

NEVADA STATE  
BOARD OF PHARMACY

BOARD MEETING

October 9 & 10, 2019

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



# Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521  
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
 E-mail: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

Date Posted: October 3, 2019

## 2<sup>nd</sup> AMENDED AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, October 9, 2019 at 9:00 am. The meeting will continue, if necessary, on Thursday, October 10, 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 September 4-5, 2019, Minutes **(FOR POSSIBLE ACTION)**
3. Applications for Out-of-State Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- A. 866 East Tremont Pharmacy LLC/Boca Pharmacy – Bronx, NY
- B. AHF Pharmacy – Fort Lauderdale, FL
- C. Berkley Pharmacy LLC – Warren, MI
- D. CVS/pharmacy #11340 – Plantation, FL
- E. CVS/specialty #48640 – Boise, ID
- F. KnippeRx Inc. – Charlestown, IN
- G. Millennium Pharmacy – Mt. Juliet, TN
- H. OptumRx – Oklahoma City, OK
- I. Rochester Health Mart Pharmacy – Rochester, PA
- J. Xpresso Pharmacy Inc. – Miramar, FL

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

- K. Community, A Walgreens Pharmacy #21213 – Glendale, AZ
- L. Crestview Pharmacy – Crestview, FL
- M. Family Pharmacy – Sarasota, FL
- N. Gem Drugs – Reserve, LA

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

- O. APM Medical Supplies – Rockwall, TX
- P. Bridgewater Health Supplies LLC – Oyster Bay, NY
- Q. Cala Health, Inc. – Burlingame, CA
- R. Care Concepts, Inc. – Van Nuys, CA
- S. Energy Workers Medical Services, LLC – Fork, UT
- T. Good Night Medical – Columbus, OH
- U. Prollenium US Inc. – Raleigh, NC
- V. Sawtooth Orthotics & Prosthetics, Inc. – Boise, ID
- W. TLC Medical Supplies – Los Angeles, CA

Application for Nevada Ambulatory Surgery Center – Non Appearance  
(**FOR POSSIBLE ACTION**)

X. Visionary Surgery Center of Nevada – Reno, NV

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

Y. CVS Specialty – 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.	Ravi Ramanathan, MD	15-047-CS-A-S
B.	Beraldo Vazquez-Correa, MD	15-047-CS-B-S
C.	Joshua Smith, PA	15-047-CS-C-S
D.	Yaakov Dovid Kotlarsky, PA	15-047-CS-D-S
E.	Jennifer Lauren Relph, PA	15-047-CS-E-S
F.	Orlandis L. Wells, MD	19-211-CS-S
G.	Allied 100, LLC	19-150-WH
H.	Americares Foundation, Inc.	19-151-WH
I.	Bio Comp Pharma, Inc.	19-154-WH
J.	Breg, Inc.	19-155-WH
K.	Clinician's Choice Dental Products Inc.	19-158-WH
L.	Dental City	19-162-WH
M.	GC Mogam, Inc.	19-166-WH
N.	Halyard Sales, LLC	19-170-WH
O.	Integrated Medical Systems, Inc.	19-175-WH
P.	National Cornerstone Healthcare Services Inc. (NCHS)	19-146-WH
Q.	Pharmaco Technology LLC	19-188-WH
R.	RLC Labs, Inc.	19-194-WH
S.	Virbac AH Inc.	19-202-WH
T.	WBC Group., LLC	19-204-WH
U.	Westminster Pharmaceuticals, LLC	19-206-WH
V.	X-GEN Pharmaceuticals, Inc.	19-209-WH

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

- A. Aaron Pharmacy Inc. – North Las Vegas, NV
- B. Evergreen Pharmacy – Las Vegas, NV
- C. Pahrump Wellness Pharmacy and Nutrition Center – Pahrump, NV

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



- A. Althea Pharmacy – Fort Mohave, AZ
- B. Edgepark Medical Supplies – Twinsburg, OH
- C. Premier Specialty Infusion, LLC – Hoffman Estates, IL

7. Application for Out-of-State Compounding Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Custom Compounding Pharmacy (DBA) – Weatherford, TX

8. Request for Reinstatement of Pharmaceutical Technician 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)**

Ian Knickerbocker

9. Applications for Controlled Substance Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

- A. Alex K. Curtis, MD
- B. Rafael Mirchou, MD
- C. Robert Toledo, DO (16-013-PD-S)
- D. Michael Wassef, DDS

10. Applications for Out-of-State Outsourcing Facility – Appearance **(FOR POSSIBLE ACTION)**

- A. Complete Pharmacy and Medical Solutions, LLC – Miami Lake, FL
- B. SterRx, LLC – Plattsburg, NY

11. Application for Pharmacist Renewal - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**

Gregory G. Gaiser

12. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance **(FOR POSSIBLE ACTION)**

- A. All Time Health Care – Las Vegas, NV
- B. MDRX, LLC – Henderson, NV

13. Applications for Intern Registration - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- A. David A. Bacani
  - B. Austin R. Bladen
  - C. Madison J. Phuong
  - D. Analeah A. Presbitero
  - E. Jaimie L. Tran
14. Applications for Pharmaceutical Technician in Training - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- A. Miss K. Dailey
  - B. Joseph D. Repetti
  - C. Michelle M. Shadley
15. Applications for Pharmaceutical Technician - Appearance: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(FOR POSSIBLE ACTION)**
- A. Deborah A. Furlong
  - B. Danny H. Ramos
16. Application for Dispensing Technician in Training - 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)**
- Cassandra Sheffey
17. Application for Pharmacist Registration by Reciprocity - 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)**
- Sheila D. Colon
18. Appearance Request: Rob Geddes, Albertsons-Safeway  
Discussion of whether, under existing law, a pharmacist may administer medications, including injectables, in a pharmacy pursuant to a valid prescription under NRS 639.0124, NRS 639.0065 or other provision(s) of Nevada law. **(FOR POSSIBLE ACTION)**

19. Discussion and Determination Presentation: Joint Petition for Rulemaking pursuant to NAC 639.140 from MedAvail Technologies, Inc. and CareMore Health, requesting the Board to initiate the rulemaking process to amend its regulations, including NAC 639.715 *et al.*, to allow for dispensing from automated dispensing systems at the point of care, including in clinics and other places where healthcare services are provided.  
**(FOR POSSIBLE ACTION)**
20. General Counsel Report
21. Executive Secretary Report:
  - A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities:
    1. Meetings with Other Health Care Boards
    2. Nevada Physician Society - Dave
    3. Nevada Physician Society - Darla
    4. FDA Compounding Meeting
    5. Open Beds Meeting
  - D. Report to Board:
    1. Licensing software update
  - E. Board Related News:
    1. NABP District Meeting – Boise
    2. Student Megan Flandro
  - F. Licensing Activities Report:
    1. PMP Integration
    2. Renewals

◆ WORKSHOP ◆

Thursday, October 10, 2019 – 9:00 am

22. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)  
**(FOR POSSIBLE ACTION):**

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

[Authority – NRS 639.070]

1. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule 1.** The proposed amendment to NAC 453.510 will add Etizolam, which is a thienodiazepine and is chemically related to benzodiazepines, to the controlled substances listed in Schedule 1.

2. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation authorizing the State Board of Pharmacy to require the holder of any certificate, license or permit issued by the Board to report a conviction of any crime, and to report any administrative action, whether completed or pending, against the holder by any professional licensing board or agency of this state or another state, to the Executive Secretary of the Board within 30 days. The proposed amendment will also authorize the Executive Secretary of the Board on behalf of the Board to require the holder of any certificate, license or permit issued by the Board who reports a conviction or an administrative action to appear personally before the Board prior to the renewal of the certificate, license or permit.

23. Date and Location of Next Scheduled Board Meeting:

December 4-5, 2019 – Reno, Nevada

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

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

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

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

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

Elko County Courthouse – Elko  
Washoe County Courthouse – Reno

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

**1**

**2**



# NEVADA STATE BOARD OF PHARMACY

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

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

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

## MINUTES

September 4 & 5, 2019

### BOARD MEETING

Hyatt Place  
1790 E Plumb Lane

Reno, Nevada

#### Board Members Present:

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

#### Board Staff Present:

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

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

1. Public Comment September 4, 2019 9:00 AM

There was no public comment.

2. Approval of July 17-18, 2019, Minutes

Ms. Shake requested a correction to Mark Johnston's name on pg. 14.

#### Board Action:

Motion: Kevin Desmond moved to approve the July 17-18, 2019 Meeting Minutes with the corrections discussed.

Second: Melissa Shake

Action: Passed unanimously

3. Approval of July 30, 2019 Minutes

Kevin Desmond recused from participation in this matter due to his absence at the July 30, 2019 Meeting.

Board Action:

Motion: Jade Jacobo moved to approve the July 30, 2019 Meeting Minutes as presented.

Second: Robert Sullivan

Action: Passed unanimously

4. Applications for Out-of-State Pharmacy – Non Appearance

- A. Broadway Family Pharmacy – New York, NY
- B. CarePartners Pharmacy LLC – Libertyville, IL
- C. Corner Pharmacy, Inc. – Phoenix, AZ
- D. Cornerstone Health Solutions – Randolph, MA
- E. Grand Rx – Richmond, TX
- F. InnovaScript – Indiana, PA
- G. Kaiser Permanente Pharmacy #985 – Downey, CA
- H. Kaiser Permanente Sterling Automated Refill Center – Sterling, VA
- I. LifeScript Pharmacy, PLLC – Fargo, ND
- J. Mathew Management IV, Inc. – Delray Beach, FL
- K. Patient Choice Pharmacy – Sugar Land, TX
- L. RareMed Solution – Pittsburgh, PA
- M. Relief Med Pharmacy – Conroe, TX
- N. Roman Health Pharmacy, LLC – Phoenix, AZ
- O. UrgentMedRx, LLC – Boca Raton, FL
- P. VectraRx Mail Pharmacy Services, LLC – Oro Valley, AZ

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

- Q. Carefirst Specialty Pharmacy – Cinnaminson, NJ
- R. Millennium Specialty Pharmacy – Winter Park, FL
- S. ProLab Pharmacy – Paris, TX

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

- T. Ashli Healthcare Inc. – Bakersfield, CA
- U. Cardinal Health 200, LLC – Olive Branch, MS
- V. Coosa Valley Respiratory & Home Medical, Inc. – Sylacauga, AL



- W. Handpiece Headquarters – Placentia, CA
- X. Heart Sail Medical – Decatur, AL
- Y. Lincare Inc. – Middletown, OH
- Z. London Medical Supply LLC – Wake Forest, NC
- AA. Teleflex LLC – Olive Branch, MS
- BB. Wound Care Resources, Inc. – Yorkville, TN

Applications for Nevada Ambulatory Surgery Center – Non Appearance

- CC. Cimarron Surgery Center – Las Vegas, NV
- DD. Surgeon’s Surgery Center – Las Vegas, NV

Application for Nevada Pharmacy – Non Appearance

- EE. Partell Specialty Pharmacy – Las Vegas, NV

Board Action:

Motion: Kevin Desmond moved to approve the Consent Agenda as presented.

Second: Melissa Shake

Action: Passed unanimously

5. Discipline

- A. Christopher Nevarez, MD (19-090-CS-S)

Dr. Nevarez was not present.

Bridgette Kelly was present as counsel representing Dr. Nevarez.

Mr. Edwards summarized the facts of the case where Dr. Nevarez was the medical director of Push IV, LLC in February 2018. At that time, Push IV provided on-site and off-site medical treatment to patients, including the administration of dangerous drugs through intravenous therapy and/or injections using registered nurses and licensed paramedics. Dr. Nevarez allowed non-practitioner staff members to possess the information and keys necessary to access and possess drugs from Push IV’s inventory of dangerous drugs without a licensed practitioner present. Dr. Nevarez directed and allowed non-practitioner staff to possess and control dangerous drugs from Push IV’s inventory, including storing dangerous drugs in their cars or at their homes. Dr. Nevarez frequently did not examine and did not establish a bona fide therapeutic relationship with the patient.

Mr. Edwards presented a Stipulation and Order for the Board’s consideration. He explained that there are four Causes of Action listed in the Stipulation and Order and explained that after further investigation, Board Staff is withdrawing the Fourth Cause of Action.

Dr. Nevarez shall receive a Letter of Reprimand, shall pay a total fine of \$1,500.00 and an administrative fee of \$1,500.00. Dr. Nevarez shall notify and seek approval from the Board before becoming the medical director or practicing in any practice in which a substantial portion of the practice is providing injections or intravenous infusions of vitamins or fluids for rehydration.

Ms. Kelly explained that Dr. Nevarez no longer works at Push IV and is in agreement with the Stipulation and Order as presented.

Board Action:

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

Second: Wayne Mitchell

Action: Passed unanimously

B. Douglas Ross, MD (17-100-CS-S)

Douglas Ross appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Bridgette Kelly was present as counsel representing Dr. Ross.

Mr. Edwards summarized the facts of the case where Dr. Ross was the medical director of Infuze LV, LLC in October 2017. Dr. Ross allowed and directed non-practitioner staff members to access, possess and administer dangerous drugs to patients by intravenous and intramuscular injections. Dr. Ross frequently had no contact and did not examine the patient to establish a bona fide therapeutic relationship with the patient.

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

Dr. Ross shall receive a Letter of Reprimand, shall pay a \$1,500.00 fine and a \$1,500.00 administrative fee. Dr. Ross shall establish and put into practice policies and procedures within his offices/clinics to ensure that a bona fide relationship between the patient and practitioner ordering a controlled substance or dangerous drug exists before any drug is ordered or administered, the practitioner who examines the patient and orders the drug maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication and the ensure proper possession and control of the medications.

Dr. Ross had no objections to the Stipulation and Order presented.

Board Action:

Motion: Kevin Desmond moved to accept the Stipulation and Order as presented.

Second: Melissa Shake

Action: Passed unanimously

C. Eric Math, MD (19-083-CS-N)

Dr. Math was not present.

Mr. Kandt summarized the facts of the case where on June 3, 2019, Dr. Math completed a DEA 104 Surrender for Cause. On or about June 4, 2019, Board Staff notified Dr. Math that his surrender of DEA Certificate of Registration No. BM4705616 for cause operated as an immediate suspension of his Controlled Substance Registration No. CS04598.

Mr. Kandt explained that Dr. Math was notified of the suspension of his license and was also served a Notice of Intended Action and Accusation.

Mr. Kandt stated that he contacted Dr. Math's attorney who requested that this matter be continued to a future meeting due to a pending criminal case.

Mr. Kandt stated that Dr. Math's suspension would remain in effect until the hearing.

D. Eghomware Igbinovia, R.Ph (18-082-RPH-S and 18-131-RPH-S Consolidated)  
E. ACRX Specialty Pharmacy (18-082-PH-S and 18-131-PH-S Consolidated)

Eghomware Igbinovia was not present.

Jay Devoy was present as counsel representing Mr. Igbinovia.

Mr. Kandt summarized the facts of the case where Mr. Igbinovia was the owner and managing pharmacist at ACRX Specialty Pharmacy where multiple compounding issues and record keeping issues were discovered by Board Inspectors during inspections of ACRX Specialty Pharmacy.

Mr. Kandt presented a Stipulation and Order regarding Mr. Igbinovia and ACRX Specialty Pharmacy.

The Respondents shall drop all pending litigation against the Board of Pharmacy. ACRX Specialty Pharmacy shall have up to quarterly inspections at the company's expense until either the FDA issues a close-out letter or for one year. Mr. Igbinovia shall complete a course on sterile compounding.

Board Action:

Motion: Melissa Shake moved to approve the Stipulation and Order as presented.

Second: Jade Jacobo

Action: Passed unanimously

6. Hearing pursuant to NRS 233B.121 to contest ACRX Specialty Pharmacy's involuntary closure pursuant to NAC 639.570 – 19-044-PH-S 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.

No further action was taken due to the Stipulation and Order approved under Item 5 D & E.

7. Applications for Nevada Pharmacy – Appearance

A. Alto Pharmacy – Las Vegas, NV

Emil Patel, Vice President and pharmacist, and Rory Wright, managing pharmacist, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Patel stated that Alto Pharmacy is a retail pharmacy that would primarily serve as the preferred dispensing pharmacy for Teachers Health Plan.

Mr. Patel and Mr. Wright answered questions to the Board's satisfaction regarding Alto Pharmacy's products and services provided, policies and procedures, advertising, ownership and Mr. Patel's and Mr. Wright's pharmacy experience.

After discussion, the Board encouraged Mr. Patel and Mr. Wright to contact Board Staff to approve their building plans prior to building.

Board Action:

Motion: Melissa Shake moved to approve Alto Pharmacy's Application for Nevada Pharmacy pending a positive inspection. Alto Pharmacy shall have up to quarterly inspections at the company's expense (\$500 maximum per inspection). Board Staff is authorized to evaluate and cancel additional inspections.

Second: Jade Jacobo

Action: Passed unanimously

B. Pahrump Wellness Pharmacy and Nutrition Center – Pahrump, NV

Jade Jacobo disclosed that she knows Mr. Rogaski and stated that she can participate in this matter fairly and without bias.

President Penrod disclosed that he has worked with Mr. Rogaski and stated that he can participate in this matter fairly and without bias.

Thomas Rogaski, managing pharmacist, and Justin Curnutt, owner, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Curnutt stated that Pahrump Wellness Pharmacy is a retail pharmacy that provides non-sterile compounding services.

Mr. Curnutt answered questions regarding his past discipline, employment, and how he has kept up his pharmacy knowledge since he last practiced.

Mr. Rogaski answered questions to the Board's satisfaction regarding his work history, pharmacy experience and past discipline.

The Board questioned Mr. Rogaski and Mr. Curnutt regarding Pahrump Wellness Pharmacy's products and services provided and compounding procedures.

After discussion, the Board expressed concern regarding Mr. Curnutt's and Mr. Rogaski's lack of experience with non-sterile compounding.

President Penrod offered Mr. Curnutt the option to table Pahrump Wellness Pharmacy's application to allow Mr. Curnutt and Mr. Rogaski time to become familiar with non-sterile compounding laws and practices.

The Board tabled Pahrump Wellness Pharmacy's application at Mr. Curnutt's request.

#### 8. Applications for Out-of-State Pharmacy – Appearance

##### A. A & W Pharmacy – Duchesne, UT

Wade Poulson, managing pharmacist and owner, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Poulson explained that A & W Pharmacy provides non-sterile compounding and mail services to patients.

Mr. Wuest stated that Mr. Poulson contacted Board Staff to self-report that A & W Pharmacy had shipped prescriptions into Nevada without a valid license. He stated that Mr. Poulson was forthright with Board Staff and is applying to correct their error.

Mr. Poulson answered questions to the Board's satisfaction regarding the company's policies and procedures, product testing, clean room specifications and current disciplinary status in Utah.

#### Board Action:

Motion: Melissa Shake moved to approve A & W Pharmacy's Application for Out-of-State Pharmacy License with conditions. A & W Pharmacy shall provide a copy of their recent inspection and documentation of the company's pending discipline in Utah. Board Staff is authorized to review and evaluate A & W

Pharmacy's inspection and discipline documentation. Board Staff may decide to inspect A & W Pharmacy at the company's expense.

Second: Jade Jacobo

Action: Passed unanimously

B. Edgepark Medical Supplies – Twinsburg, OH

This matter was continued to a future Board Meeting.

C. Westmoreland Pharmacy, Inc. – New Albany, IN

Anthony Westmoreland, owner, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ms. Long questioned Mr. Westmoreland regarding Westmoreland Pharmacy's policies and procedure, products provided, product testing, pharmacy layout, compounding training and past discipline.

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

Board Action:

Motion: Gener Tejero moved to approve Westmoreland Pharmacy, Inc.'s Application for Out-of-State Pharmacy for non-sterile compounding services pending Board Staff review and approval of the company's PCAB inspection and Indiana Board of Pharmacy inspection.

Second: Melissa Shake

Action: Passed unanimously

9. Application for Out-of-State Compounding Pharmacy – Appearance

PharmaCorr, LLC – Oklahoma City, OK

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

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

Ms. Mustain stated that PharmaCorr, LLC is an Out-of-State Compounding pharmacy that provides parenteral and mail services to patients.

Ms. Mustain answered questions to the Board's satisfaction regarding PharmaCorr, LLC's policies and procedures, products and services provided and her work history.

Board Action:

Motion: Kevin Desmond moved to approve PharmaCorr, LLC's Application for Out-of-State Compounding Pharmacy pending receipt of a Letter of Authorization allowing Ms. Mustain to speak on behalf of the company.

Second: Jade Jacobo

Action: Passed unanimously

10. Application for Out-of-State Outsourcing Facility – Appearance  
SterRx, LLC – Plattsburg, NY

This matter was continued to a future Board meeting.

11. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance
- A. AA Medical (Rancho Drive) – Las Vegas, NV
  - B. AA Medical (Eastern Avenue) – Las Vegas, NV

Shantea Dixon, Regional Compliance Manager, and Billy Smith, Regional Director, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Ms. Dixon and Mr. Smith explained that AA Medical is applying for ownership change approval.

Ms. Dixon and Mr. Smith answered questions to the Board's satisfaction regarding the new ownership, staff and products and services provided.

Board Action:

Motion: Kevin Desmond moved to approve AA Medical's (Rancho Drive) and (Eastern Avenue) Ownership Change Application's for Nevada MDEG License.

Second: Jade Jacobo

Action: Passed unanimously

- C. All Time Health Care – Las Vegas, NV

This matter was continued to a future Board Meeting.

- D. Foothill Medical Supply, LLC – Las Vegas, NV

Wayne Reaves, owner and manager, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Reaves stated that Foothill Medical Supply, LLC will deliver medical supplies and oxygen to home-bound patients.

The Board questioned Mr. Reaves regarding the products and services provided by Foothill Medical Supply, LLC.

After discussion, the Board expressed concern that Mr. Reaves was unable to answer their questions.

President Penrod offered Mr. Reaves the option to table Foothill Medical Supply, LLC's application to allow the MDEG Administrator to appear and answer the Board's questions.

The Board tabled Foothill Medical Supply, LLC's application at Mr. Reaves request.

E. Optima Prosthetics & Orthotics, LLC – Reno, NV

Susan Norell, administrator, and Cynthia Wilson, owner, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Ms. Norell answered questions to the Board's satisfaction regarding Optima Prosthetics & Orthotics products and services provided, her work history and experience with prosthetic and orthotic products.

Ms. Wilson answered questions to the Board's satisfaction regarding her past discipline.

Board Action:

Motion: Melissa Shake moved to approve Optima Prosthetics & Orthotics, LLC's Application for Nevada MDEG License pending a positive inspection

Second: Kevin Desmond

Action: Passed unanimously

Jade Jacobo was not present for this matter.

12. Request for Nevada Medical, Devices, Equipment and Gases Renewal – Appearance  
Field Ocular Prosthetics LLC

This matter was continued to a future meeting.

13. Applications for Controlled Substance Registration - Appearance:

A. Kristin Hestdalen, MD

This matter was continued to a future meeting.



B. David J. Smith, MD

David Smith appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt stated that Dr. Smith disclosed pending discipline in California on his application for controlled substance registration.

Mr. Kandt summarized the facts of the pending case in California.

Robert Odell, physician, and Barbara Rosigno, RN, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Dr. Odell and Ms. Rosigno expressed support of Dr. Smith obtaining his Nevada Controlled Substance Registration and answered questions regarding the prescribing procedures and workflow in their clinic.

After discussion, President Penrod offered Dr. Smith the option to table his application until the matter with California is resolved.

The Board tabled Dr. Smith's application at his request.

14. Application for Practitioner Dispensing Registration - Appearance:

Bruce K. Fong, DO

Gener Tejero disclosed that his pharmacy fills prescriptions written by Dr. Fong, but stated that he can participate in this matter fairly and without bias.

