualified Health Center vehicle” means a vehicle that is owned by a Federally Qualified Health Center that is configured for the purpose of dispensing dangerous drugs to the Federally Qualified Health Center’s patients and which has been inspected and approved by the Board for the purpose.*

10. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

11.7. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

12.8. “Practitioner” has the meaning ascribed to it in NRS 639.0125.

13.9. “Prescription drug” means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner;

and

(b) Is labeled with the symbol “Rx only” pursuant to federal law or regulation.

14.10. “Public or nonprofit agency” means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

~~15.11.~~ “Surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.

Section. 3. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist	\$180
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity	180
For the investigation or issuance of an original license to conduct a retail pharmacy	500
For the biennial renewal of a license to conduct a retail pharmacy	500
For the investigation or issuance of an original license to conduct an institutional pharmacy	500
For the biennial renewal of a license to conduct an institutional pharmacy	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution	500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist	50
For the biennial renewal of registration as a registered pharmacist	180
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse)	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training	40
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training	40
For the investigation or registration of an intern pharmacist	40
For the biennial renewal of registration as an intern pharmacist	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances	80
For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances	80
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances	80

For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler	500
For the investigation or issuance of an original license to a manufacturer or wholesaler	500
For the biennial renewal of a license for a manufacturer or wholesaler	500
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon	50
For authorization of a <i>dispensing</i> practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both	300
For the biennial renewal of authorization of a <i>dispensing</i> practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both	300
For authorization of a [licensed veterinarian] <i>dispensing veterinary practitioner</i> to dispense controlled substances or dangerous drugs, or both	150
For the biennial renewal of authorization of a [licensed veterinarian] <i>dispensing veterinary practitioner</i> to dispense controlled substances or dangerous drugs, or both	150
2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection [4] 6 of NRS 639.170, is 50 percent of the	

renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as

that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151, is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151, is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

19

20