Bruce Fong appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt stated that Dr. Fong disclosed prior discipline on his application for practitioner dispensing registration.

Mr. Kandt summarized the facts of the case where Dr. Fong was dispensing medications out of his office without proper licensure.

Dr. Fong stated that Board Staff notified him of his violation and explained that his office immediately ceased dispensing until he was issued his practitioner dispensing registration.

Dr. Fong answered questions to the Board's satisfaction regarding his past discipline.

Board Action:

Motion: Melissa Shake moved to approve Bruce Fong's Application for Practitioner Dispensing Registration pending a positive inspection.

Second: Jade Jacobo

Action: Passed unanimously

15. Application for Pharmacist Renewal - Appearance:

Gurpartap Basrai

Gurpartap Basrai appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Edwards stated that Mr. Basrai had appeared before the Board in January 2018. At that time, the Board tabled Mr. Basrai's request for renewal of his pharmacist registration until his pending case in California was resolved.

Mr. Basrai explained that he was the owner of a pharmacy that was being investigated by the California Board of Pharmacy for substantial losses of hydrocodone and alprazolam.

Mr. Basrai explained that due to his involvement in that case his California Pharmacist License was revoked, the revocation was stayed and his license was placed on probation for five years with conditions. He testified that he no longer owns any pharmacies in California and is in compliance with his California Order.

Board Action:

Motion: Gener Tejero moved to approve Gurpartap Basrai's request for renewal with conditions. Mr. Basrai's Nevada Pharmacist Registration shall be placed on probation to match his probation in California. Mr. Basrai shall notify Board Staff of any changes with his status in California. Mr. Basrai must comply with all terms and conditions of his California Order and he shall appear before the Board for approval if he wishes to work as a pharmacist in Nevada.

Second: Kevin Desmond

Action: Passed unanimously

Public Comment September 5, 2019 9:00 AM

There was no public comment.

16. Discussion: Nevada's Opioid Response Summit was held August 14<sup>th</sup> and 15<sup>th</sup>. During this summit, licensees and stakeholder questioned if there was an activity that the Board of Pharmacy could undertake to increase communication between licensees related to the prescribing and dispensing of opioid prescription.

Elyse Monroy, Division of Public and Behavioral Health OPHI, appeared and provided a brief summary of the topics discussed during Nevada's Opioid Response Summit. Ms. Monroy

stated that the Summit included speakers and panels on a variety of topics including, overdose education and Naloxone training, Open Beds, sessions on prescribing for pain and addiction treatment.

Beth Slemitz, Medicaid, appeared and explained that the Summit focused on better communication between pharmacists and practitioners in order to improve patient care. Ms. Slemitz encouraged the Board to seek out more opportunities to educate pharmacists and encouraged pharmacists to participate in groups and events that combat the Opiate Crisis.

President Penrod opened the Public Comment.

Cat O'Mara, NSMA, appeared and discussed increasing communication between pharmacists and physicians and the changing roles and responsibilities of pharmacists and physicians. Ms. O'Mara expressed support of increasing education to all parties.

Tida Watkins, pharmacist, appeared and expressed support for providing more education to pharmacists.

President Penrod closed the Public Comment.

Ms. Long presented information regarding the results of AB 474.

Board discussion ensued regarding forming a workgroup including pharmacists and practitioners to discuss how to increase communication between all parties and provide more education.

#### Board Action:

Motion: Jade Jacobo moved to create a Workgroup at the Executive Secretary's discretion.

Second: Kevin Desmond

Action: Passed unanimously

17. Nevada Ethics Law Training Provide by Yvonne M. Nevarez-Goodson, Esq.  
Executive Director of the Nevada Commission on Ethics

Ms. Nevarez-Goodson, appeared and presented information regarding Nevada Law pertaining to ethics and the role of the Ethics Committee.

18. General Counsel Report

General Counsel had nothing further to report.

19. Executive Secretary Report:

A. Financial Report

Mr. Wuest explained that Board Staff is currently going through a financial audit and that the report would be available at the next meeting.

B. Temporary Licenses

Three temporary licenses have been issued since the last Board Meeting.

C. Staff Activities:

1. Meetings with Other Health Care Boards
2. Presentation to UNLV School of Medicine
3. Nevada Opioid Response Summit
4. Open Beds Meeting
5. Controlled Substance Task Force Meeting
6. Three Stick Production

D. Report to Board:

1. Licensing software update

E. Board Related News:

1. NABP District Meeting - Boise

F. Licensing Activities Report:

1. PMP Integration
2. Online CE activity
3. Renewals

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

1. **Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.** The proposed amendment will authorize a pharmacist to supervise not more than a total of eight pharmaceutical technicians or six pharmaceutical technicians in training at one time in any non-dispensing pharmacy. (LCB File No. R002-19)

Ms. Long provided background information and read Sections 2, 4 and 6 into the record.

Mr. Wuest presented a packet of written public comment.

President Penrod opened the Public Comment.

Liz MacMenamin, RAN, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ms. MacMenamin expressed support of the proposed language.

Mary Staples, National Association of Chain Drug Stores, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ms. Staples expressed support of the proposed language.

Board Action:

Motion: Melissa Shake moved to adopt R002-19.

Second: Jade Jacobo

Action: Passed unanimously

- 2. Amendment of Nevada Administrative Code (NAC) 453.520: Schedule II.** The proposed amendment will add FDA approved dronabinol oral solutions to the controlled substances listed in Schedule II. (LCB File No. R001-19)

Ms. Long provided background information.

President Penrod opened the Public Comment.

There was no public comment.

Board Action:

Motion: Kevin Desmond moved to adopt R001-19 as presented.

Second: Melissa Shake

Action: Passed unanimously

- 3. Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation authorizing the State Board of Pharmacy to require an applicant for a certificate, license or permit to pay any costs of inspection incurred by the Board. (LCB File No. R005-19)

Mr. Kandt provided background information.

Board discussion ensued regarding clarification for Section 8.

President Penrod opened the Public Comment.

There was no public comment.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed language with modifications to Section 8 as discussed.

Second: Melissa Shake

Action: Passed unanimously

4. **Amendment of Nevada Administrative Code (NAC) 639.220: Schedule of fees.** The proposed amendments to NAC 639.220 will increase the fees for the application for an initial registration, and the biennial renewal of a registration, as a registered pharmacist, pharmaceutical technician or pharmaceutical technician in training, or for authorization to prescribe or possess controlled substances, to cover the cost of maintaining the computerized program developed pursuant to NRS 453.162. (LCB File No. R034-19)

Mr. Wuest provided background information and presented the proposed fee increases for pharmacist, technician and controlled substance registrations.

President Penrod opened the Public Comment.

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

Ms. O'Mara expressed opposition to the proposed language and suggested the Board consider increasing the controlled substance registration gradually overtime. She asked the Board to be mindful of the increasing costs of properly licensing, maintaining and operating a medical office.

Ms. O'Mara stated that she received a call from Dr. Fong, DO and President of the Osteopathic Medical Association, and he expressed to Ms. O'Mara that they are also in opposition to the proposed language and fee increases.

Board discussion ensued that based on the direction of the Sunset Committee and increasing costs being placed on the Board that the proposed fee increases are fair.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed language.

Second: Melissa Shake

Action: Passed unanimously

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

1. **Amendment of Nevada Administrative Code (NAC) 639.240 (Requirements for registration of pharmaceutical technicians), 639.242 (Registration of pharmaceutical technician in training) and 639.7425 (Registration of dispensing technician).** The proposed amendments to the existing registration requirements for a pharmaceutical technician, pharmaceutical technician in training, and dispensing technician would remove prior criminal convictions or past history of drug abuse as mandatory disqualifiers from licensure and make denial for prior criminal convictions

or past history of drug abuse permissive consistent with the statutory requirements for other license categories.

Mr. Kandt provided background information.

President Penrod opened the Public Comment.

There was no public comment.

Board Action:

Motion: Wayne Mitchell moved to adopt the proposed language and move forward to Public Hearing.

Second: Melissa Shake

Action: Passed unanimously

2. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendments will add a new regulation requiring a new managing pharmacist to complete 2 extra hours of continuing education on pharmacy management within one year of approval as the managing pharmacist.

Mr. Wuest and Mr. Kandt provided background information. They explained that the proposed language was crafted to help new graduate pharmacists and new pharmacy managers' transition into their new roles.

President Penrod opened the Public Comment.

Tida Watkins, pharmacist, expressed support for the proposed language and explained that she believes this would have helped her greatly when she first became a managing pharmacist.

Board discussion ensued regarding having Board Staff create a video CEU regarding the role of a supervising pharmacist and the duties of a managing pharmacist. The Board also discussed Board Staff providing a live CEU training within the first year a pharmacist is named the managing pharmacist.

3. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendments will add a new regulation requiring any discipline imposed by the Board to be reported to the National Practitioner Data Bank and to any professional licensing board that licenses a practitioner, and require any final decision that a person has engage in unlicensed practice in this state be reported to the National Practitioner Data Bank and to any professional licensing board that licenses a practitioner.

Mr. Kandt provided background information. He explained that the proposed language codifies the current practice of the Board.

Ms. Shake requested a correction to Sections 1 and 2 to read that “practitioner that was subject to discipline,” and “practitioner that was engaged in unlicensed practice in this state.”

President Penrod opened the Public Comment.

There was no public comment.

Board Action:

Motion: Melissa Shake moved to adopt the proposed language with corrections and move forward to Public Hearing.

Second: Jade Jacobo

Action: Passed unanimously

4. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendments will add a new regulation requiring that the Executive Secretary, upon notice that an occupational licensing board that licenses a practitioner has placed that license on inactive status, place any certificate of registration issued by the Board to that practitioner pursuant to NRS 453.226 on inactive status, providing for notice to the practitioner of placement on inactive status, providing for a process to petition for reinstatement of a registration to active status, and providing a process for a registrant to request a hearing before the Board to contest or appeal the placement of a registration on inactive status or the denial of a petition for reinstatement of the registration to active status.

Mr. Kandt and Mr. Wuest provided background information.

President Penrod opened the Public Comment.

There was no public comment.

Board discussion ensued regarding the use of the word registration and/or license.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed language with a correction to have Board Staff verify if the word registration or license should be used, and move forward to Public Hearing.

Second: Kevin Desmond

Action: Passed unanimously



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

Mr. Edwards provided background information and explained that the proposed language brought the pharmacist to pharmaceutical technician ratio to 4:1.

President Penrod opened the Public Comment.

Mary Staples, National Association of Chain Drug Stores, appeared and expressed opposition to the proposed language. Ms. Staples stated that a 4:1 pharmacist to technician ratio and the elimination of pharmacy clerks would create a worse working environment for pharmacists. Ms. Staples requested the Board consider removing the ratio or increasing it to 8:1.

Jeffrey Sinco, CVS Health appeared and expressed opposition to the proposed language. Mr. Sinco stated that the proposed ratio of 4:1 would not provide pharmacists with adequate help.

Aaron Kim, pharmacist, appeared and stated that in some pharmacies, pharmacist hours are being cut. He expressed that an increase in pharmacist help and more education for pharmaceutical technicians would be more helpful for pharmacists.

President Penrod disclosed that Mr. Kim worked for him as a pharmaceutical technician, and stated that he could participate in this matter fairly and without bias.

Lorrie Walmsley, Walgreens and Arizona State Board of Pharmacy Member, appeared and expressed opposition to the proposed language. Ms. Walmsley stated that the 4:1 ratio would not provide pharmacists with adequate help.

Liz MacMenamin, RAN, appeared and expressed opposition to the proposed language. Ms. MacMenamin expressed concern that a ratio of 4:1 without pharmacy clerks would prevent pharmacies from being staffed appropriately to address the needs of patients.

Mr. Edwards clarified that pharmacy clerks still exist in the proposed language, and explained the duties that clerks are allowed to perform.

President Penrod closed the public comment.

Board discussion ensued regarding the changing roles of pharmacists and other ratio options.

**Board Action:**

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

**Second:** Gener Tejero

Aye: Desmond, Mitchell, Tejero  
Nay: Jacobo, Shake, Sullivan

President Penrod voted Nay.

Action: Motion does not carry

- 6. Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I.** The proposed amendment to NAC 453.510 will add newly identified synthetic cannabinoid, cathinones and opiates to the controlled substances listed in Schedule I.

Yenh Long provided background information.

President Penrod opened the Public Comment.

There was no public comment.

Board Action:

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

Second: Melissa Shake

Action: Passed unanimously

22. Discussion on the matter of *ACRX Specialty Pharmacy, Inc., a Nevada Corporation; and Eghomware Igbinovia, a/k/a Jerry Igbinovia, an individual vs. Nevada State Board of Pharmacy*, 8<sup>th</sup> J.D. Case No. A-19-798928-C. Please note that during this agenda item the Board may adjourn the meeting and exclude the public for an attorney-client conference on existing litigation pursuant to NRS 241.015(3)(b)(2).

The Board called a brief recess to discuss pending litigation regarding ACRX Specialty Pharmacy and Eghomware Igbinovia and the Nevada State Board of Pharmacy.

23. Approval of 2020 Board Meeting Dates

Mr. Wuest presented the 2020 Board Meeting dates.

Board Action:

Motion: Kevin Desmond moved to approve the 2020 Board Meeting Dates as presented.

Second: Wayne Mitchell

Action: Passed unanimously

Gener Tejero and Jade Jacobo were not present for this matter.

24. Discussion: How does the following law effect pharmacist working in pharmacy;

**NRS 608.019 Periods for meals and rest.**

1. An employer shall not employ an employee for a continuous period of 8 hours without permitting the employee to have a meal period of at least one-half hour. No period of less than 30 minutes interrupts a continuous period of work for the purposes of this subsection.

2. Every employer shall authorize and permit all his or her employees to take rest periods, which, insofar as practicable, shall be in the middle of each work period. The duration of the rest periods shall be based on the total hours worked daily at the rate of 10 minutes for each 4 hours or major fraction thereof. Rest periods need not be authorized however for employees whose total daily work time is less than 3 and one-half hours. Authorized rest periods shall be counted as hours worked, for which there shall be no deduction from wages.

3. This section does not apply to:

- (a) Situations where only one person is employed at a particular place of employment.
- (b) Employees included within the provisions of a collective bargaining agreement.

4. An employer may apply to the Labor Commissioner for an exemption from providing to all or to one or more defined categories of his or her employees one or more of the benefits conferred by this section. The Labor Commissioner may grant the exemption if the Labor Commissioner believes the employer has shown sufficient evidence that business necessity precludes providing such benefits. Any exemption so granted shall apply to members of either sex.

5. The Labor Commissioner may by regulation exempt a defined category of employers from providing to all or to one or more defined categories of their employees one or more of the benefits conferred by this section, upon the Labor Commissioner's own motion or upon the application of an association of employers. Each such application shall be considered at a hearing and may be granted if the Labor Commissioner finds that business necessity precludes providing that particular benefit or benefits to the employees affected. Any exemption so granted shall apply to members of either sex.

(Added to NRS by [1975, 1583](#); A [1977, 82](#))

Should standards be set for limits regarding pharmacist workload?

Board discussion ensued regarding Nevada Labor Laws and current pharmacy practices.

After discussion, the Board directed Board Staff to find out about pharmacy practices in other states and to write an article about the Nevada Labor Laws for the Board's newsletter.

25. Date and Location of Next Scheduled Board Meeting:

October 9-10, 2019 – Las Vegas, Nevada

26. Public Comment September 5, 2019 3:00 PM

There was no public comment.

**3**

**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: 866 East Tremont Pharmacy LLC / Boca Pharmacy  
Physical Address: 1910 Arthur Ave (3 Floor) Bronx, NY 10457  
Mailing Address: PO Box 740054  
City: Bronx State: NY Zip Code: 10474  
Telephone: 718-991-3532 Fax: 718-608-6002  
Toll Free Number: 877-514-9903 (Required per NAC 639.708)  
E-mail: Info@bocanyc.com Website: WWW.BOCANYC.COM  
Managing Pharmacist: Tiffany L. Breheim License Number: 057144

**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,**

# 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,X

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: AIDS Healthcare Foundation dba ATF Pharmacy

Physical Address: 700 SE 3rd Ave., Suite 100, Fort Lauderdale, FL 33316

Mailing Address: 6255 W. Sunset Blvd., Floor 21

City: Los Angeles State: CA Zip Code: 90028

Telephone: 954-761-4531 Fax: 954-761-4539

Toll Free Number: 855-894-6337 (Required per NAC 639.708)

E-mail: Megan.Southwell@aidshhealth.org Website: aidshhealth.org

Managing Pharmacist: Briana Moe License Number: PS 55393

### 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,**

# 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: Berkley Pharmacy LLC  
 Physical Address: 28577 Schoenherr Rd, Warren, MI 48088  
 Mailing Address: 5908 Breckenridge Pkwy,  
 City: Tampa State: FL Zip Code: 33610  
 Telephone: 586-573-8300 Fax: 586-573-8301  
 Toll Free Number: 844-573-8300 (Required per NAC 639.708)  
 E-mail: benzer104@benzerpharmacy.com Website: www.benzerpharmacy.com  
 Managing Pharmacist: Siu Hiu Wu License Number: 5302038503

### 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,



**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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 02091**)  
 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: Holiday CVS, L.L.C. dba: CVS/pharmacy #11340  
 Physical Address: 1600 SW 80th Terrace, 2nd Floor Plantation, FL 33824  
 Mailing Address: One CVS Drive  
 City: Woonsocket State: RI Zip Code: 02895  
 Telephone: 401-770-8136 Fax: 401-216-3220  
 Toll Free Number: 800-753-0596 (Required per NAC 639.708)  
 E-mail: kimberly.mitchell@cvshealth.com Website: www.cvs.com  
 Managing Pharmacist: Monica Albritten License Number: PS50228

**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: Multidose Packaging

**\*\*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**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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: Caremark, L.L.C. dba: CVS/specialty #48640

Physical Address: 10302 W. Emerald St., Boise, ID 8704

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

Telephone: 1-800-552-8159 Fax: \_\_\_\_\_

Toll Free Number: 1-800-552-8159 (Required per NAC 639.708)

E-mail: kimberly.mitchell@cvshealth.com Website: N/A

Managing Pharmacist: Kristina Jonas License Number: P4973

**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: Pharmacy does not compound or dispense Controlled Substances

**\*\*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

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## 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 03809**)  
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: **KnipperRx Inc. (No change to name, location, FEIN, mgmt)**

Physical Address: **1250 Patrol Road, Suite 100, <sup>DR PLE</sup> Charlestown, IN 47111**

Mailing Address: **One Healthcare Way**

City: **Lakewood** State: **NJ** Zip Code: **08701**

Telephone: **(732) 905-7878** Fax: **(732) 886-9205**

Toll Free Number: **855 647-7379** (Required per NAC 639.708)

E-mail: **pharmacy@knipperx.com** Website: **knipperx.com**

Managing Pharmacist: **Patrick Southall, RPh** License Number: **260260 0214 (Indiana)**

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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: Millennium Pharmacy

Physical Address: 3384 N. Mt Juliet Rd, Suite 1000

Mailing Address: 3384 N. Mt Juliet Rd, Suite 1000

City: Mt Juliet State: TN Zip Code: 37122

Telephone: 615-667-6611 Fax: 615-594-5310

Toll Free Number: 800-686-5240 (Required per NAC 639.708)

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

Managing Pharmacist: Ngan Thu-Ngoc Nguyen License Number: 41977

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

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

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## 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: OptumRx, Inc. d/b/a OptumRx

Physical Address: 755 Research Parkway, Suite 160, Oklahoma City, OK 73104

Mailing Address: 755 Research Parkway, Suite 160

City: Oklahoma City State: OK Zip Code: 73104

Telephone: 405-246-3737 Fax: 405-246-3811

Toll Free Number: 800-562-6223 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: www.optumrx.com

Managing Pharmacist: Marius Maree License Number: 15620 (OK)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Non-Dispensing Pharmacy

All boxes must be checked

For the application to be complete

Yes/No

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

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



I

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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: Rochester Health Mart Pharmacy

Physical Address: 176 Virginia Avenue, 3rd floor Rochester, PA 15074-1723

Mailing Address: 1314 7th Ave Beaver Falls, PA 15010 - 4217

City: Rochester State: PA Zip Code: 15074

Telephone: (724) 987-6085 Fax: (724) 987-6084

Toll Free Number: (888) 498-5438 (Required per NAC 639.708)

E-mail: contracting@memawinc.com Website: www.rochesterhealthmartpharmacy.com

Managing Pharmacist: Brandon Royek License Number: RP441872

**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: MTM

\*\*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**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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: XPRESSO PHARMACY INC.

Physical Address: 6305 B Miramar Parkway, Miramar, FL 33023

Mailing Address: 6305 B Miramar Parkway

City: Miramar State: Florida Zip Code: 33023

Telephone: 954-534-9779 Fax: 954-251-1767

Toll Free Number: 888-249-3639 (Required per NAC 639.708)

E-mail: mail@xpressopharmacy.com Website: \_\_\_\_\_

Managing Pharmacist: Ivette Soto License Number: PS38831

**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,

K

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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: WALGREEN ARIZONA DRUG CO. D/B/A COMMUNITY, A WALGREENS PHARMACY #21213

Physical Address: 5149 W THUNDERBIRD RD

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: GLENDALE State: AZ Zip Code: 85306

Telephone: (602) 427-0919 Fax: (602) 427-0920

Toll Free Number: 877-518-0113 (Required per NAC 639.708)

E-mail: LICENSEADMINISTRATION@WALGREENS.COM Website: WALGREENS.COM

Managing Pharmacist: Paul Stoneburg License Number: S017427

**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,**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## 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: Crestview Pharmacy

Physical Address: 1116 North Ferdon Blvd Crestview, FL 32536

Mailing Address: 1116 North Ferdon Blvd

City: Crestview State: FL Zip Code: 32536

Telephone: 850-683-1111 Fax: 850-683-1753

Toll Free Number: 877-821-5504 (Required per NAC 639.708)

E-mail: \_\_\_\_\_ Website: crestviewpharmacyfl.com

Managing Pharmacist: Hal Densman PharmD License Number: PS35788

### 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: immunization delivery

\*\*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

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## 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: BUX HEALTHCARE INC DBA FAMILY PHARMACY

Physical Address: 3644 WEBBER STREET SARASOTA, FL 34232

Mailing Address: 3644 WEBBER STREET

City: SARASOTA State: FL Zip Code: 34232

Telephone: 941-921-6645 Fax: 855-420-6141

Toll Free Number: 855-610-7227 (Required per NAC 639.708)

E-mail: LICENSE@FAMILYPHARMACY.ORG Website: WWW.FAMILYPHARMACY.ORG

Managing Pharmacist: SOHAL SHAH License Number: PS37198

### 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,

8/23  
N

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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: Gem Drugs  
Physical Address: 139 Central Avenue  
Mailing Address: P.O. Drawer K  
City: Reserve State: La. Zip Code: 70084  
Telephone: 985-536-3957 Fax: 985-536-2231  
Toll Free Number: 800-256-5774 (Required per NAC 639.708)  
E-mail: randy@gemdrugs.com Website: www.gemdrugs.com  
Managing Pharmacist: Amy Nguyen License Number: 019889

**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,**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (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: APM Medical Supplies

Physical Address: 33 Tennis Village Dr, Rockwall, TX 75032

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 33 Tennis Village Dr, Rockwall, TX 75032

City: Rockwall State: TX Zip Code: TX

Telephone: (844)743-7373

Fax: (844)207-3434

E-mail: info@apm-med.com

Website: \_\_\_\_\_

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

Mon: 9:30 to 3:30 Tue: 9:30 to 3:30 Wed: 9:30 to 3:30 Thu: 9:30 to 3:30 Fri: \_\_\_\_\_

9:30 to 3:30 Sat: closed to Sun: closed to Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Amanda Denton

### 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: DME, specifically urological catheters and urology accessories

\*\*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: Amanda Denton

Margaret Stringer

Telephone: (485) 930-6116

Page 1

702-524-5091

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

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

### FACILITY INFORMATION

Facility Name: Bridgewater Health Supplies LLC

Physical Address: 116A South Street Oyster Bay, NY 11771

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 116A South Street

City: Oyster Bay State: NY Zip Code: 11771

Telephone 516-802-0233

Fax: 516-908-4383

E-mail: steve@bridgewaterhealthsupplies.com

Website: bridgewaterhealthsupplies.com

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

Mon: 8:30am to 2:30pm Tue: 8:30am to 2:30pm Wed: 8:30am to 2:30pm Thu: 8:30am to 2:30pm

Fri: 8:30am to 2:30pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Steven Franey

### 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 Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Urological 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

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (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: Cala Health, Inc.

Physical Address: 875 Mahler Rd Suite 168 Burlingame, CA 94010  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 875 Mahler Rd Suite 168

City: Burlingame State: CA Zip Code: 94010 Telephone: 650-204-1723

Fax: n/a

E-mail: linda@calahealth.com Website: www.CalaHealth.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: n/a to Sun: n/a to Holidays: n/a to

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

Name: Scott Wilson

### 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>Wearable neuromodulation device</u> |

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

Name: n/a Telephone: \_\_\_\_\_

# 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: CARE CONCEPTS, INC.

Physical Address: 7222 VAN NUYS BLVD SUITE E VAN NUYS, CA 91303  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20944 SHERMAN WAY STE 115

City: CANOGA PARK State: CA Zip Code: 91303

Telephone: (818) 785-7553 Fax: (818) 530-1419

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

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

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30  
Fri: 9 to 3:30 Sat: to Sun: to Holidays: to

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

Name: RALPH AMATO

### 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 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: \_\_\_\_\_ Telephone: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

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

### FACILITY INFORMATION

Facility Name: Energy Workers Medical Services, LLC

Physical Address: 140 N 100 E, American Fork, UT 84403  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 140 N 100 E

City: American Fork State: UT Zip Code: 84403 Telephone: \_\_\_\_\_  
801-841-4490 Fax: 801-820-7702

E-mail: njohns@ewmsmedical.com Website: ewmsmedical.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: NA Sun: NA Holidays: NA

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

Name: Nathan Johns

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases**                    | <input checked="" 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 checked="" type="checkbox"/> Diabetic Supplies       | Other: <u>Basic over the counter medical 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: Nathan Johns Telephone: 801-400-6644



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (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 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: Good Night Medical

Physical Address: 8999 Gemini Parkway Ste 220, Columbus, OH 43240  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8999 Gemini Parkway Ste 220, Columbus, OH 43024

City: Columbus State: OH Zip Code: 43240 Telephone: \_\_\_\_\_

877-753-3742 Fax: N/A

E-mail: healy@goodnightmedical.com Website: goodnightmedical.com

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

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

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

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

Name: Alan Rudy, CEO & owner

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

- |   |   |
|---|---|
| <input checked="" 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: Deadrick Thomas, RRT Telephone: 559-545-9243



## 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: Prollenium US Inc.

Physical Address: 9121 Anson Way, Suite 213, Raleigh, NC 27615  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (919) 987-1803 Fax: (919) 256-5173

E-mail: PUI@slsny.com Website: www.revanesseusa.com

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

Mon: 09:00 to 05:00 Tue: 09:00 to 05:00 Wed: 09:00 to 05:00 Thu: 09:00 to 05:00

Fri: 09:00 to 05:00 Sat:     to     Sun:     to     Holidays:     to    

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

Name: Douglas Roman Yoch

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

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

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

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

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input 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: Sawtooth Orthotics & Prosthetics, Inc.

Physical Address: 780 S 14th St  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 82308, Austin, TX. 78708-2308

City: Boise State: ID Zip Code: 83702-6841

Telephone: 208-344-9981 Fax: 208-344-9968

E-mail: shscott@hanger.com Website: www.hanger.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: to Sun: to Holidays: to

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

Name: Debra Anderson

### 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**   |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <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: Debra Anderson Telephone: 208-344-9981

W

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (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: TLC Medical SuppliesPhysical Address: 3312 W. Florence Ave Suite D Los Angeles CA 90043

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3312 W. Florence Ave Suite DCity: Los AngelesState: Zip Code: CA 90043Telephone: 323-880-8104Fax: 323-880-8204E-mail: tlcmedicalsupplies@gmail.com

Website: \_\_\_\_\_

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM Fri: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Abel Gebremedical**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**☐ Medical Gases\*\*☐ Respiratory Equipment\*\*☐ Life-sustaining equipment\*\*☒ Diabetic Supplies☒ Assistive Equipment☐ Parenteral and Enteral Equipment\*\*☒ Orthotics and Prosthesis

Other: \_\_\_\_\_

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

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

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

**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: Visionary Surgery Center of Nevada

Physical Address: 10463 Double R Blvd.

City: Reno State: NV Zip Code: 89521

Telephone: 775-322-1000 Fax: 775-322-1050

Toll Free Number: \_\_\_\_\_ E-mail: elizabeth@renoeyecare.com

Website: \_\_\_\_\_

Managing Pharmacist: Mary Grear License Number: 10687

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

8/2

5

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (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: Caremark, L.L.C. dba CVS Specialty

Physical Address: 7251 S. Eastern Ave.

City: Las Vegas

State: NV Zip Code: 89119

Telephone: 866-833-3752

Fax: PENDING

Toll Free Number: 1-866-833-3752

E-mail: N/A

Website: N/A

Managing Pharmacist: Tasha Castro

License Number: 18122

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Mail Order

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: \_\_\_\_\_

**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
Attorney Fees and Costs	Actual	Actual	Actual
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 and costs may be added 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 May 2019

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH DC and WB did not complete required CEs.	N/A	DC: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings; complete and pass Nevada law. WB: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings.	
RPH SB failed to speak to the prescriber before, at the time or after she declined to fill a patient's prescription for clopidogrel.	N/A	Fined \$500; administrative fee of \$1,000; 4 hours of CE related to cardiology or cardiac drugs.	Fined \$1,000; an administrative fee of \$2,000; establish Board-approved policies and procedures that are consistent with Nevada law and retrain its current and future pharmacists regarding the same.
RP allowed unlicensed staff to prescribe/order dangerous drugs and use his authority to obtain, administer, access and/or possess an inventory of dangerous drugs when he was not onsite and without his direct supervision. RP did not have a bona fide therapeutic relationship with the patients. RP purchased compounded dangerous drugs from a pharmacy not licensed with the Board.	N/A	RP shall receive a public letter of reprimand; his CS registration shall be placed on probation for a period of 12 months; fined \$5,000; administrative fee of \$2,500; establish policies and procedures. RP's offices/clinics are subject to quarterly inspections for one year.	N/A
RPH NR verified a prescription for 30 chlorthalidone 25 mg. capsules which was labeled and dispensed to the wrong patient. RPH JA failed to counsel the patient. PT LP deleted the prescription from the pharmacy system. ML was the managing pharmacist.	N/A	NR shall receive a letter of reprimand; fined \$2,750; 2 additional hours of CE on error prevention. JA shall receive a letter of reprimand; fined \$750; 2 additional hours of CE on patient counseling. LP fined \$500; \$1,000 administrative fee; attend three of the Board's next four	\$1,000 fine; \$1,500 administrative fee.



FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		meetings on disciplinary day. ML shall complete 4 additional hours of CE on pharmacy management.	
PT MC diverted controlled substances from her employing pharmacy.	N/A	Revocation of pharmaceutical technician registration.	N/A
RPH SB did not renew his registration and worked 244 days unlicensed. He was also the PIC.	N/A	Fined \$2,500 and \$1,000 administrative fee.	Fined \$5,000 fine and \$2,683.99 administrative fee
RPH CD verified Risperidone 2 mg. tablets in the prescription bottle as the correct product for dispensing when the physician prescribed Ropinirole 2 mg. tablets. CD failed to adequately provide counseling.	N/A	Letter of reprimand; fined \$1,000; \$1,000 administrative fee; complete 2 CEs on error prevention.	WG-NV fined \$1,000; \$1,000 administrative fee. WG-FL fined \$2,000; \$1,000 administrative fee.
RPH JS dispensed medication labeled with incorrect instructions.	N/A	Letter of reprimand; \$1,000.00 fine; \$1,000.00 administrative fee; complete two additional CEs on error prevention.	Fined \$1,000.00; \$1,000.00 administrative fee.
RPH JCH filled and dispensed a Vancomycin prescription without the necessary knowledge and proper training, accepting verbal prescriptions from non-practitioners and failing to follow the prescription written by the prescriber.	N/A	Registration revoked; the revocation is stayed with conditions: take and pass the NAPLEX and MPJE; pay a \$5,000.00 fine; pay a \$1,250.00 administrative fee. Registration shall be placed on probation for four years during which time he cannot work as a managing pharmacist in any Nevada-licensed pharmacy; cannot engage in any form of compounding; and he must attend two Board meetings each year	\$5,000.00 fine; \$1,250.00 administrative fee; subject to quarterly inspections for one year at its own expense.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		during the four year probationary periods.	
RPH WM was the managing pharmacist accountable for violations by personnel in his employ regarding the filling, compounding and record keeping of drug products	N/A	Letter of reprimand; \$500.00 fine; \$500.00 administrative fee.	\$1,500.00 fine; \$2,500.00 administrative fee; purchase software for tracking components used in its compounding services and the products it compounds; create new policies and procedures regarding medication management and compounding; subject to quarterly inspections at their own expense.
RPH KB verified data as correct when it was not and dispensed Prednisone 50 mg. tablets when 5 mg. tablets was prescribed.	The patient experienced a temporary negative outcome as a result of the error	\$1,000.00 fine; an administrative fee of \$500.00; complete two additional CEs related to prescription verification/error prevention and 2 CEs on to DUR warnings.	Pay an administrative fee of \$1,000.00.
PT GO dispensed a prescription drug to the wrong patient.	N/A	N/A	\$500 fine; \$750 administrative fee.
RPH SD made false adjustments to the Tramadol inventory. He voluntarily surrendered his registration as discipline. RPH MK was the managing pharmacist and did not report the Tramadol losses to the DEA or Board.	N/A	SD imposed \$600 administrative fee. May not reapply for 1 year. MK to receive letter of reprimand; \$250 fine; 2 additional CEs.	\$1,000 administrative fee; implement new policies and procedures.
APRN MC allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when she was not on site at the facility, before she examined the patient and before she wrote a patient-specific order.	N/A	Public letter of reprimand; pay a \$3,000.00 fine and \$1,000.00 in attorney's fees and costs. MC shall not engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH TS verified as accurate, when it was not, the data and final product of a prescription resulting in the pharmacy dispensing amlodipine besylate 10mg. tablets rather than the amitriptyline 10mg. tablets as prescribed and failed to adequately provide patient counseling.	None	Public letter of reprimand; pay a \$750.00 fine, and complete 4 additional hours of CE on error prevention and patient counseling	Pay a \$500.00 fine and \$750.00 in fees and costs.
PT JJ admitted to diverting of 32 Hydrocodone 10/325 mg. tablets for self-use from his employing pharmacy.	N/A	Revocation of pharmaceutical technician registration.	N/A
PT KT admitted to diverting approximately 1,000 Tylenol with Codeine #4 tablets from her employing pharmacy for self-use.	N/A	Revocation of pharmaceutical technician registration.	N/A
RE failed to timely renew his CS Registration, which expired on October 31, 2018. He wrote 189 prescriptions for controlled substances between November 1, 2018 and March 28, 2019, without a valid registration.	N/A	Pay a fine of \$1,500.00 and \$1,404.52 in attorney's fees and costs.	N/A
SL executed a plea agreement with the United States Attorney's Office for the district of Nevada relating to unprofessional and illegal conduct in prescribing dosages and amounts of Oxycodone and Hydrocodone to patients outside the usual course of his professional practice and without a legitimate medical purpose.	N/A	In lieu of appearing at a hearing, the SL voluntarily surrendered his Nevada CS registration and agreed to pay \$500.00 in attorney's fees and costs.	N/A
RPH SL served with an Accusation related to unprofessional and illegal conduct in filling approximately 380 fraudulent prescriptions for Oxycodone-Acetaminophen and	N/A	In lieu of appearing at a hearing, SL voluntarily surrendered his Nevada CS registration and agreed to pay \$750.00 in attorney's fees and costs.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
Hydrocodone-Acetaminophen.			
TG served with an Accusation related to unprofessional and illegal conduct in creating fraudulent prescriptions for Oxycodone-Acetaminophen and Hydrocodone-Acetaminophen.	N/A	In lieu of appearing at a hearing, TG voluntarily surrendered his Nevada CS registration.	N/A
CH and DR allowed non-practitioner/non-licensed staff to possess or prescribe dangerous drugs and/or to obtain, access, possess and store dangerous drugs and/or administer drugs when he was not on site at the facility, before he examined the patient and before he wrote a patient-specific order.	N/A	Public letter of reprimand; pay a \$1,500.00 fine and \$1,500.00 in attorney's fees and costs. CH shall not engage in any practice in which a substantial portion of the practice is providing injections and/or intravenous infusions of vitamins or fluids for rehydration without first obtaining authority by the Board.	
RPH EI owned and operated the pharmacy where expired medications were stored and dispensed; compounded commercially available drugs; dispensed medications with unsupported BUDs; failed to conduct required testing, counseling and maintain/produce prescription records.	N/A	Respondents shall take all necessary action for the dismissal without prejudice of the Eight Judicial District Court Case No. A-19-798928-C. EI shall complete a course in sterile compounding.	Board inspectors will conduct quarterly inspection for a period of 12 months or until the FDA issues a close-out letter.

**4A**

**FILED**

JUN 01 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NOS. 15-047-CS-A-S</b>
	)	<b>15-047-CS-B-S</b>
<b>Petitioner,</b>	)	<b>15-047-CS-C-S</b>
<b>v.</b>	)	<b>15-047-CS-D-S</b>
	)	<b>15-047-CS-E-S</b>
<b>RAVI RAMANATHAN, M.D.,</b>	)	
<b>Certificate of Registration Nos. CS14526, and</b>	)	
<b>PD00143; and</b>	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>BERALDO VAZQUEZ-CORREA, M.D.,</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration Nos. CS04757 and</b>	)	
<b>PD00559; and</b>	)	
	)	
<b>JOSHUA SMITH, P.A.,</b>	)	
<b>Certificate of Registration No. CS20661; and</b>	)	
	)	
<b>YAAKOV DOVID KOTLARSKY, P.A.,</b>	)	
<b>Certificate of Registration No. CS22538; and</b>	)	
	)	
<b>JENNIFER LAUREN RELPH, P.A.,</b>	)	
<b>Certificate of Registration No. CS20905,</b>	)	
	)	
<b>Respondents.</b>	)	
	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 622A.300(1), NRS 639.241 and NAC 639.7445.

**I.**

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and each of these Respondents because at the time of the events alleged herein, Respondents, and each of them, held a registration issued by the Board:

1. Ravi Ramanathan, M.D. (“Ramanathan”), held a Controlled Substance Registration, Certificate No. CS14526, and a Practitioner Dispensing Registration, Certificate No. PD00143;
  2. Beraldo Vazquez-Correa, M.D. (“Vazquez-Correa”), held a Controlled Substance Registration, Certificate of Registration Nos. CS04757. He obtained a Dispensing Practitioner Registration, Certificate of Registration No. PD00559, on September 29, 2015, while this case was under investigation.
  3. Joshua Smith, P.A. (“Smith”), held a Controlled Substance Registration, Certificate of Registration No. CS20661. Ramanathan was Smith’s supervising physician;
  4. Yaakov Dovid Kotlarsky, P.A. (“Kotlarsky”), held a Controlled Substance Registration, Certificate of Registration No. CS22538. Ramanathan was Kotlarsky’s supervising physician;
  5. Jennifer Lauren Relph, P.A. (“Relph”), held a Controlled Substance Registration, Certificate of Registration No. CS20905. Ramanathan was Relph’s supervising physician;
- Additionally, non-respondents Jasmine Martinez, D.T. (“Martinez”), held a Dispensing Technician Registration, Certificate of Registration No. TD01349; and Daisy Ibarra, D.T. (“Ibarra”), held a Dispensing Technician Registration, Certificate of Registration No. TD01192.

### **FACTUAL ALLEGATIONS**

#### II.

In July and August 2015, Ramanathan owned and/or operated a medical clinic called Family Doctors of Green Valley (the “Clinic”) in Las Vegas, Nevada. Ramanathan held a Controlled Substance Registration and a Dispensing Practitioner Registration at that time.

#### III.

Dr. Vazquez-Correa and physician’s assistants Smith, Kotlarsky and Relph were licensed practitioners who worked at the Clinic. Each of them held a Controlled Substance Registration, but none of them held a Nevada Dispensing Practitioner Registration at that time. Vazquez-Correa obtained a Nevada Dispensing Practitioner Registration on September 29, 2015.

## IV.

Martinez and Ibarra were dispensing technicians who worked with Ramanathan and the other respondent practitioners at the Clinic.

**Unlawful Dispensing**

## V.

Ramanathan did not require Vazquez-Correa, Smith, Kotlarsky, or Relph to obtain a Dispensing Practitioner Registration while they worked at the Clinic.

## VI.

Ramanathan instructed and allowed Vazquez-Correa, Smith, Kotlarsky, and Relph to each write prescriptions using their own name, and then fill their patients' prescriptions using Ramanathan's Dispensing Practitioner Registration and using prescription drugs from Ramanathan's prescription drug inventory.

## VII.

Vazquez-Correa, Smith, Kotlarsky, and Relph followed that pattern, including between July 24, 2015, and August 10, 2015, when Ramanathan was not present at the Clinic, including at times when he was out of the Country.

## VIII.

Between July 24, 2015, and August 10, 2015, Vazquez-Correa, Smith, Kotlarsky, and Relph wrote a total of 213 prescriptions for controlled substances. They dispensed prescription drugs to fill those 213 prescriptions from Ramanathan's inventory in Ramanathan's absence.

## IX.

Vazquez-Correa, Smith, Kotlarsky, and Relph reported to the Nevada Prescription Monitoring Program ("PMP") that *Ramanathan* wrote each of those 213 prescriptions, and that *Ramanathan* dispensed the medication.



## X.

Specific instances in July and August 2015, in which Vazquez-Correa, Smith, Kotlarsky, and Relph followed the pattern described above to dispense controlled substances to their patients from Ramanathan's inventory include:

**Smith, PA-C** – Smith saw patient M.J. on July 24, 2015, and August 18, 2015.

After each examination, Smith wrote a prescription for M.J. for a schedule II-controlled substance. Smith filled each of those prescriptions from Ramanathan's prescription drug inventory and reported to the PMP that Ramanathan both prescribed the medication and dispensed it. Ramanathan was not on site.

**Relph, PA-C** – Relph saw patient M.D. on July 29, 2015, and wrote a prescription for a schedule IV-controlled substance. Relph dispensed the medication to M.D. from Ramanathan's prescription drug inventory. She reported to the PMP that Ramanathan prescribed the medication and dispensed it. Ramanathan was not on site.

**Kotlarsky, PA-C** – Kotlarsky saw patient S.A.H. on August 5, 2015, and wrote a prescription for a schedule IV-controlled substance. Kotlarsky dispensed the medication to S.A.H. from Ramanathan's prescription drug inventory. He reported to the PMP that Ramanathan prescribed the medication and dispensed it. Ramanathan was not in the office when Kotlarsky filled that prescription.

**Vazquez-Correa, M.D.** - Ramanathan's unlawful dispensing practices were not confined to the July 24, through August 10, 2015, time period. On July 17, 2015, Vazquez-Correa wrote a prescription for a schedule IV-controlled substance for Ramanathan for personal use. Vazquez-Correa and/or Ramanathan dispensed that medication to Ramanathan and reported to the PMP that Ramanathan prescribed and dispensed the medication.

### **Inadequate Inventory Controls**

## XI.

Ramanathan failed to keep a record of his opening inventory of controlled substances. He could not produce that record when requested during an August 2014 inspection.

## XII.

During the August 2014 inspection, the Board Inspector directed Ramanathan to complete an inventory of the controlled substances in his possession. Ramanathan purportedly complied, as evidenced by an inventory report he later provided to the Board inspector dated August 26, 2014. Ramanathan could not produce that inventory report the following year when asked by a Board Inspector during a September 2015 annual inspection.<sup>1</sup>

## XIII.

During an audit of Ramanathan's controlled substance inventory by the Drug Enforcement Administration ("DEA") in 2015, DEA found a variance of 83,241 tablets/capsules (approximately 3,228 bottles) between the inventory that Ramanathan purchased, and the inventory that he could account for at the time of the audit. A summary of the variance is as follows:

	<b>Tablets/Capsules</b>	<b>Bottles</b>
<b>Shortage</b>	76,821	3,085
<b>Overage</b>	<u>6,420</u>	<u>143</u>
<b>Total Variance</b>	83,241	3,228

## XIV.

As a result of those variances, on or about March 3, 2016, Ramanathan entered into a Memorandum of Understanding with the United States of America, represented by the United States Attorney's Office for the District of Nevada and DEA, in which he agreed to resolve allegations that he violated Federal law (the Controlled Substance Act, 21 U.S.C. § 842(a)(5)) "from about August 8, 2014, through on or about December 5, 2015, by failing to properly maintain required records regarding certain controlled substances."

---

<sup>1</sup> Board Staff provided Ramanathan a copy of his own August 26, 2014 Inventory Report from the Board's files on or about October 26, 2015, after Ramanathan failed to produce it from his records.

## XIV.

To resolve those charges, Ramanathan agreed to “pay civil penalties in the amount of \$75,000.00 to the United States” and “not to dispense, or have any employee or independent contractor dispense, any controlled substance at any future time.”

## XV.

Ramanathan failed to record the quantities of schedule II-controlled substances that he received on some of his DEA Form-222, as he was required to do. He also failed to sign at least one DEA Form-222.

## XVI.

Ramanathan gave unlawful access to his prescription drug inventory to his non-practitioner staff members. Instances of that access include:

1. Ramanathan gave a key and access to his drug storage room when he was not on site at the Clinic to Martinez, a Dispensing Technician, who is not a licensed practitioner or registered nurse and who does not otherwise have authority to have independent access to or possession of dangerous drugs or controlled substances.
2. Ramanathan gave a key to the front door of the Clinic, the building alarm code, and access to a lock box that contained a key to the Clinic drug room to employee Sheila Gool, who was not a licensed practitioner or registered nurse, and who did not otherwise have authority to have access to or possession of dangerous drugs or controlled substances.
3. Ramanathan gave Martinez the code to the Clinic’s safe where he stored a portion of his schedule II-controlled substance inventory, which included Norco and Xanax. Martinez and/or Gool had access to those medications when Ramanathan was not on site.
4. Ramanathan’s staff, including Martinez and Ibarra, kept quantities of controlled substances in their desks and in other unsecure locations at the Clinic as a convenience, which they could access when Ramanathan was not on site.

5. Ramanathan did not take an inventory to validate the accuracy of his remaining inventory after he became aware that his staff kept supplies of medications outside of the Clinic's locked storage area.

#### XVII.

During an August 8, 2014 annual inspection a Board inspector cautioned Ramanathan about allowing his staff access to his inventory of medications when he was not on site at the Clinic. Ramanathan acknowledged with his signature the inspector's written statement that: "Discussed and practitioner [Ramanathan] understands access to medications is only available when he is physically present at the facility."

#### XVIII.

During an annual inspection on September 1, 2015, a Board inspector again noted in the inspection report that "Dispensing tech Jasmine Martinez has access to all controlled substances and dangerous drugs" and "Dr. Ramanathan informed in 2014 inspection that access to dispensing meds [sic] can only occur when he is physically present in the facility. Dr. Ramanathan has continued to allow staff access to narcotics and dangerous drugs while he was not on site and/or out of the country."

#### XIX.

Ramanathan failed to store the schedule II-controlled substance prescriptions he dispensed separately from the prescriptions for schedule III, IV and V controlled substances and dangerous drugs he dispensed.

#### XX.

On November 13, 2017, while the Board's investigation was on-going, Ramanathan surrendered his Dispensing Practitioner Registration, Certificate of Registration No. PD00143. Dispensing Technicians (Respondent) Jasmin Martinez and Dan M. Beatty, Certificates of Registration Nos. TD01349 and TD01390, respectively, surrendered their registrations at the same time.

**FIRST CAUSE OF ACTION**

(Violation of Federal Law)

Ramanathan

XXI.

The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter [639], and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

....

6. Has been convicted of a violation of any law or regulation of the Federal Government or of this or any other state related to controlled substances, dangerous drugs, drug samples, or the wholesale or retail distribution of drugs; [or]

....

11. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs.

NRS 639.210(6) and (12). By entering into the Memorandum of Understanding with the United States of America on or about March 14, 2016, to resolve felony charges arising from the DEA's allegation that he violated the Controlled Substance Act, 12 C.F.R. § 842(a)(5), Ramanathan became subject to discipline pursuant to NRS 639.210(6) and (11). *See also* NRS 453.236(1)(b) and (d); NRS 453.241(1); NRS 639.006; and NRS 639.2121.

**SECOND CAUSE OF ACTION**

(Surrender of Dispensing Practitioner Registration)

Ramanathan

XXII.

The surrender by Ramanathan of his Dispensing Practitioner Registration, Certificate of Registration No. PD00143,<sup>2</sup> during this contested case with an open Board investigation constitutes discipline against him and “operates as an immediate suspension” of each registration issued to him by the Board, including his Dispensing Practitioner Registration, Certificate of Registration No. PD00143 and his Controlled Substance Registration, Certificate of Registration No. CS14526. *See* NRS 233B.121(6) and NRS 639.2107.

---

<sup>2</sup> The Board issued Certificate of Registration No. PD00143 pursuant to NRS 639.742, *et al.*

**THIRD CAUSE OF ACTION**

(Aiding and Abetting the Unlawful Dispensing of Controlled Substances and Dangerous Drugs)  
Ramanathan

XXIII.

By allowing Vazquez-Correa, Smith, Kotlarsky and Relph to dispense controlled substances and dangerous drugs from the Clinic without each holding his/her own Dispensing Practitioner Registration, and by supplying each of them the prescription drugs they dispensed, Ramanathan violated and/or aided and abetted them in violating NRS 453.316(1), NRS 639.100(1), NRS 639.284(2), NRS 639.285 and NAC 639.742(1).

**FOURTH CAUSE OF ACTION**

(Unlawful Dispensing of Controlled Substances and Dangerous Drugs)  
Vazquez-Correa, Smith, Kotlarsky, and Relph

XXIV.

By dispensing controlled substances and dangerous drugs from the Clinic, including from Ramanathan's inventory, without holding a Dispensing Practitioner Registration, Vazquez-Correa, Smith, Kotlarsky, and Relph each violated NRS 453.316(1), NRS 639.100(1), NRS 639.284(2), NRS 639.285 and NAC 639.742(1).

**FIFTH CAUSE OF ACTION**

(Violations of Law Regarding Dispensing of Prescription Drugs)  
Ramanathan

XXV.

Ramanathan violated Nevada law with regard to dispensing controlled substances and dangerous drugs. In particular, Ramanathan violated:

1. NAC 639.742(3)(b) by failing to ensure at the Clinic that "[a]ll drugs [were] received and accounted for by the dispensing practitioner [Ramanathan]";
2. NAC 639.742(3)(d) by failing to ensure at the Clinic that "[a]ll drugs are dispensed in accordance with NAC 639.745";
3. NAC 639.742(3)(e) by allowing prescriptions to be dispensed at the Clinic to patients when he was not on-site at the facility; and

4. NAC 639.745(1)(c) by failing to ensure that all controlled substances and dangerous drugs at the Clinic were kept in a locked area, with restricted access only to the persons described in NAC 453.375.

### **SIXTH CAUSE OF ACTION**

(Unprofessional Conduct)

Ramanathan

XXVI.

Ramanathan engaged in unprofessional conduct as defined in NAC 639.945(1) by

1. Supplying drugs, medicines and/or substances which are legally sold in pharmacies or by wholesalers so that unqualified persons—Dr. Vazquez-Correa, and physician assistants Smith, Kotlarsky, and Relph—could and did circumvent Nevada’s laws and regulations pertaining to the legal sale of such articles. (*See* NAC 639.945(1)(g));

2. Aiding and abetting Vazquez-Correa, Smith, Kotlarsky, and Relph in the unlicensed practice of pharmacy and in “[p]erforming any act, task or operation [including dispensing prescription drugs] for which licensure, certification or registration is required without the required license, certificate or registration.” (*See* NAC 639.945(1)(j) and (k));

3. Performing his duties as the holder of a Dispensing Practitioner registration and as the holder of a Controlled Substance Registration in an incompetent, unskillful or negligent manner. (*See* NAC 639.945(1)(i)); and

4. “Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.” (NAC 639.945(1)(n)).

### **SEVENTH CAUSE OF ACTION**

(Unprofessional Conduct)

Vazquez-Correa, Smith, Kotlarsky, and Relph

XXVII.

Vazquez-Correa, Smith, Kotlarsky, and Relph each engaged in unprofessional conduct as defined in NAC 639.945(1) by:

1. Diverting prescription drugs, medicines and/or substances which are legally sold in pharmacies or by wholesalers so that they, as unqualified persons, could circumvent Nevada's laws and regulations pertaining to the legal sale of such articles. (*See* NAC 639.945(1)(g));
2. Performing their duties as holders of a Controlled Substance Registration in an incompetent, unskillful or negligent manner. (*See* NAC 639.945(1)(i)); and
3. Dispensing prescription drugs, including controlled substances, "for which licensure, certification or registration is required without the required license, certificate or registration." (*See* NAC 639.945(1)(i)).

#### **EIGHTH CAUSE OF ACTION**

(Allowing Access to Controlled Substances and Dangerous Drugs by Unauthorized Persons)

Ramanathan

XXVIII.

Ramanathan unlawfully allowed access by unqualified individuals to the controlled substances and dangerous drugs in his inventory by:

1. Allowing the Clinic's staff access to its drug storage room and safe and thereby failing to ensure that "[a]ll drugs [were] stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination." (*See* NAC 639.742(3)(c)) and NAC 639.745(1)(c); *see also* NRS 453.375, NRS 453.400 and NRS 453.410(1)(d)).
2. Allowing his Dispensing Technicians, including Martinez and Ibarra, access to his drug storage room and safe and to perform dispensing functions when unaccompanied by Ramanathan and without Ramanathan's presence on site at the clinic. (*See* NAC 639.743(1)) and NAC 639.742(4); and
3. Allowing his staff to dispense controlled substances and dangerous drugs without him personally checking the medication prior to dispensing and recording that verification on the label and in his records. (*See* NAC 639.743(2)(a) and (b)).

#### **NINTH CAUSE OF ACTION**

(Dispensing a Controlled Substance for Self-Use)

Ramanathan



## XXIX.

Ramanathan violated NRS 453.256(7) on or about July 17, 2015, when he dispensed a schedule IV-controlled substance for his own use.

**TENTH CAUSE OF ACTION**  
(Failure to Keep and Provide Records)  
Ramanathan

## XXX.

Ramanathan violated NRS 639.234(4) and NAC 639.745(1)(a) by failing to keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug he purchased for dispensing, including his failure to keep and provide to a Board inspector a copy of inventory reports at his August 2014 and September 2015 annual inspections and his failure to maintain inventory records that resulted in the DEA finding a variance of 83,241 tablets during its 2015 audit.

Ramanathan violated NAC 639.745(1)(b) by failing to maintain separate files for his purchase and sale of schedule II-controlled substances and schedule III, IV and V-controlled substances as required by NAC 453.480.

Ramanathan violated NAC 639.945(1)(m) by failing to provide to a Board Inspector during the August 2014 and September 2015 annual inspections the inventory records the Board Inspector requested. *See also* NRS 639.210(17).

Ramanathan violated NAC 453.485 when he failed to record and maintain records of the controlled substances that he received for the Clinic using the form number 222 of the DEA.

**ELEVENTH CAUSE OF ACTION**  
(Reporting Inaccurate Information to the Prescription Monitoring Program)  
Ramanathan, Vazquez-Correa, Smith, Kotlarsky, and Relph

## XXXI.

Ramanathan, Vazquez-Correa, Smith, Kotlarsky, and Relph each violated NAC 639.926 by reporting inaccurate prescriber and inaccurate dispensing practitioner information to the PMP

for at least 213 controlled substance prescriptions dispensed by Vazquez-Correa, Smith, Kotlarsky, and Relph between July 24, 2015, and August 10, 2015.<sup>3</sup>

XXXII.

For the conduct set forth herein, including in the factual allegations and in each of the eleven Causes of Action, Ramanathan, Vazquez-Correa, Smith, Kotlarsky, Relph, Martinez and Ibarra, and each of them, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g), (i), (j), (k), (n) and/or (m), and/or are subject to discipline pursuant to NRS 639.210(1), (4), (6), (9), (11), (12), (16) and (17), and NRS 639.255.

Signed this 7<sup>th</sup> day of June 2019.



J. David Wuest, Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243.

---

<sup>3</sup> A Dispensing Practitioner is deemed to be a pharmacy for purposed of reporting to the PMP pursuant to NAC 639.926. See NAC 639.745(1)(f).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 15-047-CS-A-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>RAVI RAMANATHAN, M.D.,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration Nos. CS14526, and</b>	)	<b>AND ACCUSATION</b>
<b>PD00143,</b>	)	<b>RIGHT TO HEARING</b>
	/	
<b>Respondent.</b>		

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 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.**

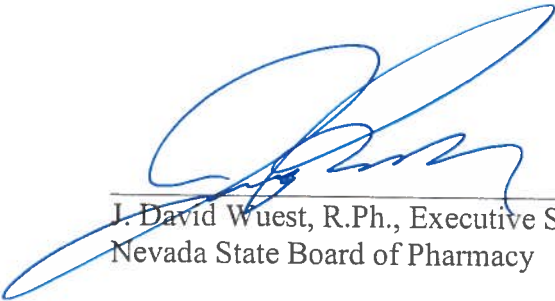
## IV.

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.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1<sup>st</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

221966483

**FILED****JUL 19 2019****NEVADA STATE BOARD  
OF PHARMACY**

1 John A. Hunt, Esq. (NSBN 1888)  
 2 Bert Wuester Jr., Esq. (NSBN 5556)  
 3 **CLARK HILL, PLLC**  
 3800 Howard Hughes Pkwy, Suite 500  
 4 Las Vegas, Nevada 89169  
 ph. (702) 862-8300; fax (702) 862-8400  
 5 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
 6 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)  
 Attorneys for Respondents,  
 7 Ravi Ramanathan, M.D.,  
 Beraldo Vazquez-Correa, M.D.,  
 8 Joshua Smith, P.A., and  
 9 Yaakov Dovid Kotlarsky, P.A.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

15 RAVI RAMANATHAN, M.D.,  
 16 Certificate of Registration No. CS14526, and  
 17 PD00143; and

18 BERALDO VAZQUEZ-CORREA, M.D.,  
 Certificate of Registration No. CS04757, and  
 19 PD00559; and

20 JOSHUA SMITH, P.A.,  
 21 Certificate of Registration No. CS20661; and

22 YAAKOV DOVID KOTLARSKY, P.A.,  
 23 Certificate of Registration No. CS22538; and

24 JENNIFER LAUREN RELPH, P.A.,  
 25 Certificate of Registration No. CS20661,

Respondents.

Case Nos. **15-047-CS-A-S**  
**15-047-CS-B-S**  
**15-047-CS-C-S**  
**15-047-CS-D-S**  
**15-047-CS-E-S**

**ANSWER AND NOTICE OF  
 DEFENSE OF RESPONDENTS,  
 RAVI RAMANATHAN, M.D.,  
 BERALDO VAZQUEZ-CORREA,  
 M.D., JOSHUA SMITH, P.A., and  
 YAAKOV DOVID KOTLARSKY,  
 P.A.**

Respondents, Ravi Ramanathan, M.D. ("Dr. Ramanathan"), Beraldo Vazquez-Correa, M.D. ("Dr. Vazquez-Correa"), Joshua Smith, P.A. ("PA Smith"), and Yaakov Dovid Kotlarsky, P.A. ("PA Kotlarsky") (collectively "Respondents") by and through counsel, hereby submit their Answer and Notice of Defense ("Answer"), pursuant to NRS 639.244<sup>1</sup>, to the *Notice of Intended Action and Accusation* filed June 1, 2019 ("Accusation"), with the Nevada State Board of Pharmacy (the "Board"), in the above-captioned action. This Answer on behalf of Respondents is timely based upon the Board's agreement to an extension of time to respond to the Accusation to and including July 19, 2019.

1. Pursuant to NRS 639.244(1)(a), Respondents object to the Accusation as being incomplete and failing to set forth clearly the charges against them.

2. Pursuant to NRS 639.244(1)(b), Respondents deny in whole the violations alleged against them in the Accusation.

3. Pursuant to NRS 639.244(2), by filing this Answer, Respondents have not waived the right to a hearing before the Board.

---

<sup>1</sup> NRS 639.244 Notice of Defense: Form; effect of failure to file.

1. The form for the Notice of Defense must be prepared and furnished by the Board and permit the respondent, by completing and signing the notice, to:

(a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and  
(b) Deny or admit, in part or in whole, the violations alleged.

2. The Notice of Defense must be signed by the respondent or his or her attorney under penalty of perjury. Failure to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing, but the Board may grant a hearing.

AFFIRMATIVE DEFENSES

1  
2 1. The allegations contained in the Board's Accusation fail to state a cause of action upon  
3 which relief can be granted.  
4

5 2. The violations alleged against Respondents in the Board's Accusation address matters  
6 from 2014 to 2016 and same should be dismissed because the Board's investigation into the  
7 matters was closed/remanded in May 2016. Following 2016, neither the Board nor anyone from  
8 the Board ever advised of anything different. Over three (3) years passed with nothing from the  
9 Board which would have indicated that the Board hadn't remanded/closed its files on the  
10 investigation(s).  
11

12 3. Paragraph XX at pg. 7 of the Board's Accusation alleges Dr. Ramanathan surrendered his  
13 Dispensing Practitioner Registration, Certificate of Registration No. PD00143 on November 13,  
14 2017, while the Board had an on-going investigation. To the extent not otherwise addressed in  
15 this Answer, these allegations are denied because the Board's investigation was remanded/closed  
16 in May 2016.  
17

18 4. Respondents hereby incorporate by referencce those affirmative defenses enumerated in  
19 Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. In the event further  
20 investigation or discovery reveals the applicability of such defenses, Respondents reserve the  
21 right to seek leave of the Board or appropriate authority to amend this Answer to specifically  
22 assert the same. Such defenses are herein incorporated by reference for the specific purpose of  
23 not waiving the same.  
24

25 5. It has been necessary for Respondents to employ the services of an attorney to defend this  
26 action and a reasonable sum should be allowed as and for attorney's fees, together with the costs  
27 expended in this action.  
28

1 WHEREFORE, Respondents pray the Accusation be dismissed, no discipline issue, that  
2 the initiating party take nothing by way of its Accusation and go hence with its costs.  
3

4  
5 Pursuant to NRS 639.244(2), this Answer is hereby signed by Respondents' attorney.

6 Respectfully submitted this 11 day of Oct, 2019.

7 **CLARK HILL, PLLC**

8  
9 By [Signature]  
10 John A. Hunt, Esq. (NSBN 1888)  
11 Bert Wuester Jr., Esq. (NSBN 5556)  
12 3800 Howard Hughes Pkwy, Suite 500  
13 Las Vegas, Nevada 89169  
14 ph. (702) 862-8300; fax (702) 862-8400  
15 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
16 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)  
17 Attorneys for Respondents,  
18 Ravi Ramanathan, M.D.,  
19 Beraldo Vazquez-Correa, M.D.,  
20 Joshua Smith, P.A., and  
21 Yaakov Dovid Kotlarsky, P.A.  
22  
23  
24  
25  
26  
27  
28



**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 2019, I caused the above and foregoing **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS, RAVI RAMANATHAN, M.D., BERALDO VAZQUEZ-CORREA, M.D., JOSHUA SMITH, P.A., and YAAKOV DOVID KOTLARSKY, P.A.** to be served by placing a true and correct copy of the same in the U.S. Mail, at Las Vegas, Nevada, first class postage fully prepaid and addressed to the following **AND** via email as follows:

Nevada State Board of Pharmacy  
Paul Edwards, General Counsel  
Brett Kandt, General Counsel  
Dave Wuest, Executive Secretary  
985 Damonte Ranch Parkway, Suite 206  
Reno Nevada 89521

Via U.S. Regular Mail & Email  
Email: pedwards@pharmacy.nv.gov  
Email: bkandt@pharmacy.nv.gov  
Email: dwuest@pharmacy.nv.gov

By \_\_\_\_\_  
An Employee of Clark Hill, PLLC

221953795v1 67262-388123

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Ravi Ramanathan, MD**  
**291 N. Pecos Road**  
**Henderson, NV 89074**

  
SHIRLEY HUNTING

**4B**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 15-047-CS-B-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>STATEMENT TO THE</b>
<b>BERALDO VAZQUEZ-CORREA, M.D.,</b>	)	<b>RESPONDENT</b>
<b>Certificate of Registration Nos. CS04757 and</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>PD00559,</b>	)	<b>AND ACCUSATION</b>
	/	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>		

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 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.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1<sup>st</sup> day of June, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Beraldo Vazques-Correa, MD**  
**9975 S. Eastern Ave., #110**  
**Las Vegas, NV 89183**



SHIRLEY HUNTING

221966483

**FILED****JUL 19 2019****NEVADA STATE BOARD  
OF PHARMACY**

1 John A. Hunt, Esq. (NSBN 1888)  
 2 Bert Wuester Jr., Esq. (NSBN 5556)  
 3 **CLARK HILL, PLLC**  
 4 3800 Howard Hughes Pkwy, Suite 500  
 5 Las Vegas, Nevada 89169  
 6 ph. (702) 862-8300; fax (702) 862-8400  
 7 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
 8 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)  
 9 Attorneys for Respondents,  
 10 Ravi Ramanathan, M.D.,  
 11 Beraldo Vazquez-Correa, M.D.,  
 12 Joshua Smith, P.A., and  
 13 Yaakov Dovid Kotlarsky, P.A.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

15 RAVI RAMANATHAN, M.D.,  
 16 Certificate of Registration No. CS14526, and  
 17 PD00143; and

18 BERALDO VAZQUEZ-CORREA, M.D.,  
 19 Certificate of Registration No. CS04757, and  
 20 PD00559; and

21 JOSHUA SMITH, P.A.,  
 22 Certificate of Registration No. CS20661; and

23 YAAKOV DOVID KOTLARSKY, P.A.,  
 24 Certificate of Registration No. CS22538; and

25 JENNIFER LAUREN RELPH, P.A.,  
 26 Certificate of Registration No. CS20661,

Respondents.

Case Nos. **15-047-CS-A-S**  
**15-047-CS-B-S**  
**15-047-CS-C-S**  
**15-047-CS-D-S**  
**15-047-CS-E-S**

**ANSWER AND NOTICE OF  
 DEFENSE OF RESPONDENTS,  
 RAVI RAMANATHAN, M.D.,  
 BERALDO VAZQUEZ-CORREA,  
 M.D., JOSHUA SMITH, P.A., and  
 YAAKOV DOVID KOTLARSKY,  
 P.A.**

1 Respondents, Ravi Ramanathan, M.D. ("Dr. Ramanathan"), Beraldo Vazquez-Correa,  
 2 M.D. ("Dr. Vazquez-Correa"), Joshua Smith, P.A. ("PA Smith"), and Yaakov Dovid Kotlarsky,  
 3 P.A. ("PA Kotlarsky") (collectively "Respondents") by and through counsel, hereby submit their  
 4 Answer and Notice of Defense ("Answer"), pursuant to NRS 639.244<sup>1</sup>, to the *Notice of Intended*  
 5 *Action and Accusation* filed June 1, 2019 ("Accusation"), with the Nevada State Board of  
 6 Pharmacy (the "Board"), in the above-captioned action. This Answer on behalf of Respondents  
 7 is timely based upon the Board's agreement to an extension of time to respond to the Accusation  
 8 to and including July 19, 2019.  
 9

10  
 11 1. Pursuant to NRS 639.244(1)(a), Respondents object to the Accusation as being  
 12 incomplete and failing to set forth clearly the charges against them.  
 13

14  
 15 2. Pursuant to NRS 639.244(1)(b), Respondents deny in whole the violations alleged against  
 16 them in the Accusation.  
 17

18  
 19 3. Pursuant to NRS 639.244(2), by filing this Answer, Respondents have not waived the  
 20 right to a hearing before the Board.  
 21  
 22

---

23 <sup>1</sup> NRS 639.244 Notice of Defense: Form; effect of failure to file.

24 1. The form for the Notice of Defense must be prepared and furnished by the Board and permit the respondent, by  
 25 completing and signing the notice, to:

26 (a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and  
 27 (b) Deny or admit, in part or in whole, the violations alleged.

28 2. The Notice of Defense must be signed by the respondent or his or her attorney under penalty of perjury. Failure  
 to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing, but the Board may grant a  
 hearing.



AFFIRMATIVE DEFENSES

1  
2 1. The allegations contained in the Board's Accusation fail to state a cause of action upon  
3 which relief can be granted.  
4

5 2. The violations alleged against Respondents in the Board's Accusation address matters  
6 from 2014 to 2016 and same should be dismissed because the Board's investigation into the  
7 matters was closed/remanded in May 2016. Following 2016, neither the Board nor anyone from  
8 the Board ever advised of anything different. Over three (3) years passed with nothing from the  
9 Board which would have indicated that the Board hadn't remanded/closed its files on the  
10 investigation(s).  
11

12 3. Paragraph XX at pg. 7 of the Board's Accusation alleges Dr. Ramanathan surrendered his  
13 Dispensing Practitioner Registration, Certificate of Registration No. PD00143 on November 13,  
14 2017, while the Board had an on-going investigation. To the extent not otherwise addressed in  
15 this Answer, these allegations are denied because the Board's investigation was remanded/closed  
16 in May 2016.  
17

18 4. Respondents hereby incorporate by referencce those affirmative defenses enumerated in  
19 Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. In the event further  
20 investigation or discovery reveals the applicability of such defenses, Respondents reserve the  
21 right to seek leave of the Board or appropriate authority to amend this Answer to specifically  
22 assert the same. Such defenses are herein incorporated by reference for the specific purpose of  
23 not waiving the same.  
24

25 5. It has been necessary for Respondents to employ the services of an attorney to defend this  
26 action and a reasonable sum should be allowed as and for attorney's fees, together with the costs  
27 expended in this action.  
28

1 WHEREFORE, Respondents pray the Accusation be dismissed, no discipline issue, that  
 2 the initiating party take nothing by way of its Accusation and go hence with its costs.  
 3

4  
 5 Pursuant to NRS 639.244(2), this Answer is hereby signed by Respondents' attorney.

6 Respectfully submitted this 11 day of July, 2019.

7 **CLARK HILL, PLLC**

8 By [Signature]  
 9 John A. Hunt, Esq. (NSBN 1888)  
 10 Bert Wuester Jr., Esq. (NSBN 5556)  
 11 3800 Howard Hughes Pkwy, Suite 500  
 12 Las Vegas, Nevada 89169  
 13 ph. (702) 862-8300; fax (702) 862-8400  
 14 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
 15 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)

16 Attorneys for Respondents,  
 17 Ravi Ramanathan, M.D.,  
 18 Beraldo Vazquez-Correa, M.D.,  
 19 Joshua Smith, P.A., and  
 20 Yaakov Dovid Kotlarsky, P.A.  
 21  
 22  
 23  
 24  
 25  
 26  
 27  
 28

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 2019, I caused the above and foregoing **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS, RAVI RAMANATHAN, M.D., BERALDO VAZQUEZ-CORREA, M.D., JOSHUA SMITH, P.A., and YAAKOV DOVID KOTLARSKY, P.A.** to be served by placing a true and correct copy of the same in the U.S. Mail, at Las Vegas, Nevada, first class postage fully prepaid and addressed to the following **AND** via email as follows:

Nevada State Board of Pharmacy  
Paul Edwards, General Counsel  
Brett Kandt, General Counsel  
Dave Wuest, Executive Secretary  
985 Damonte Ranch Parkway, Suite 206  
Reno Nevada 89521

Via U.S. Regular Mail & Email  
Email: pedwards@pharmacy.nv.gov  
Email: bkandt@pharmacy.nv.gov  
Email: dwuest@pharmacy.nv.gov

By \_\_\_\_\_  
An Employee of Clark Hill, PLLC

221953795v1 67262-388123

**4C**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 15-047-CS-C-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>JOSHUA SMITH, P.A.,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS20661,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 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.**

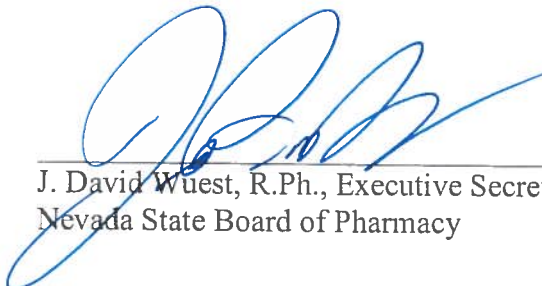
## IV.

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.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1<sup>st</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Joshua Smith, PA  
291 N. Pecos Road  
Henderson, NV 89074**

  
SHIRLEY HUNTING

221966483

**FILED****JUL 19 2019****NEVADA STATE BOARD  
OF PHARMACY**

1 John A. Hunt, Esq. (NSBN 1888)  
 2 Bert Wuester Jr., Esq. (NSBN 5556)  
 3 **CLARK HILL, PLLC**  
 3800 Howard Hughes Pkwy, Suite 500  
 4 Las Vegas, Nevada 89169  
 ph. (702) 862-8300; fax (702) 862-8400  
 5 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
 6 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)  
 Attorneys for Respondents,  
 7 Ravi Ramanathan, M.D.,  
 Beraldo Vazquez-Correa, M.D.,  
 8 Joshua Smith, P.A., and  
 9 Yaakov Dovid Kotlarsky, P.A.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

15 RAVI RAMANATHAN, M.D.,  
 16 Certificate of Registration No. CS14526, and  
 17 PD00143; and

18 BERALDO VAZQUEZ-CORREA, M.D.,  
 19 Certificate of Registration No. CS04757, and  
 PD00559; and

20 JOSHUA SMITH, P.A.,  
 21 Certificate of Registration No. CS20661; and

22 YAAKOV DOVID KOTLARSKY, P.A.,  
 23 Certificate of Registration No. CS22538; and

24 JENNIFER LAUREN RELPH, P.A.,  
 25 Certificate of Registration No. CS20661,

Respondents.

Case Nos. **15-047-CS-A-S**  
**15-047-CS-B-S**  
**15-047-CS-C-S**  
**15-047-CS-D-S**  
**15-047-CS-E-S**

**ANSWER AND NOTICE OF  
 DEFENSE OF RESPONDENTS,  
 RAVI RAMANATHAN, M.D.,  
 BERALDO VAZQUEZ-CORREA,  
 M.D., JOSHUA SMITH, P.A., and  
 YAAKOV DOVID KOTLARSKY,  
 P.A.**



1 Respondents, Ravi Ramanathan, M.D. ("Dr. Ramanathan"), Beraldo Vazquez-Correa,  
 2 M.D. ("Dr. Vazquez-Correa"), Joshua Smith, P.A. ("PA Smith"), and Yaakov Dovid Kotlarsky,  
 3 P.A. ("PA Kotlarsky") (collectively "Respondents") by and through counsel, hereby submit their  
 4 Answer and Notice of Defense ("Answer"), pursuant to NRS 639.244<sup>1</sup>, to the *Notice of Intended*  
 5 *Action and Accusation* filed June 1, 2019 ("Accusation"), with the Nevada State Board of  
 6 Pharmacy (the "Board"), in the above-captioned action. This Answer on behalf of Respondents  
 7 is timely based upon the Board's agreement to an extension of time to respond to the Accusation  
 8 to and including July 19, 2019.  
 9

10  
 11 1. Pursuant to NRS 639.244(1)(a), Respondents object to the Accusation as being  
 12 incomplete and failing to set forth clearly the charges against them.  
 13

14  
 15 2. Pursuant to NRS 639.244(1)(b), Respondents deny in whole the violations alleged against  
 16 them in the Accusation.  
 17

18  
 19 3. Pursuant to NRS 639.244(2), by filing this Answer, Respondents have not waived the  
 20 right to a hearing before the Board.  
 21  
 22

23 <sup>1</sup> **NRS 639.244 Notice of Defense: Form; effect of failure to file.**

24 1. The form for the Notice of Defense must be prepared and furnished by the Board and permit the respondent, by  
 25 completing and signing the notice, to:

26 (a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and  
 27 (b) Deny or admit, in part or in whole, the violations alleged.

28 2. The Notice of Defense must be signed by the respondent or his or her attorney under penalty of perjury. Failure  
 to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing, but the Board may grant a  
 hearing.

AFFIRMATIVE DEFENSES

1  
2 1. The allegations contained in the Board's Accusation fail to state a cause of action upon  
3 which relief can be granted.  
4

5 2. The violations alleged against Respondents in the Board's Accusation address matters  
6 from 2014 to 2016 and same should be dismissed because the Board's investigation into the  
7 matters was closed/remanded in May 2016. Following 2016, neither the Board nor anyone from  
8 the Board ever advised of anything different. Over three (3) years passed with nothing from the  
9 Board which would have indicated that the Board hadn't remanded/closed its files on the  
10 investigation(s).  
11

12 3. Paragraph XX at pg. 7 of the Board's Accusation alleges Dr. Ramanathan surrendered his  
13 Dispensing Practitioner Registration, Certificate of Registration No. PD00143 on November 13,  
14 2017, while the Board had an on-going investigation. To the extent not otherwise addressed in  
15 this Answer, these allegations are denied because the Board's investigation was remanded/closed  
16 in May 2016.  
17

18 4. Respondents hereby incorporate by reference those affirmative defenses enumerated in  
19 Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. In the event further  
20 investigation or discovery reveals the applicability of such defenses, Respondents reserve the  
21 right to seek leave of the Board or appropriate authority to amend this Answer to specifically  
22 assert the same. Such defenses are herein incorporated by reference for the specific purpose of  
23 not waiving the same.  
24

25 5. It has been necessary for Respondents to employ the services of an attorney to defend this  
26 action and a reasonable sum should be allowed as and for attorney's fees, together with the costs  
27 expended in this action.  
28

1 WHEREFORE, Respondents pray the Accusation be dismissed, no discipline issue, that  
2 the initiating party take nothing by way of its Accusation and go hence with its costs.  
3

4  
5 Pursuant to NRS 639.244(2), this Answer is hereby signed by Respondents' attorney.

6 Respectfully submitted this 11 day of July, 2019.  
7

8 **CLARK HILL, PLLC**

9 By [Signature]  
10 John A. Hunt, Esq. (NSBN 1888)  
11 Bert Wuester Jr., Esq. (NSBN 5556)  
12 3800 Howard Hughes Pkwy, Suite 500  
13 Las Vegas, Nevada 89169  
14 ph. (702) 862-8300; fax (702) 862-8400  
15 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
16 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)

17 Attorneys for Respondents,  
18 Ravi Ramanathan, M.D.,  
19 Beraldo Vazquez-Correa, M.D.,  
20 Joshua Smith, P.A., and  
21 Yaakov Dovid Kotlarsky, P.A.  
22  
23  
24  
25  
26  
27  
28

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 2019, I caused the above and foregoing **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS, RAVI RAMANATHAN, M.D., BERALDO VAZQUEZ-CORREA, M.D., JOSHUA SMITH, P.A., and YAAKOV DOVID KOTLARSKY, P.A.** to be served by placing a true and correct copy of the same in the U.S. Mail, at Las Vegas, Nevada, first class postage fully prepaid and addressed to the following **AND** via email as follows:

Nevada State Board of Pharmacy  
Paul Edwards, General Counsel  
Brett Kandt, General Counsel  
Dave Wuest, Executive Secretary  
985 Damonte Ranch Parkway, Suite 206  
Reno Nevada 89521

Via U.S. Regular Mail & Email  
Email: pedwards@pharmacy.nv.gov  
Email: bkandt@pharmacy.nv.gov  
Email: dwuest@pharmacy.nv.gov

By \_\_\_\_\_  
An Employee of Clark Hill, PLLC  
  
221953795v1 67262-388123

**4D**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 15-047-CS-D-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>YAAKOV DOVID KOTLARSKY, P.A.,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS22538,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 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.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 17<sup>th</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Yaakov Edovid Kotlarsky, PA  
10652 S. Eastern Avenue  
Henderson, NV 89052**

  
SHIRLEY HUNTING



221966483

**FILED****JUL 19 2019****NEVADA STATE BOARD  
OF PHARMACY**

1 John A. Hunt, Esq. (NSBN 1888)  
 2 Bert Wuester Jr., Esq. (NSBN 5556)  
 3 **CLARK HILL, PLLC**  
 4 3800 Howard Hughes Pkwy, Suite 500  
 5 Las Vegas, Nevada 89169  
 6 ph. (702) 862-8300; fax (702) 862-8400  
 7 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
 8 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)  
 9 Attorneys for Respondents,  
 10 Ravi Ramanathan, M.D.,  
 11 Beraldo Vazquez-Correa, M.D.,  
 12 Joshua Smith, P.A., and  
 13 Yaakov Dovid Kotlarsky, P.A.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

15 RAVI RAMANATHAN, M.D.,  
 16 Certificate of Registration No. CS14526, and  
 17 PD00143; and

18 BERALDO VAZQUEZ-CORREA, M.D.,  
 19 Certificate of Registration No. CS04757, and  
 20 PD00559; and

21 JOSHUA SMITH, P.A.,  
 22 Certificate of Registration No. CS20661; and

23 YAAKOV DOVID KOTLARSKY, P.A.,  
 24 Certificate of Registration No. CS22538; and

25 JENNIFER LAUREN RELPH, P.A.,  
 26 Certificate of Registration No. CS20661,

Respondents.

Case Nos. **15-047-CS-A-S**  
**15-047-CS-B-S**  
**15-047-CS-C-S**  
**15-047-CS-D-S**  
**15-047-CS-E-S**

**ANSWER AND NOTICE OF  
 DEFENSE OF RESPONDENTS,  
 RAVI RAMANATHAN, M.D.,  
 BERALDO VAZQUEZ-CORREA,  
 M.D., JOSHUA SMITH, P.A., and  
 YAAKOV DOVID KOTLARSKY,  
 P.A.**

1 Respondents, Ravi Ramanathan, M.D. ("Dr. Ramanathan"), Beraldo Vazquez-Correa,  
 2 M.D. ("Dr. Vazquez-Correa"), Joshua Smith, P.A. ("PA Smith"), and Yaakov Dovid Kotlarsky,  
 3 P.A. ("PA Kotlarsky") (collectively "Respondents") by and through counsel, hereby submit their  
 4 Answer and Notice of Defense ("Answer"), pursuant to NRS 639.244<sup>1</sup>, to the *Notice of Intended*  
 5 *Action and Accusation* filed June 1, 2019 ("Accusation"), with the Nevada State Board of  
 6 Pharmacy (the "Board"), in the above-captioned action. This Answer on behalf of Respondents  
 7 is timely based upon the Board's agreement to an extension of time to respond to the Accusation  
 8 to and including July 19, 2019.  
 9

10  
 11 1. Pursuant to NRS 639.244(1)(a), Respondents object to the Accusation as being  
 12 incomplete and failing to set forth clearly the charges against them.  
 13

14  
 15 2. Pursuant to NRS 639.244(1)(b), Respondents deny in whole the violations alleged against  
 16 them in the Accusation.  
 17

18  
 19 3. Pursuant to NRS 639.244(2), by filing this Answer, Respondents have not waived the  
 20 right to a hearing before the Board.  
 21  
 22

23  
 24 <sup>1</sup> NRS 639.244 Notice of Defense: Form; effect of failure to file.

25 1. The form for the Notice of Defense must be prepared and furnished by the Board and permit the respondent, by  
 26 completing and signing the notice, to:

27 (a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and  
 28 (b) Deny or admit, in part or in whole, the violations alleged.

2. The Notice of Defense must be signed by the respondent or his or her attorney under penalty of perjury. Failure  
 to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing, but the Board may grant a  
 hearing.

AFFIRMATIVE DEFENSES

1. The allegations contained in the Board's Accusation fail to state a cause of action upon which relief can be granted.

2. The violations alleged against Respondents in the Board's Accusation address matters from 2014 to 2016 and same should be dismissed because the Board's investigation into the matters was closed/remanded in May 2016. Following 2016, neither the Board nor anyone from the Board ever advised of anything different. Over three (3) years passed with nothing from the Board which would have indicated that the Board hadn't remanded/closed its files on the investigation(s).

3. Paragraph XX at pg. 7 of the Board's Accusation alleges Dr. Ramanathan surrendered his Dispensing Practitioner Registration, Certificate of Registration No. PD00143 on November 13, 2017, while the Board had an on-going investigation. To the extent not otherwise addressed in this Answer, these allegations are denied because the Board's investigation was remanded/closed in May 2016.

4. Respondents hereby incorporate by reference those affirmative defenses enumerated in Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. In the event further investigation or discovery reveals the applicability of such defenses, Respondents reserve the right to seek leave of the Board or appropriate authority to amend this Answer to specifically assert the same. Such defenses are herein incorporated by reference for the specific purpose of not waiving the same.

5. It has been necessary for Respondents to employ the services of an attorney to defend this action and a reasonable sum should be allowed as and for attorney's fees, together with the costs expended in this action.

1 WHEREFORE, Respondents pray the Accusation be dismissed, no discipline issue, that  
2 the initiating party take nothing by way of its Accusation and go hence with its costs.  
3

4  
5 Pursuant to NRS 639.244(2), this Answer is hereby signed by Respondents' attorney.

6 Respectfully submitted this 11 day of July, 2019.

7 **CLARK HILL, PLLC**

8 By [Signature]  
9 John A. Hunt, Esq. (NSBN 1888)  
10 Bert Wuester Jr., Esq. (NSBN 5556)  
11 3800 Howard Hughes Pkwy, Suite 500  
12 Las Vegas, Nevada 89169  
13 ph. (702) 862-8300; fax (702) 862-8400  
14 email: [jhunt@clarkhill.com](mailto:jhunt@clarkhill.com)  
15 email: [bwuester@clarkhill.com](mailto:bwuester@clarkhill.com)

16 Attorneys for Respondents,  
17 Ravi Ramanathan, M.D.,  
18 Beraldo Vazquez-Correa, M.D.,  
19 Joshua Smith, P.A., and  
20 Yaakov Dovid Kotlarsky, P.A.  
21  
22  
23  
24  
25  
26  
27  
28

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 2019, I caused the above and foregoing **ANSWER AND NOTICE OF DEFENSE OF RESPONDENTS, RAVI RAMANATHAN, M.D., BERALDO VAZQUEZ-CORREA, M.D., JOSHUA SMITH, P.A., and YAAKOV DOVID KOTLARSKY, P.A.** to be served by placing a true and correct copy of the same in the U.S. Mail, at Las Vegas, Nevada, first class postage fully prepaid and addressed to the following **AND** via email as follows:

Nevada State Board of Pharmacy  
Paul Edwards, General Counsel  
Brett Kandt, General Counsel  
Dave Wuest, Executive Secretary  
985 Damonte Ranch Parkway, Suite 206  
Reno Nevada 89521

Via U.S. Regular Mail & Email  
Email: pedwards@pharmacy.nv.gov  
Email: bkandt@pharmacy.nv.gov  
Email: dwuest@pharmacy.nv.gov

By \_\_\_\_\_  
An Employee of Clark Hill, PLLC

221953795v1 67262-388123

**4E**

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 15-047-CS-E-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>JENNIFER LAUREN RELPH, P.A.,</b>	)	<b>NOTICE OF INTENDED ACTION</b>
<b>Certificate of Registration No. CS20905,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, July 17, 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.**

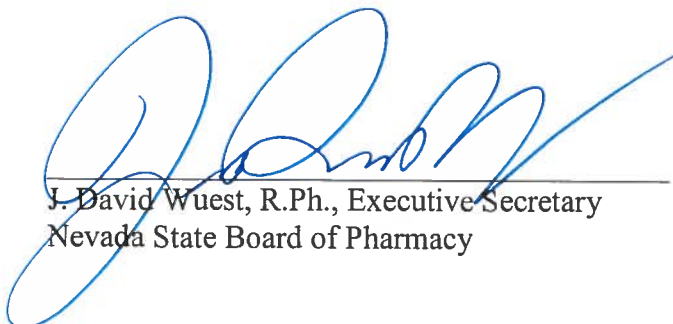
## IV.

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.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1<sup>st</sup> day of June, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



### CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Jennifer Lauren Relph, PA**  
**4100 W. Flamingo Rd., #2100**  
**Las Vegas, NV 89103**



SHIRLEY HUNTING

1 COOK & KELESIS, LTD.  
 2 KATHLEEN JANSSEN, ESQ.  
 Nevada Bar No. 5026  
 517 South 9<sup>th</sup> Street  
 3 Las Vegas, Nevada 89101  
 Telephone : (702) 737-7702  
 4

**FILED**

**JUL 17 2019**

**NEVADA STATE BOARD  
OF PHARMACY**

5 *Attorneys for Respondent*  
 6 *Jennifer Lauren Relph, P.A.*

7 BEFORE THE NEVADA STATE BOARD OF PHARMACY

8 \* \* \* \* \*

9 NEVADA STATE BOARD OF PHARMACY

11 Petitioner,

CASE NOS. 15-047-CS-A-S  
 15-047-CS-B-S  
 15-047-CS-C-S  
 15-047-CS-D-S  
 15-047-CS-E-S

13 vs.

14 CASE NO.

15 RAVI RMANATHAN, M.D.,  
 Certificate of Registration Nos. C814526, and  
 16 PD000143; and

17 BERALDO VAZQUESZ-CORREA, M.D.,  
 Certificate of Registration No. CS20661; and

18 JOSHUA SMITH, P.A.,  
 Certificate of Registration No. CS20661; and

20 YAAKOV DOVID KOTLARSKY, P.A.,  
 Certificate of Registration No. CS22538; and

21 JENNIFER LAUREN RELPH, P.A.,  
 Certificate of Registration No. CS20905,  
 22

23 Respondents.  
 24

25 ANSWER AND NOTICE OF DEFENSE

26 Respondent JENNIFER LAUREN RELPH, P.A. ("PA Relph), by and through her attorney  
 27 of record, Kathleen Janssen, Esq., of Cook & Kelesis, Ltd., answers the Notice of Intended Action  
 28 and Accusation ("the Notice") in the above-captioned matter and declares as follows:

**INTRODUCTION**

1. That her objection to the Notice as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: None.
2. That PA Relph requests a hearing on the Notice at the October 2019 Pharmacy Board meeting.
3. That, in answer to the Notice, PA Relph admits, denies and alleges as follows:

**I.**

PA Relph admits that the Pharmacy Board has jurisdiction over this matter.

1. In answering Paragraphs 1 to 4 of the Notice, PA Relph states that Ramanathan told her that he held a Controlled Substance Registration and Practitioner Dispensing Registration, but she is without knowledge or information sufficient to form a belief as to the truth or falsity of the remaining allegations contained therein, and therefore denies the same.
2. In answering Paragraph 5, PA Relph admits the allegations contained therein concerning her Controlled Substance Registration, admits that Ramanathan was her supervising physician and states that Ramanathan was also her employer, but denies the remaining allegations as she is without knowledge or information sufficient to form a belief as to the truth or falsity of the allegations contained therein, and therefore denies the same.

**FACTUAL ALLEGATIONS**

**II.**

In answering Paragraph II, PA Relph admits that Ramanathan operated the Clinic in Las Vegas, Nevada, states that Ramanathan told her that he held a Controlled Substance Registration and Practitioner Dispensing Registration, but she is without knowledge or information sufficient to form a belief as to the truth or falsity of the remaining allegations contained therein, and therefore denies the same.

**III.**

In answering Paragraph III, PA Relph admits that she was a licensed practitioner who worked at the Clinic with PAs Smith and Kotlarsky, admits that she held a Controlled Substance

1 Registration, admits that she did not hold a Nevada Dispensing Registration, but she is without  
2 knowledge or information sufficient to form a belief as to the truth or falsity of the remaining  
3 allegations contained therein, and therefore denies the same.

4 IV.

5 In answering Paragraph IV, PA Relph admits the allegations contained therein.

6 V-VI.

7 In answering Paragraphs V and VI, PA Relph states that Ramanathan instructed her  
8 that because he was her employer and supervising physician and because he held a Nevada  
9 Dispensing Registration, neither she nor the other Respondents needed their own Nevada Dispensing  
10 Registration to dispense at the Clinic, clarifies that once she became aware that the Pharmacy Board  
11 was investigating dispensing practices at the Clinic, she stopped dispensing to patients entirely, but  
12 she is without knowledge or information sufficient to form a belief as to the truth or falsity of the  
13 remaining allegations contained therein, and therefore denies the same.

14 VII-XX.

15 In answering Paragraphs VII through and including XX, PA Relph is without knowledge or  
16 information sufficient to form a belief as to the truth or falsity of the allegations contained therein,  
17 and therefore denies the same.

18 XXI-XXIII.

19 FIRST CAUSE OF ACTION (RAMANATHAN ONLY)

20 SECOND CAUSE OF ACTION (RAMANATHAN ONLY)

21 THIRD CAUSE OF ACTION (RAMANATHAN ONLY)

22 As the First, Second and Third Causes of Action pertain only to Ramanathan, these  
23 allegations do not require a response by PA Relph, but in an abundance of caution, PA Relph denies  
24 them for that reason and because she is without knowledge or information sufficient to form a belief  
25 as to the truth or falsity of the allegations contained therein.

1 XXIV.

2 FOURTH CAUSE OF ACTION

3 PA Relph states that the allegations contained in the Fourth Cause of Action contain legal  
4 conclusions and therefore she denies the same.

5 XXV-XXVI.

6 FIFTH CAUSE OF ACTION (RAMANATHAN ONLY)

7 SIXTH CAUSE OF ACTION (RAMANATHAN ONLY)

8 As the Fifth and Sixth Causes of Action pertain only to Ramanathan, these allegations do not  
9 require a response by PA Relph, but in an abundance of caution, PA Relph denies them for that  
10 reason and because she is without knowledge or information sufficient to form a belief as to the truth  
11 or falsity of the allegations contained therein.

12 XXVII.

13 SEVENTH CAUSE OF ACTION

14 PA Relph states that the allegations contained in the Seventh Cause of Action contain legal  
15 conclusions and therefore she denies the same.

16 XXVIII-XXX.

17 EIGHTH CAUSE OF ACTION (RAMANATHAN ONLY)

18 NINTH CAUSE OF ACTION (RAMANATHAN ONLY)

19 TENTH CAUSE OF ACTION (RAMANATHAN ONLY)

20 As the Eighth, Ninth and Tenth Causes of Action pertain only to Ramanathan, these  
21 allegations do not require a response by PA Relph, but in an abundance of caution, PA Relph denies  
22 them for that reason and because she is without knowledge or information sufficient to form a belief  
23 as to the truth or falsity of the allegations contained therein.

24 XXXI-XXXII

25 ELEVENTH CAUSE OF ACTION

26 PA Relph states that the allegations contained in the Eleventh Cause of Action contain legal  
27 conclusions and therefore she denies the same.

## AFFIRMATIVE DEFENSES

1. The Notice fails to state a claim warranting the relief for which it prays.
2. Relief is barred by the doctrine of waiver.
3. Relief is barred by the doctrine of estoppel.
4. The Board cannot prove the necessary state of mind to warrant discipline.
5. The statutes and regulations the Board seeks to enforce are void for vagueness facially and as applied.
6. The Notice is barred by the doctrine of laches.
7. Remedial actions were enacted once PA Relph learned of the dispensing allegations and those actions prevented any similar allegations from occurring.
8. The applicable statute of limitations bars the Notice and the purported claims for relief contained therein.
9. At all times relevant to this action, PA Relph was acting in good faith and believing her actions were legally compliant.
10. The allegations contained in the Notice were the result of misunderstanding/misinterpretation of the dispensing laws by PA Relph, her employer and supervisor Ramanathan, and the other named Respondents who worked with her at the Clinic.
11. Any allegations contained in the Notice, even if true, were not the result of willful, malicious or deliberate conduct by PA Relph or the other Respondents.
12. The Notice and the Board's pursuit of same amounts to a deprivation of PA Relph's due process rights.
13. All affirmative defenses contained in NRCP 8 are incorporated herein by reference.

1 WHEREFORE, PA Relph requests that no disciplinary action be taken against her and the  
2 Notice be dismissed.

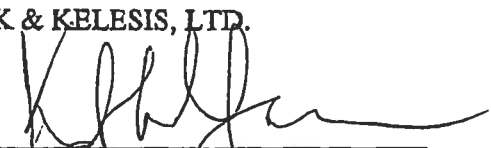
3 I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense,  
4 and all facts therein stated, are true and correct to the best of my knowledge.

5 DATED this 17 day of July 2019.

6   
7 JENNIFER LAUREN RELPH, P.A.

8 Submitted by:

9 COOK & KELESIS, LTD.

10   
11 By: KATHLEEN JANSSEN, ESQ.  
12 Nevada Bar No. 5026  
13 517 South 9<sup>th</sup> Street  
14 Las Vegas, Nevada 89101  
Attorneys for Respondent Relph

15 **CERTIFICATE OF SERVICE**

16 I hereby certify that I am an employee of COOK & KELESIS, LTD., and that on the 17<sup>th</sup> day  
17 of July, 2019, I served the above and foregoing ANSWER AND NOTICE OF DEFENSE via  
18 United States Mail on the NEVADA STATE BOARD OF PHARMACY listed below by placing two  
19 (2) true and correct copies thereof in the United States Mail, with first class postage fully prepaid  
20 thereon, addressed as follows:

21 Nevada State Board of Pharmacy  
22 985 Damonte Ranch Parkway – Suite 206  
23 Reno, NV 89521

24 A courtesy copy of the Amended Answer and Notice of Defense was also emailed the same  
25 day to Paul Edwards, General Counsel, Nevada State Board of Pharmacy at  
26 pedwards@pharmacy.nv.gov.

27   
28 An Employee of Cook & Kelesis, Ltd.

**4F**



FILED

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ORLANDIS L. WELLS, M.D.,  
Certificate of Registration No. CS11877,

Respondent.

) CASE NO. 19-211-CS-S

)

)

)

) NOTICE OF INTENDED ACTION  
) AND ACCUSATION

)

)

/

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent Orlandis L. Wells, M.D. (Wells), held a Nevada Controlled Substance Registration, Certificate No. CS11877, issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On August 22, 2019, Wells surrendered his DEA Certificate of Registration No. BW8208983 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

### III.

By executing the DEA Surrender for Cause, Wells acknowledged in pertinent part the following:

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

### IV.

On or about August 22, 2019, Board staff notified Wells that his surrender of DEA Certificate of Registration No. BW8208983 for cause operated as an immediate suspension of his Certificate of Registration No. CS11877 with the Board pursuant to NRS 639.2107.

### **APPLICABLE LAW**

### V.

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).

### VI.

The surrender of a registration to the Drug Enforcement Administration by a practitioner operates as an immediate suspension of a registration issued by the Board pursuant to NRS Chapter 453 to possess, administer, prescribe or dispense controlled substances. NRS 639.2107.

### VII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

### VIII.

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 or registration issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

#### IX.

By failing to comply with the Federal requirements pertaining to controlled substances, Wells committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

### **SECOND CAUSE OF ACTION**

#### X.

By surrendering his DEA Certificate of Registration No. BW8208983 for cause, the suspension of Wells' Nevada Controlled Substance Registration, Certificate No. CS11877 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

### **THIRD CAUSE OF ACTION**

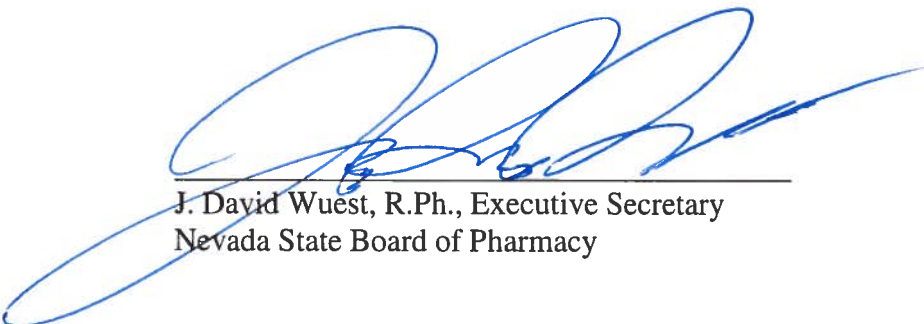
#### XI.

By failing to comply with the Federal requirements pertaining to controlled substances, Wells is subject to discipline pursuant to NRS 639.210(11) and/or (12), and NRS 639.255.

## XII.

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

Signed this 11<sup>th</sup> day of September, 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-211-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE RESPONDENT</b>
	)	<b>AND NOTICE OF HEARING</b>
<b>ORLANDIS L. WELLS, M.D.,</b>	)	
<b>Certificate of Registration No. CS11877,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Wednesday, October 9, 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.**

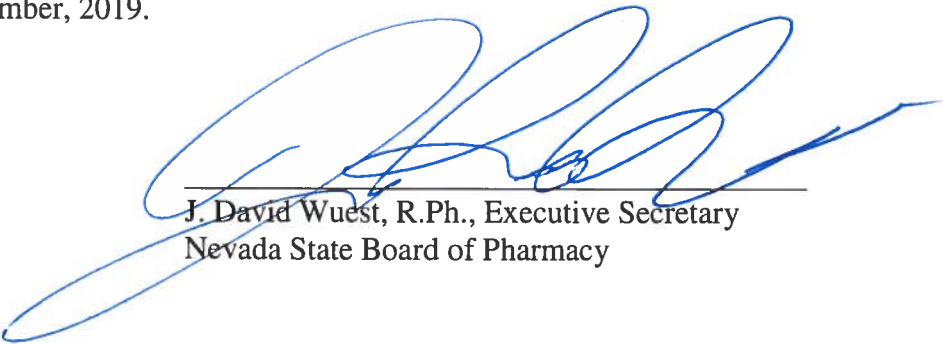
## IV.

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.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-211-CS-S</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>ORLANDIS L. WELLS, MD,</b>	)	
<b>Certificate of Registration No. CS11877,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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



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

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

DATED this \_\_\_\_ day of September, 2019.

---

**ORLANDIS L. WELLS, M.D.**

### **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Orlandis L. Wells, M.D.  
9065 S. Pecos Rd. #240  
Henderson, NV, 89074



SHIRLEY HUNTING



NEVADA STATE BOARD OF PHARMACY  
**OFFICE OF THE GENERAL COUNSEL**

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov) • FAX: (775) 850-1444

August 23, 2019

**VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL**

Orlandis L. Wells  
 9065 S Pecos Rd. #240  
 Henderson, NV, 89074

***Re: Suspension of Certificate of Registration No. CS11877 and PMP Access***

Dear Dr. Wells:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. BW8208983 on August 22, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS11877 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or [pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov).

Best regards,

A handwritten signature in blue ink that reads "S. Paul Edwards".

S. Paul Edwards  
 General Counsel  
 Nevada State Board of Pharmacy

Cc: David Wuest, R.Ph., Executive Secretary, Nevada State Board of Pharmacy; Yen Long, Pharm.D., Deputy Executive Director, Nevada State Board of Pharmacy

9171 9690 0935 0157 4998 46

**4G**

**FILED**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-150-WH</b>
	)	
<b>Petitioner,</b>	)	
	)	
<b>v.</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>ALLIED 100, LLC</b>	)	
<b>Certificate of Registration No.WH02096</b>	)	
	)	
<b>Respondent.</b>	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent ALLIED 100, LLC, held Nevada Wholesaler License No. WH02096 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS****II.**

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

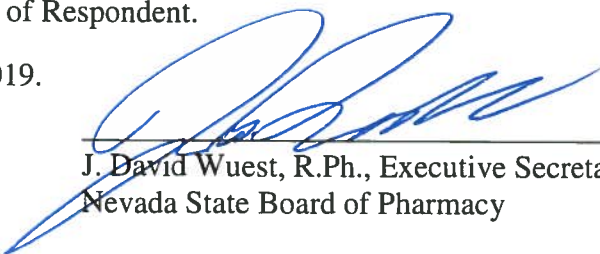
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-150-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>ALLIED 100, LLC</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH02096</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-150-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>ALLIED 100, LLC</b>	)	
<b>Certificate of Registration No. WH02096</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
ALLIED 100, LLC

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

ALLIED 100, LLC  
1800 US Hwy 51 N  
Woodruff, WI, 54568-9558



SHIRLEY HUNTING

**4H**

**FILED**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-151-WH</b>
	)	
<b>Petitioner,</b>	)	
	)	
<b>v.</b>	)	<b>NOTICE OF INTENDED ACTION</b>
	)	<b>AND ACCUSATION</b>
<b>AMERICARES FOUNDATION, INC.</b>	)	
<b>Certificate of Registration No. WH01805</b>	)	
	)	
<b>Respondent.</b>	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent AMERICARES FOUNDATION, INC., held Nevada Wholesaler License No. WH01805 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS****II.**

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.



3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

# VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

## **FIRST CAUSE OF ACTION**

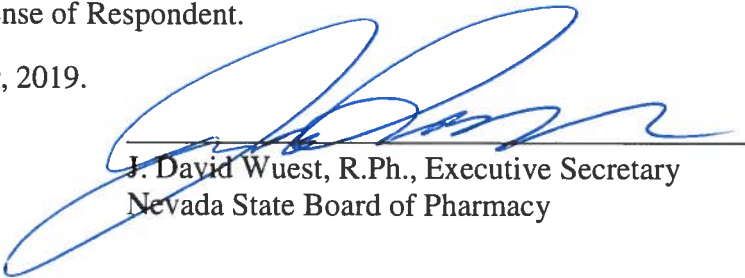
# VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

# VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-151-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>AMERICARES FOUNDATION, INC.</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH01805</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

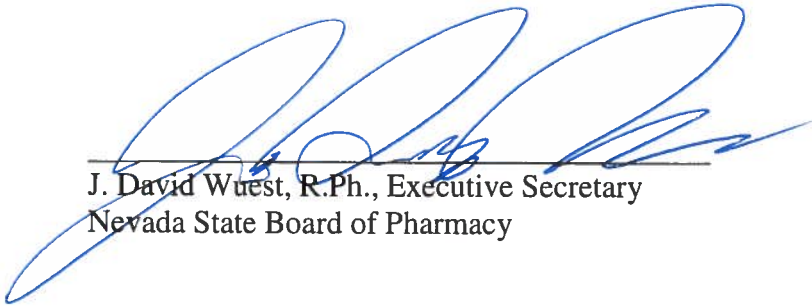
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

FILED

OCT 02 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case No. 19-151-WH
Petitioner,	)	
	)	
v.	)	ANSWER AND NOTICE OF
	)	DEFENSE
	)	
AMERICARES FOUNDATION, INC.	)	
Certificate of Registration No. WH01895	)	
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 its objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against it, is hereby interposed on the following grounds:

A. None.

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

A. Admits the Board has jurisdiction over the Respondent as described in Paragraph I.

B. Admits the Allegations in Paragraph II - III.

C. Neither admits nor denies the allegations set forth in Paragraph IV of the Notice of Intended Action and Accusation.

D. Admits the citations to Nevada Revised Statutes in Paragraphs V – VI to the extent they accurately refer to the language quoted therein.

E. Denies the allegations set forth in Paragraph VII of the Notice of Intended Action and Accusation, the First Cause of Action directed to Respondent.

Respondent Americares Foundation denies any allegation of a violation of Nev. Rev. Stat. § 639.500 to the extent that Respondent knew or reasonably should have known that it must submit complete sets of fingerprints and written permission authorizations for its officers.

Respondent Americares Foundation affirmatively alleges that on December 15, 2011, Board Counsel Carolyn Cramer confirmed via email that fingerprint submissions for Respondent's designated representative and designated representative supervisor shall

fulfill Nevada's fingerprinting requirements. Ms. Cramer's email is included as *Attachment 1*.

Respondent Americares Foundation further affirmatively alleges that its application for wholesale license no. WHO1805 included reference to this exemption, and that it has since obtained four license renewals without the inclusion of the requested fingerprints or written permission authorizations.

F. Denies any and all allegations not heretofore previously admitted or denied.

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

DATED this 2<sup>nd</sup> day of October, 2019.



Christina Casagrande, Esq.  
Director, Legal & Compliance, Americares Foundation

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

AMERICARES FOUNDATION, INC.  
88 Hamilton Avenue  
Stamford, CT, 06902



SHIRLEY HUNTING

**41**



FILED

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-154-WH
	)	
Petitioner,	)	
	)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
BIO COMP PHARMA, INC.	)	
Certificate of Registration No. WH01917	)	
	)	
Respondent.	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent BIO COMP PHARMA, INC., held Nevada Wholesaler License No. WH01917 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

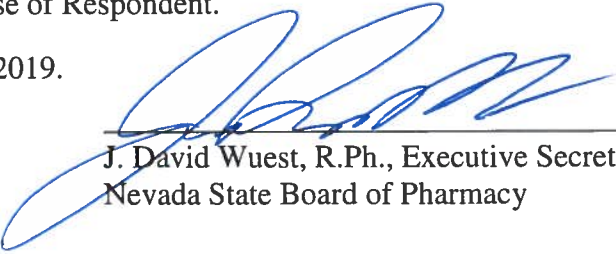
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-154-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>BIO COMP PHARMA, INC.</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH01917</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

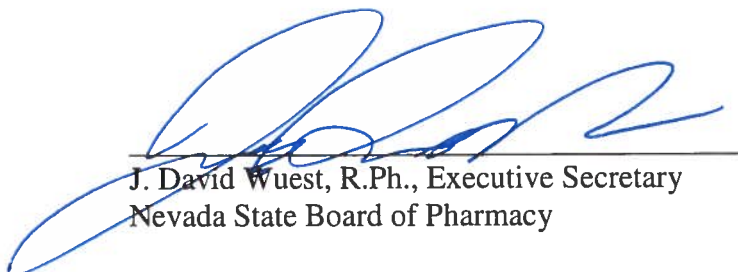
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-154-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>BIO COMP PHARMA, INC.</b>	)	
<b>Certificate of Registration No. WH01917</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

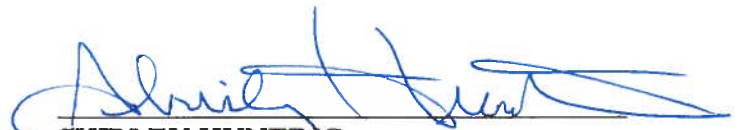
\_\_\_\_\_  
Authorized Representative For  
BIO COMP PHARMA, INC.



## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

BIO COMP PHARMA, INC.  
38505 IH 10 WEST  
Boerne, TX, 78006

  
SHIRLEY HUNTING

**4J**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-155-WH
	)	
Petitioner,	)	
	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
BREG, INC.	)	AND ACCUSATION
Certificate of Registration No. WH02000	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent BREG, INC., held Nevada Wholesaler License No. WH02000 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

## VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

## **FIRST CAUSE OF ACTION**

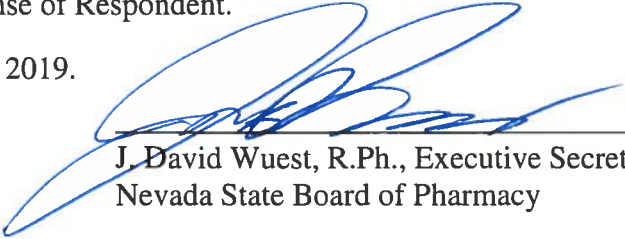
## VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

## VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-155-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
<b>BREG, INC.</b>	)	<b>RESPONDENT</b>
<b>Certificate of Registration No. WH02000</b>	)	<b>AND NOTICE OF HEARING</b>
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-155-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>BREG, INC.</b>	)	
<b>Certificate of Registration No. WH02000</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
BREG, INC.

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

BREG, INC.  
2835 FORTUNE CIRCLE WEST  
INDIANAPOLIS, IN, 46241



SHIRLEY HUNTING

**4K**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-158-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>CLINICIAN'S CHOICE DENTAL PRODUCTS</b>	)	<b>AND ACCUSATION</b>
<b>INC.</b>	)	
<b>Certificate of Registration No.WH02116</b>	)	
	/	
<b>Respondent.</b>		

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent CLINICIAN'S CHOICE DENTAL PRODUCTS INC., held Nevada Wholesaler License No. WH02116 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS****II.**

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-158-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>CLINICIAN'S CHOICE DENTAL PRODUCTS</b>	)	<b>AND NOTICE OF HEARING</b>
<b>INC.</b>	)	
<b>Certificate of Registration No. WH02116</b>	)	
	/	
<b>Respondent.</b>		

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

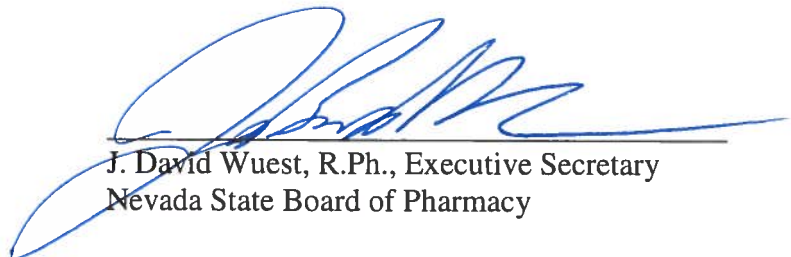
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-158-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>CLINICIAN'S CHOICE DENTAL PRODUCTS</b>	)	
<b>INC.</b>	)	
<b>Certificate of Registration No. WH02116</b>	)	
	/	
<b>Respondent.</b>		

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
CLINICIAN'S CHOICE DENTAL  
PRODUCTS INC.

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CLINICIAN'S CHOICE DENTAL PRODUCTS  
INC.  
559B Federal Road  
Brookfield, CT, 06804



SHIRLEY HUNTING

**4L**

**FILED**

SEP 11 2019

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**NEVADA STATE BOARD  
OF PHARMACY

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-162-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>DENTAL CITY</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration No.WH02386</b>	)	
	)	
<b>Respondent.</b>	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent DENTAL CITY, held Nevada Wholesaler License No. WH02386 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS****II.**

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.



3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION**

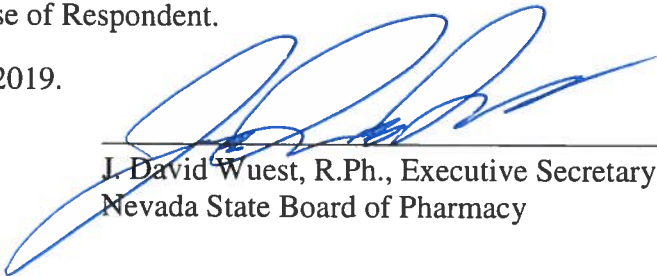
VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-162-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
<b>DENTAL CITY</b>	)	<b>RESPONDENT</b>
<b>Certificate of Registration No. WH02386</b>	)	<b>AND NOTICE OF HEARING</b>
	)	
<b>Respondent.</b>	/	

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

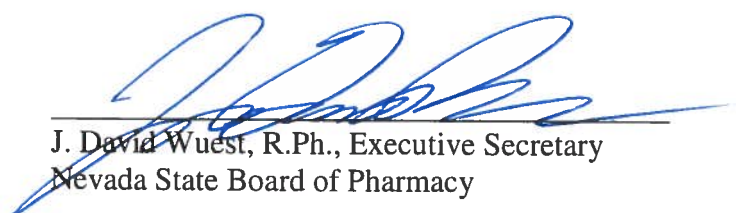
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**David Wuest**

---

**From:** Tim VanGrinsven <TVanGrinsven@dentalcity.com>  
**Sent:** Monday, September 30, 2019 6:51 AM  
**To:** David Wuest  
**Subject:** Case No. 19-162-WH

**FILED**  
 SEP 30 2019  
 NEVADA STATE BOARD  
 OF PHARMACY

Mr. Wuest,

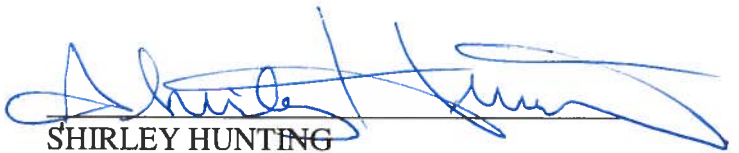
We recently received a "Notice of Intended Action and Accusation" from the Board of Pharmacy and signed by you. This notice was sent due to our failure to comply with the officer fingerprint requirement you had previously contacted us about. I am writing this response to acknowledge the fact that we dropped the ball on this action and do not have an adequate defense or explanation for our failure to comply with the request. The fact of the matter is we dragged our feet on this for too long and we acknowledge that inaction was inappropriate. While some form of discipline is anticipated, we would also like to remedy this situation if at all possible. I respectfully ask that once discipline is decided on that we be given the chance to eventually restore our license to "good standing" with the Board of Pharmacy. If the Board needs any information from us during the next phase of this process please feel free to contact me directly. Thank you for your time and we apologize for the inconvenience this has caused.

Tim Van Grinsven | Controller | Dental City - P.O. Box 8267 - Green Bay, WI 54308-8267  
 O: 920-965-3961 ext 106 | F: 920-965-3133 | E: [tvangrinsven@dentalcity.com](mailto:tvangrinsven@dentalcity.com)

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

DENTAL CITY  
3205 YEAGER DR  
GREEN BAY, WI, 54311



SHIRLEY HUNTING

**4M**

SEP 11 2019

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-166-WH
	)	
Petitioner,	)	
	)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
GC Mogam, Inc.	)	
Certificate of Registration No.WH02518	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent GC Mogam, Inc., held Nevada Wholesaler License No. WH02518 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.



### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.
4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:
  - (a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or
  - (b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.
5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

**FIRST CAUSE OF ACTION**

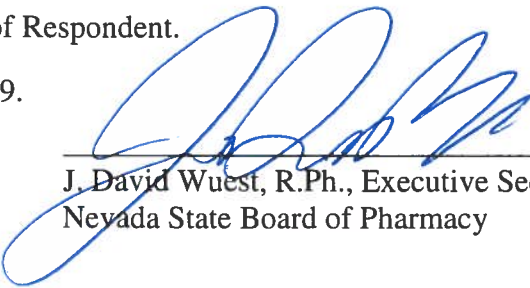
VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
 J. David Wuest, R.Ph., Executive Secretary  
 Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-166-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>GC Mogam, Inc.</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH02518</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

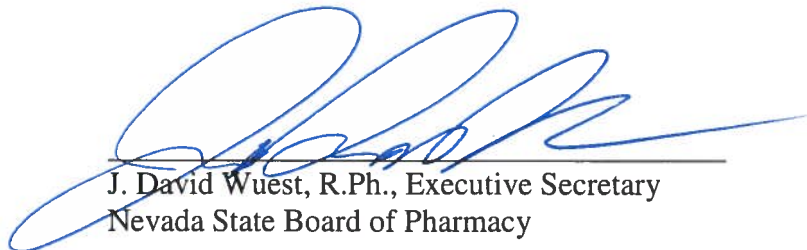
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-166-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>GC Mogam, Inc.</b>	)	
<b>Certificate of Registration No. WH02518</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

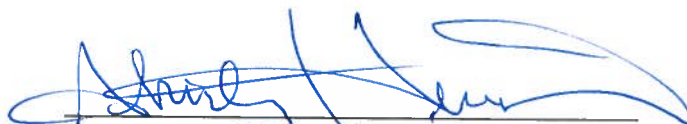
\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
GC Mogam, Inc.

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

GC Mogam, Inc.  
2200 Fletcher Ave  
Fort Lee, NJ, 07024

  
SHIRLEY HUNTING



**4N**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-170-WH
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
HALYARD SALES, LLC	)	AND ACCUSATION
Certificate of Registration No. WH01490	)	
	)	
Respondent.	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent HALYARD SALES, LLC, held Nevada Wholesaler License No. WH01490 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

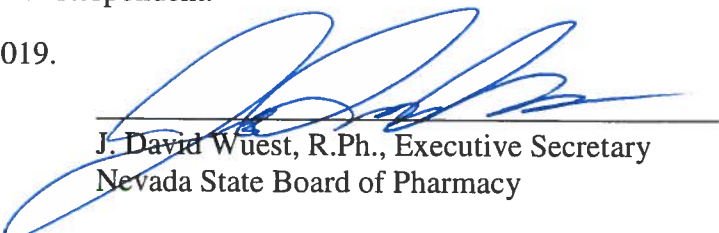
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-170-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>HALYARD SALES, LLC</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH01490</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-170-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>HALYARD SALES, LLC</b>	)	
<b>Certificate of Registration No. WH01490</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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



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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
HALYARD SALES, LLC

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

HALYARD SALES, LLC  
6620 South Memorial Place  
TUCSON, AZ, 85756

  
SHIRLEY HUNTING

**40**

SEP 11 2019

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-175-WH
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
INTEGRATED MEDICAL SYSTEMS, INC.	)	AND ACCUSATION
Certificate of Registration No. WH02059	)	
	)	
Respondent.	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent INTEGRATED MEDICAL SYSTEMS, INC., held Nevada Wholesaler License No. WH02059 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.

- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.

- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

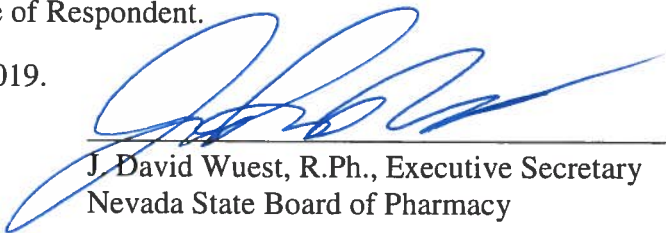
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-175-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>INTEGRATED MEDICAL SYSTEMS, INC.</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH02059</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.



## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-175-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>INTEGRATED MEDICAL SYSTEMS, INC.</b>	)	
<b>Certificate of Registration No. WH02059</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

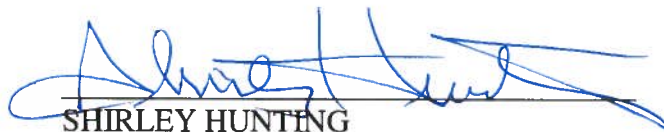
\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
INTEGRATED MEDICAL SYSTEMS,  
INC.

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

INTEGRATED MEDICAL SYSTEMS, INC.  
1839 DEMING ST  
SPARKS, NV, 89431



SHIRLEY HUNTING

**4P**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## NEVADA STATE BOARD OF PHARMACY.

) **CASE NO. 19-146-WH**

**Petitioner,**

v.

**NATIONAL CORNERSTONE HEALTHCARE  
SERVICES INC. (NCHS)**

1) **NOTICE OF INTENDED ACTION**  
2) **AND ACCUSATION**

**Certificate of Registration No.WH01504**

**Respondent.**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent NATIONAL CORNERSTONE HEALTHCARE SERVICES INC. (NCHS), held Nevada Wholesaler License No. WH01504 issued by the Pharmacy Board.

## FACTUAL ALLEGATIONS

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-146-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>NATIONAL CORNERSTONE HEALTHCARE</b>	)	<b>AND NOTICE OF HEARING</b>
<b>SERVICES INC. (NCHS)</b>	)	
<b>Certificate of Registration No. WH01504</b>	)	
	/	
<b>Respondent.</b>		

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

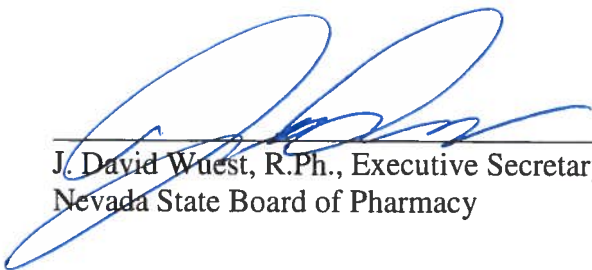
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-146-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>NATIONAL CORNERSTONE HEALTHCARE</b>	)	
<b>SERVICES INC. (NCHS)</b>	)	
<b>Certificate of Registration No. WH01504</b>	)	
	/	
<b>Respondent.</b>		

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
NATIONAL CORNERSTONE  
HEALTHCARE SERVICES INC. (NCHS)

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

NATIONAL CORNERSTONE HEALTHCARE  
SERVICES INC. (NCHS)  
24747 REDLANDS BLVD #B  
LOMA LINDA, CA, 92354

  
SHIRLEY HUNTING

**4Q**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-188-WH
	)	
Petitioner,	)	
	)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
PHARMACO TECHNOLOGY LLC	)	
Certificate of Registration No.WH02258	)	
	)	
Respondent.	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent PHARMACO TECHNOLOGY LLC, held Nevada Wholesaler License No. WH02258 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.



### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

## APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

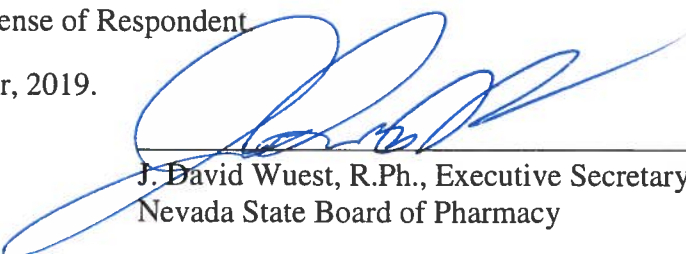
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-188-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>PHARMACO TECHNOLOGY LLC</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH02258</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

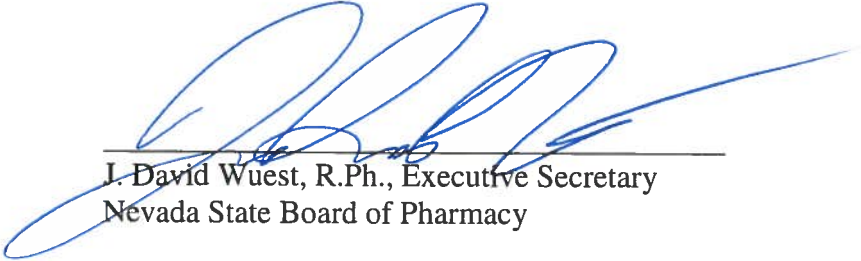
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



I. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-188-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>PHARMACO TECHNOLOGY LLC</b>	)	
<b>Certificate of Registration No. WH02258</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
PHARMACO TECHNOLOGY LLC

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

PHARMACO TECHNOLOGY LLC  
13727 NOEL RD, TOWER 11 #200  
DALLAS, TX, 75240



SHIRLEY HUNTING



**4R**

**FILED**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-194-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	
	)	<b>NOTICE OF INTENDED ACTION</b>
<b>RLC LABS, INC.</b>	)	<b>AND ACCUSATION</b>
<b>Certificate of Registration No.WH01443</b>	)	
	)	
<b>Respondent.</b>	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent RLC LABS, INC., held Nevada Wholesaler License No. WH01443 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS****II.**

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-194-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
<b>RLC LABS, INC.</b>	)	<b>RESPONDENT</b>
<b>Certificate of Registration No. WH01443</b>	)	<b>AND NOTICE OF HEARING</b>
	)	
<b>Respondent.</b>	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-194-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>RLC LABS, INC.</b>	)	
<b>Certificate of Registration No. WH01443</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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



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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
RLC LABS, INC.

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

RLC LABS, INC.  
27626 N. 44th St.  
Cave Creek, AZ, 85331



SHIRLEY HUNTING

**4S**

FILED

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-202-WH
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
VIRBAC AH INC.	)	AND ACCUSATION
Certificate of Registration No. WH02428	)	
	)	
Respondent.	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent VIRBAC AH INC., held Nevada Wholesaler License No. WH02428 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 1<sup>st</sup> day of September, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-202-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>VIRBAC AH INC.</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH02428</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.



## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

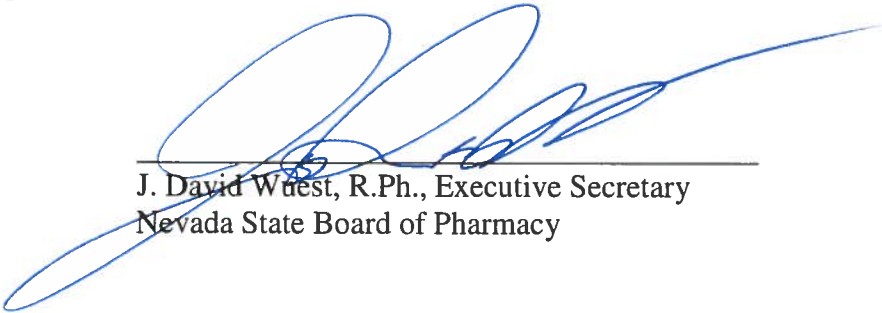
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-202-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>VIRBAC AH INC.</b>	)	
<b>Certificate of Registration No. WH02428</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
VIRBAC AH INC.

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

VIRBAC AH INC.  
8300 NE UNDERGROUND DR, PILLAR 302  
KANSAS CITY, MO, 64161



SHIRLEY HUNTING

**4T**

SEP 11 2019

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-204-WH
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
WBC GROUP., LLC	)	AND ACCUSATION
Certificate of Registration No.WH01900	)	
	)	
Respondent.	/	

---

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent WBC GROUP., LLC, held Nevada Wholesaler License No. WH01900 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 12<sup>th</sup> day of September, 2019.

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-204-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>WBC GROUP., LLC</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH01900</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

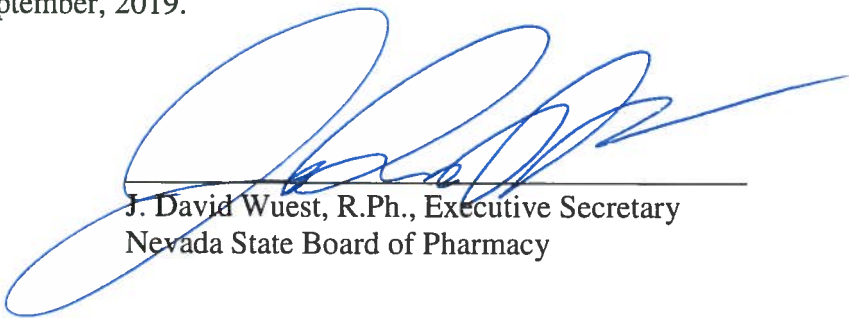
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-204-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>WBC GROUP., LLC</b>	)	
<b>Certificate of Registration No. WH01900</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of September, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
WBC GROUP., LLC

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S.

Mail to the following:

WBC GROUP., LLC  
1560 South Baker Avenue, Suite A  
Ontario, CA, 91761



SHIRLEY HUNTING

**4U**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-206-WH
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
WESTMINSTER PHARMACEUTICALS, LLC	)	AND ACCUSATION
Certificate of Registration No. WH02154	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent WESTMINSTER PHARMACEUTICALS, LLC, held Nevada Wholesaler License No. WH02154 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.



### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

## APPLICABLE LAW

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

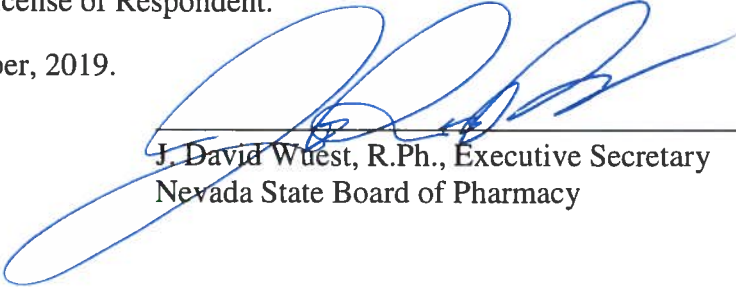
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 1<sup>st</sup> day of September, 2019.

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-206-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>WESTMINSTER PHARMACEUTICALS, LLC</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH02154</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

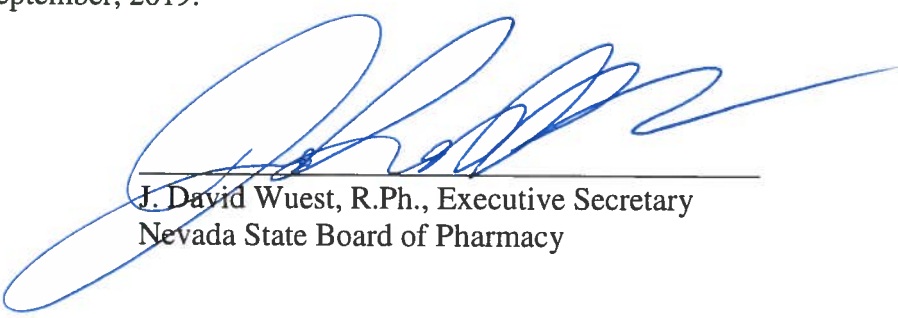
## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



---

J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

**FILED**

OCT 03 2019

NEVADA STATE BOARD  
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-206-WH</b>
	)	
<b>Petitioner,</b>	)	<b>ANSWER AND NOTICE</b>
<b>v.</b>	)	<b>OF DEFENSE</b>
	)	
<b>WESTMINSTER PHARMACEUTICALS, LLC</b>	)	
<b>Certificate of Registration No. WH02154</b>	)	
	)	
<b>Respondent.</b>	/	

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

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

**Respondent's Objection:**

1. Respondent hereby objects to the Notice of Intended Action and Accusation, stating that the factual allegations set forth are incomplete, and does not clearly state factual allegations which would constitute a violation of NRS 639.500 based upon prior correspondence with Nevada State Board of Pharmacy regarding Certificate of Registration No. WH02154.
2. That, in answer to Notice of Intended Action and Accusation, he admits, denies and alleges as follows:
  - A. Respondent denies in part of the allegations for failure to comply with N.R.S. §639.500.
  - B. On May 1, 2019, Respondent notified the Nevada Board of Pharmacy (via FedEx) in writing of Notice of Intent to voluntarily surrender Certificate of Registration Number WH02154 and was received on May 3, 2019 (see attached Exhibit 1A-1C).
  - C. Respondent markets pharmaceuticals and is considered a "Private Label Distributor" per the FDA and does not possess, store, or distribute pharmaceuticals.

- D. As of April 29, 2019, Respondent utilizes Woodfield Distribution, LLC as a 3<sup>rd</sup> Party Logistics Provider (3PL) to store and distribute products sold by Respondent.
- E. Woodfield Distribution, LLC. is properly licensed as a "Wholesaler" by the Nevada State Board of Pharmacy under License Number WH02155 (see attached Exhibit 2).
- F. The Factual Allegations set forth state that notice was sent to Respondent regarding the request to comply with N.R.S §639.500 on May 24, 2019, and July 23, 2019 respectively.
- G. The notices sent by the Nevada Board of Pharmacy were sent **AFTER** Respondent notified in writing that the Respondent was voluntarily surrendering the license due to the utilization of a 3<sup>rd</sup> Party Logistics Provider.
- H. Based upon the foregoing facts, Respondent respectfully requests no formal action be taken since the surrender of the license was done prior to being set for a contested hearing, and subject to disciplinary action under N.R.S. §639.500

**WHEREFORE**, the Respondent, **WESTMINSTER PHARMACEUTICALS, LLC** respectfully requests this Honorable Board dismiss the formal allegations in this matter based upon the foregoing facts, or in the alternative, Suspend Judgment pursuant to NRS 639.255 (a) and grant a continuance in this matter if the Board determines a personal appearance is necessary.

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 2<sup>nd</sup> day of October, 2019.

Ricardo Martinez, Esq.



Authorized Representative for  
Westminster Pharmaceuticals, LLC.



To whom it may concern,

Our license number with Nevada is WH02154. This letter is to info the board that we will now be using a 3PL company, called Woodfield Distribution, LLC. This will be effective as of 4/29/2019. Therefore, we would like to surrender our license. I have attached the 3PL information to this letter for your records. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in purple ink that reads 'Adrienne Fink'.

Adrienne Fink

3810 Northdale Blvd, Suite 250

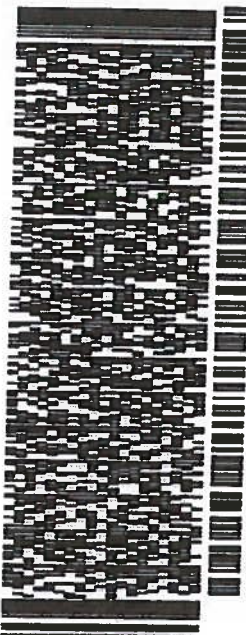

Tampa, FL 33624

727.300.1376

finance@wprx.com

COPY




ORIGIN ID: TPEA (901) 209-5467 ADRIENNE FINN P PATE 3810 NORTHDAL BLVD. STE 250 TAMPA, FL 33624 UNITED STATES US		SHIP DATE: 01MAY19 ACTWGT: 0.60 LB CAD: 108219739/NET14100
<b>TO LICENSING</b> <b>BOARD OF PHARMACY</b> <b>985 DAMONTE RANCH PKWY</b> <b>#206</b> <b>RENO NV 89521</b> (727) 300-1376 NV PO		BILL SENDER
REF: DEPT:		
		
		
565J1D66C/23AD		

TRK# 7751 0845 4664 0207	MON - 06 MAY 4:30P EXPRESS SAVER
-----------------------------	-------------------------------------

<b>SH RNOA</b> 	89521 NV-US RNO
---	--------------------

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.**

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

*Shirley*



October 1, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **775108454664**.

---

**Delivery Information:**

---

<b>Status:</b>	Delivered	<b>Delivery location:</b>	RENO, NV
<b>Signed for by:</b>	K.MANGANING	<b>Delivery date:</b>	May 3, 2019 09:41
<b>Service type:</b>	FedEx Express Saver		
<b>Special Handling:</b>	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

---

**Shipping Information:**

---

<b>Tracking number:</b>	775108454664	<b>Ship date:</b>	May 1, 2019
-------------------------	--------------	-------------------	-------------

**Recipient:**  
RENO, NV US

**Shipper:**  
TAMPA, FL US

Thank you for choosing FedEx.



# Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at [shunting@pharmacy.nv.gov](mailto:shunting@pharmacy.nv.gov) (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

## VERIFY LICENSE

Facility Name	License Number#	City	State	Country	Discipline	Action
WOODFIELD DISTRIBUTION, LLC	WH02155	SUGAR LAND	TX	United States	None	

**License Number :** WH02155

**Name :** WOODFIELD DISTRIBUTION, LLC

**License Type :** Wholesaler

**License Status :** Active

**License Date :** 12/09/2015

**Discipline :**

**Expiration Date :** 10/31/2020

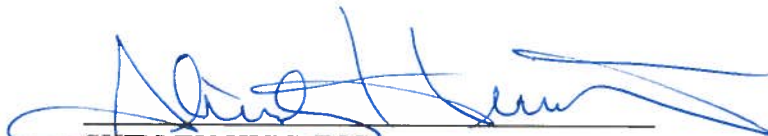


Copyright © 2018 | Nevada State Board of Pharmacy (<http://bop.nv.gov/>) | All Rights Reserved

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

WESTMINSTER PHARMACEUTICALS, LLC  
154 Downing Street, Unit 1 & 2  
OLIVE BRANCH, MS, 38654

  
SHIRLEY HUNTING

**4V**

SEP 11 2019

NEVADA STATE BOARD  
OF PHARMACY

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-209-WH
	)	
Petitioner,	)	
	)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
X-GEN PHARMACEUTICALS, INC.	)	
Certificate of Registration No.WH01618	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and 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 alleged events, Respondent X-GEN PHARMACEUTICALS, INC., held Nevada Wholesaler License No. WH01618 issued by the Pharmacy Board.

**FACTUAL ALLEGATIONS**

## II.

On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639.500 and submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

### III.

On or about July 23, 2019, Respondent was served with a second written notice to comply with the requirements of NRS 639.500.

### IV.

Respondent has failed to comply with the requirements of NRS 639.500. This also constitutes a violation of 21 CFR Part 205.

### **APPLICABLE LAW**

### V.

NRS 639.500 provides:

1. In addition to the requirements for an application set forth in NRS 639.100, each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

- (a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.
- (b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

#### VI.

Violating any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

### **FIRST CAUSE OF ACTION**

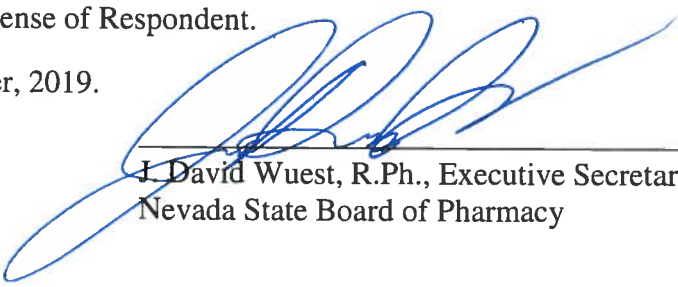
#### VII.

By failing to submit a current list of Respondent's officers and a fingerprint card from each officer with written permission from the officer authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History, Respondent is in violation of NRS 639.500 and 21 CFR Part 205, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

#### VIII.

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

Signed this 11<sup>th</sup> day of September, 2019.

  
\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy



### **NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements for the retention of your license. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 19-209-WH</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT</b>
<b>X-GEN PHARMACEUTICALS, INC.</b>	)	<b>AND NOTICE OF HEARING</b>
<b>Certificate of Registration No. WH01618</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

**I.**

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

**II.**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). 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. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

## III.

**The Board has scheduled your hearing on this matter for Thursday, October 10, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.**

## IV.

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

## V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11<sup>th</sup> day of September, 2019.



\_\_\_\_\_  
J. David Wuest, R.Ph., Executive Secretary  
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-209-WH
	)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
	)	
X-GEN PHARMACEUTICALS, INC.	)	
Certificate of Registration No. WH01618	)	
	)	
Respondent.	/	

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, 2019.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Authorized Representative For  
X-GEN PHARMACEUTICALS, INC.

## **CERTIFICATE OF SERVICE**

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11<sup>th</sup> day of September, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

X-GEN PHARMACEUTICALS, INC.  
300 DANIEL ZENKER DR  
HORSEHEADS, NY, 14845



SHIRLEY HUNTING

**5**

**5A**



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (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: AARON PHARMACY INC

Physical Address: 2465 REYNOLD'S AVENUE (SUITE 204)

City: NORTH LAS VEGAS State:        Zip Code: 89030 Telephone:       

775 372 8344 Fax: 702 410 7842 Toll Free Number:       

N/A E-mail: FELIXEGBASE@YAHOO.COM

Website: N/A

Managing Pharmacist: FELIX A. EGBASE, RPH License Number: 17240

### 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.

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

FELIX ABU EGBASE  
Print Name of Authorized Person

06/05/2019  
Date

Board Use Only

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

Amount: 200.00



STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, FELIX ABU EGBASE

Responsible Person of AARON PHARMACY INC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

FELIX ABU EGBASE

Print Name of Authorized Person

06/05/2019

Date

### Managing Pharmacist

 Pharmacist Name: FELIX ABU EGBASE,

 License #: 17240

 Pharmacy Name: AARON PHARMACY INC.

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.

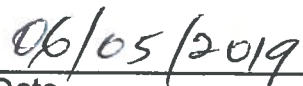
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of 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"/>
<p>If you marked YES to any of the numbered questions above, please include the following information</p>		
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

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/05/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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  
AARON PHARMACY INC Nature of License  
N/A Name and Address of Establishment for Which License Is Requested  
N/A If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

EGBA SE Last Name FELIX First Name ABU Middle Name  
N/A  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)  
VULCAN STREET LAS VEGAS NV 89122  
 Present Residence Address-Street or RFD City State/Zip  
2465 Reynold's Ave #204 (06/18-date) NORTH LAS VEGAS NV 89030  
 Present Business Address City State/Zip  
PHARMACIST (09/2007-date)  
 Occupation  
 Phone: Residence \_\_\_\_\_ Business 775 372 8344  
LAGOS, NIGERIA Place of Birth (City, County, State)  
39 Age Male Sex  
Brown Color of Eyes Black Color of Hair Dark Complexion 185 lbs Weight Athletic Build 5'7" Height

Scars, tattoos or distinguishing marks and/or characteristics Slight mark on forehead

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate No. \_\_\_\_\_ Date March 2nd 2012

Place LAS VEGAS, NV (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial F.E



## A. Current Marriage

N/A

Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 Spouse's full name (Maiden) \_\_\_\_\_ 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
EBEHIREME IBAZEBE	6/7/16	ABUJA, NIGERIA	DIVORCE	Las Vegas, NV
FELICIA COLLINS	6/15/09	CALIFORNIA	DIVORCE	Las Vegas, NV

## List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Ebehireme Ibazabo	2 Emily Road	Belton	TX	77705	
Felicia Collins	Heatherdale Dr	Los Angeles	CA	90043	

## 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
ESE OSE EGBASE		FREEPORT, BAHAMAS	
Address:		Vulcan Street, Las Vegas, NV	89122

## 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 FE



## 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 SYLVESTER EGBASE (DECEASED)		EGBASE ST, IROMI, NIGERIA	FARMER (DECEASED)
Mother VICTORIA ENIOWELE		OPAL COWE LAS VEGAS, NV 89128	NURSE (RETIRED) UNEMPLOYED
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
GERALD EGBASE	3	BIGLER ST WOODLAND HILLS CA 91364	LAWYER
Spouse N/A			
ANTHONY EGBASE		Queen Florence Ln WOODLAND HILLS CA 91364	LAWYER
Spouse N/A			
Spouse			
Spouse			

## 4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School } IGBEREN COLLEGE,	IGBEREN	09/1989-05/1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School } (NIGERIA)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College } UNIVERSITY OF BENIN	BENIN CITY	10/1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University } (NIGERIA)		to 12/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			

Type of degree obtained, if any..... PHARMACY (B. Pharm)

College or university where obtained..... UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial FE

**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
----------------	-----	--------	-------------------------	-----------------	------------------

Not Applicable

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

Not Applicable

Applicant's initial FE

**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
---	------------	--------------------------	------------------------	------------------

NOT  
APPLICABLE

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

NOT  
APPLICABLE

**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
-----------------------------	-------------------	------	-----------------

DEC. 2007 - Present	VULCAN ST	LAS VEGAS	NV (CLARK) 89122
JAN 2007 - DEC 2007	3111 BEL AIR DR #403	LAS VEGAS	NV (CLARK) 89109
FEB 2005 - JAN 2007	801 S. HOPE ST #503	LDS ANGELES	CA (Los Angeles) 90012
JAN 1994 - FEB 2005	38 OGBENI STREET	BENIN CITY	EDO STATE, NIGERIA

Applicant's initial

FE

## 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
present Jan 2018 - date	KINARED HOSPITALS 2250 E. Flamingo Rd, Las Vegas NV 89119	STILL EMPLOYED
Title	Description of Duties	Name of Supervisor
Pharmacist (Per Diem)	Order Entry and Verification, Medication dispensing and distribution to patient care areas	CAROL ENG, RPh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2016 - April 2018	WESTERN ARIZONA REG. MED. CTR. 2735 Silver Creek Rd, Bullhead City AZ 86442	Relocated back to Vegas
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, Medication dispensing & distribution to patient areas	Pamela Deah, RPh.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2008 - date	ACCESS Healthcare Staffing & Recruitment 5025 S. Eastern Ave, Las Vegas NV 89119	Still Affiliated
Title	Description of Duties	Name of Supervisor
Pharmacist	Contract Pharmacist sent on different locations for contract work.	ESOSA Igbinovia
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2009 - Sept 2014	HAWASU Regional Medical Center 101 Civic Center Lane, Lake Havasu AZ 86403	Relocated back to Vegas
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, Prescription Filling & Distribution to patient care areas	Michael Rosen, MD
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
April 2004 - Nov 2009	ABC Pharmacy & Medical Supplies 3040 E. Bonanza #110, Las Vegas NV 89101	Went to Clinical Practice
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	Overnight operations, in accordance with state laws & federal laws	John Anozie, RPh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sept 2007 - Aug 2009	Walgreens Pharmacy 101 E. Lake Mead Dr. Henderson NV 89015	Started Independent Pharmacy
Title	Description of Duties	Name of Supervisor
Pharmacist	Prescription dispensing, patient counselling and narcotic inventory oversight	Francis Wickham
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 2007 - Sept 2007	Walgreens Pharmacy 3400 N. Boulder Highway, Las Vegas NV 89121	Completed Intern hours
Title	Description of Duties	Name of Supervisor
Intern Pharmacist	Prescription filling for verification by pharmacist & pharmacist-assigned duties	Heidi Wickham, RPh
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Jan 1995 - Dec 2000	UNIVERSITY of Benin 234 Ugbowo Lagos Rd, Benin, Nigeria	Graduated
Title	Description of Duties	Name of Supervisor
Pharmacy Student	Studies in preparation for Pharmacy Degree	Prof. Augustin Othamaye

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial F.E.

Page 6

... Continued on Page 10

## 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 KANAYD EZEANBLUE, MD	Home	3 W. Castle View Ave	Las Vegas	NV 89129		25 years
UNIVERSITY MEDICAL CTR	Business	1800 W. Charleston Blvd	Las Vegas	NV 89162	702 383 2000	
Name PAUL NDSA-DVASH, RPh	Home	3 HANOVER CIRCLE	Stockbridge	GA 30281		25 years
PIEDMONT HOSPITAL	Business	1133 EAGLES LANDING PKW	Stockbridge	GA 30281	678 604 1000	
Name IKE UWADBI, MD	Home	MULSFORD CT	Tyrone	GA 30290		25 years
WELLSTAR HOSPITAL	Business	601 SOUTH 8TH STREET	GRIFFIN	GA 30224	770 467 6314	
Name MODUPE IRORDEJE, RPh	Home	KILLERAN CT	Las Vegas	NV 89141		10 years
PROVIDENCE PHARMACY	Business	1729 E. Charleston Blvd	Las Vegas	NV 89104	702 778 3072	
Name EGHEDOMWAN IGBINOVIA, RPh	Home	MOSSEBACK ST	Las Vegas	NV 89123		15 years
ACR SPECIALTY PHARMACY	Business	3200 SOARING GULLS DR #101	Las Vegas	NV 89129	702 800 6448	

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
NOT APPLICABLE			

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

PHARMACIST (STATE OF CALIFORNIA) FROM 2010 - DATE (9 YEARS)  
 PHARMACIST (STATE OF GEORGIA) FROM 2011 - 2018 (7 YEARS)  
 PHARMACIST (STATE OF ARIZONA) FROM JUNE 2009 - DATE (10 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.

NOT APPLICABLE

Applicant's initial F.E

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 06/05/2019

Applicant's initial FE



STATE OF Nevada

ss.

COUNTY OF Clark

I, Felix Egbare, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

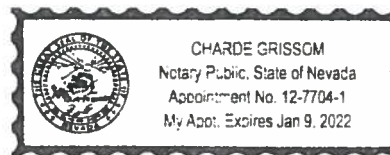
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 5th day ofJune, 2019


Notary Public



(seal)

Applicant's initial

F.E.

## ADDITIONAL INFORMATION

## BUSINESSES OWNED (continued from Page 6)

- (1) From April 2010 to Present Day ABA Medical Inc  
2539 Early Light Dr Still owns the business  
Las Vegas NV 8912

Activities Performed: Day-to-day operation  
and Oversight of Allied Pharmacy practice  
consultation and services

Job Title: President/CEO

- (2) From Oct 2015 to April 2019 ZZebra Inc ~~Closed Business~~  
2539 Early Light DrVE Closed business  
Las Vegas NV 89142 to concentrate  
more on

Activities Performed:  
Real Estate Investment

pharmacy.

Job Title: Director

Applicant's initial F.E.



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

 Date 06/05/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 RETAIL PHARMACY  
 Nature of Pharmacy or Wholesaler  
AARON PHARMACY INC  
 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:

EGBASE Last Name FELIX First Name ABU Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A

VULCAN STREET Present Residence Address-Street or RFD LAS VEGAS City NV 89122 State/Zip

2465 REYNOLDS AVE #204 Present Business Address (6/18-date) Dates NORTH LAS VEGAS City NV 89030 State/Zip

PHARMACY MANAGER/OWNER Present Position with the Pharmacy or Wholesaler

Phone: r  
 Residence 7753728344  
 Business 7753728344

LAGOS, NIGERIA Date of Birth 39 Place of Birth (City, County, State)

39 Age Male Sex

Brown Color of Eyes Black Color of Hair Dark Complexion 185 lbs Weight Athletic Build 5'7" Height

Scars, tattoos or distinguishing marks and/or characteristics Slight Mark on Forehead

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate No. 1 Date March 2nd 2012

Place LAS VEGAS, NV (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial F.E.

## MARITAL INFORMATION-Continued

*Not Applicable*

A. **Current Marriage** \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 Spouse's full name (Maiden) \_\_\_\_\_ 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
IBAZEBO, EBEHIREME	06/07/2016	ABUJA, NIGERIA	DIVORCE	LAS VEGAS CLARK, NV
COLLINS, FELICIA	06/15/2009	NORTH HOLLYWOOD, CA	DIVORCE	LAS VEGAS CLARK, NV

## List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
IBAZEBO, EBEHIREME	2 EMILY ROAD	BETTENDORF	IA	52722	
COLLINS, FELICIA	HEATHERDALE DR.	LOS ANGELES	CA	90043	

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
ESE-OSE EGBASE	" "	FREEPORT, BAHAMAS	VULCAN ST. LAS VEGAS NV 89122

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 F.E.

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

N/A 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 SYLVESTER EGBASE, (DECEASED)	1	EGBASE ST, UPONI, NIGERIA	FARMER (DECEASED)
Mother VICTORIA EGBASE	2	OPAL COLE DR LAS VEGAS, NV 89128	NURSE (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
ANTHONY EGBASE, Spouse N/A	1	2 QUEEN FLORENCE LN WOODLAND HILLS, CA 91364	LAWYER
GERALD EGBASE, Spouse N/A		BIGLER STREET WOODLAND HILLS, CA 91364	LAWYER
Spouse			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School } IGUEBEN COLLEGE IGUEBEN, NIGERIA		09/1989 - 05/1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School } UNIVERSITY OF BENIN BENIN CITY, NIGERIA		10/1995 - 12/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University } NIGERIA			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARMACY (B. Pharm).

College or university where obtained UNIVERSITY OF BENIN, BENIN CITY, NIGERIA

Applicant's initial F.E.

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 \_\_\_\_\_  
 N/A 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
Not Applicable					

- 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
Not Applicable				

Applicant's initial FE 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
<del>Not Applicable</del>				

- 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
<del>Not Applicable</del>		

## 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
DEC 2007 - PRESENT	1 VULCAN ST	LAS VEGAS	NV (CLARK)
JAN 2007 - DEC 2007	3111 BEL AIR DR #403	LAS VEGAS	NV (CLARK)
FEB 2005 - JAN 2007	801 S. HOPE ST #503	LOS ANGELES	CA (LOS ANGELES)
JAN 1994 - FEB 2005	38 OGBENI ST	BENIN CITY	NIGERIA

Applicant's initial F.E

**8. EMPLOYMENT:**

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Jan 2018-present	Kindred Hospitals 2250 E. Flamingo Rd Las Vegas NV 89119	2000 hours
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry, drug dispensing and distribution to patient care areas	Caroline Eng, RPh
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2016-April 2018	Western Arizona Regional Med. Ctr 2735 Silver Creek Road, Bullhead City AZ 86442	4200 hours
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, drug dispensing and distribution to patient care areas	Pamela Obah, RPh
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2009-Sept 2014	Hawaii Regional Medical Ctr 101 Liliu Zentee Lane, Lake Hawaii HI 96740	6240 hours
Title	Description of Duties	Name of Supervisor
Pharmacist	Order Entry and Verification, drug dispensing and distribution to patient care areas	Michael Rosen
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

F. E

## 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
① Name <u>MODUPE</u> <u>TRORRETE</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89141</u>	<u>702 778 3072</u>	<u>10 years</u>
Employer <u>PROVIDENCE PHARMACY</u>	Business	<u>1729 E. Charleston blvd</u>	<u>Las Vegas</u>	<u>NV 89104</u>		
② Name <u>KE NWAABI</u>	Home	<u>TYRONE</u>	<u>GA</u>	<u>30290</u>	<u>770 467 6314</u>	<u>25 years</u>
Employer <u>WEUSTAR HOSPITAL</u>	Business	<u>601 S. 8th ST.</u>	<u>TYRONE</u>	<u>GA 30224</u>		
③ Name <u>Paul</u> <u>ALISA-DIASU, RPh</u>	Home	<u>Stockbridge</u>	<u>GA</u>	<u>30281</u>	<u>678 995 9982</u>	<u>25 years</u>
Employer <u>Piedmont Hospital</u>	Business	<u>1133 Eagle's Landing Pkwy</u>	<u>Stockbridge</u>	<u>GA 30281</u>		
④ Name <u>Kanayo</u> <u>Ezeanblue, MD</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89129</u>	<u>702 383 2000</u>	<u>25 years</u>
Employer <u>University Medical Center</u>	Business	<u>1800 W. Charleston blvd</u>	<u>Las Vegas</u>	<u>NV 89102</u>		
⑤ Name <u>Ekeomonan</u> <u>Idunovig, RPh</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89123</u>	<u>702 800 6448</u>	<u>15 years</u>
Employer <u>ACRX Specialty Pharmacy</u>	Business	<u>3200 Soaring Gulls &amp; #101</u>	<u>Las Vegas</u>	<u>NV 89129</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

- ① PHARMALIST (GEDAGIA) FROM 2011 - MARCH 2018
- ② PHARMACIST IN CALIFORNIA FROM 2010 - DATE
- ③ PHARMACIST (ARIZONA); FROM 2009 - DATE

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.

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 ☒

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 F-E



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 ☒

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 06/05/2019

Applicant's initial F.E.



STATE OF Nevada

ss.

COUNTY OF Clark

I, Felix Egbase, 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.



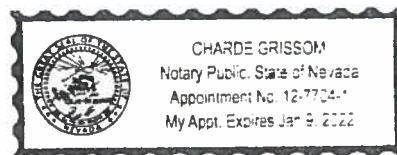
Original Signature of Applicant

Subscribed and Sworn to before me this 5th day of

June, 2019.

  
Notary Public

(seal)



Applicant's initial

F.E.

NONE

Applicant's initial F.E.

## 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, **AARON PHARMACY INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 16, 2019, 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 April 16, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190416-1541

**5B**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (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: Evergreen Pharmacy

Physical Address: 11229 E. Flamingo Rd suite 17

City: Las Vegas State: NV Zip Code: 89119 Telephone: (702) 612-8779

Fax: (702) 268-7001 Toll Free Number: \_\_\_\_\_

E-mail: nvovp@yahoo.com

Website: \_\_\_\_\_

Managing Pharmacist: Tae Yi License Number: 11076

### 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.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

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

Amount: \$ 500.00

## APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: NV  
 Parent Company if any: N/A  
 Corporation Name: Evergreen pharmacy inc  
 Mailing Address: 3450 SRVA St # 745  
 City: Las Vegas State: NV Zip: 89117  
 Telephone: (702) 612-8779 Fax: \_\_\_\_\_  
 Contact Person: Tac Yi

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: June 13<sup>th</sup> 2019

Registration number issued: 84-2079449

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

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>10</u> am	<u>5</u> pm	Saturday	<u>Ø</u> am	<u>Ø</u> pm
Sunday	<u>Ø</u> am	<u>Ø</u> pm	24 Hours	<u>N/A</u>	

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

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

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors. ALY Molo Khia  
Shercen Hassan

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, ALY Molokhia

Responsible Person of Evergreen Pharmacy Inc

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

ALY Molokhia

Print Name of Authorized Person

9-5-19

Date



### Managing Pharmacist

 Pharmacist Name: Tae Yi

 License #: 11676

 Pharmacy Name: Evergreen 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



Date

9/15/19

**5C**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (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: PAHRUMP WELLNESS PHARMACY and NUTRITION CENTER

Physical Address: 2780 Homestead RD

City: Pahrump State: NV Zip Code: 89048 Telephone: 702-960-8640

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

E-mail: Justin.pahrumpwp@gmail.com

Website: \_\_\_\_\_

Managing Pharmacist: Thomas Rogaski License Number: 10182

### 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.

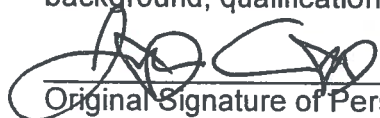
Within the last five (5) years:

- 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.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Justin Curwit  
Print Name of Authorized Person

07/25/19  
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: JUSTIN CURNUTT %: 80

Name: ANNA CADIGAN %: 20

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

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

Partnership Name: CCDE, LLC

Mailing Address: PO Box 6380

City, State Zip Code: PAHRUMP, NV, 89041

Telephone Number: 702-960-8640 Fax Number: \_\_\_\_\_

Contact Person: JUSTIN CURNUTT

List any physician shareholders and percentage of ownership.

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

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 10 am 6 pm

Saturday 10 am 2 pm

Sunday 10 am 2 pm

24 Hours NA

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 – Nevada Pharmacy  
FOR Corporations, Partnership or Sole Owners

I, Justin Curnutt

Responsible Person of CCDE, LLC and Pahrump Wellness Pharmacy + Nutrition Center  
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

Justin Curnutt

Print Name of Authorized Person

07/25/19

Date

### Managing Pharmacist

 Pharmacist Name: THOMAS ROGASKI

 License #: 10182

 Pharmacy Name: PAHRUMP Wellness Pharmacy and Nutrition Center

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 checked="" type="checkbox"/>	<input 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: <u>NV</u>	Date: <u>8/27/02</u>	Case #: <u>20020000000363</u>
And/or Criminal Action:	State: _____	Date: _____	Case #: <u>02-043-S</u>
	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

7/17/2019

Subject: **RE: Pharmacy records**  
Date: 11/15/2018 8:57:57 AM Pacific Standard Time  
From: shunting@pharmacy.nv.gov  
To: silverearrings@aol.com

Thomas,

The following information is provided per your request:

Licensee Name: Thomas Rogaski  
Nevada License No.: 10182  
License Type: Pharmacist  
License Status: Active – In Good Standing  
1st License Date: 10/09/1989  
License Expires: October 31, 2019  
Discipline: Yes

The physical case file is over ten years old and no longer available. I have attached a screenshot from the discipline tracking system which provides a brief summary of the case.

Please contact me if you have any questions.

Shirley Hunting

Board Coordinator

Custodian of Records

Nevada State Board of Pharmacy

Phone: 775-850-1440

Fax: 775-850-1448

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

[FAQ](#) | [Help](#) | [Sign Out](#)

<a href="#">VR Home</a>	<a href="#">Entity</a>	<a href="#">Application</a>	<a href="#">License</a>	<a href="#">Cash</a>	<a href="#">Exam</a>	<a href="#">Inspection</a>	<a href="#">Enforcement</a>	<a href="#">Report</a>
-------------------------	------------------------	-----------------------------	-------------------------	----------------------	----------------------	----------------------------	-----------------------------	------------------------

[Complaint Search](#) [Change Recording License Type](#) [Delete Complaint](#) [Mass Activity Update](#) [Mass Discipline Update](#) [Mass Status](#)  
[Update](#) [Public Case Info](#)

Domain 1 - Nevada Dept

Logged in as shuntin

[VR Home](#) > [Case Search](#) > [Maintain Case](#)

Lic Type	1007 - Pharmacist	Status	80 Closed	Status Date	08/27/2002
Complaint #	200200000000363	Case Type	Disposition	AAC All Actions Completed	Disposition Date 08/27/2002
Docket#	Respondent	ROGASKI, THOMAS	Responsible	Public Case	

<a href="#">Complaint</a>	<a href="#">Respondent</a>	<a href="#">Complainant</a>	<a href="#">Add'l Info</a>
---------------------------	----------------------------	-----------------------------	----------------------------

Source	STFF - Board Staff	Security Level	1
Form	STND - Standard	Priority	1
Class'n		Complexity	
Security	NORM - Normal	Incident	
Region		Received	08/27/2002
Reference	02-043-S		
Entered	08/27/2002	Entered By	
Summary	CE Audit Action. \$100 fine/\$250 admin fees, due in 60 days (10/23/02), CE audit for next renewal, 60 CEs for next renewal.		
Updated	08/28/2008 16:23:20	By	jwalter

<a href="#">Parties</a>	<a href="#">Activities</a>
<a href="#">Allegations</a>	<a href="#">Discipline</a>
<a href="#">Violations</a>	<a href="#">Compliance</a>
<a href="#">Related</a>	<a href="#">Disposition</a>
<a href="#">Costs</a>	
<a href="#">Time Tracking</a>	
<a href="#">Attachments</a>	<a href="#">History</a>
<a href="#">Work Notes</a>	<a href="#">Print Report</a>

[Back](#)[Get Adobe Reader](#)

# 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, **CCDE 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 July 3, 2019, 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 July 10, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190710-0163

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

Date

7/26/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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

Retail Pharmacy + Non-Sterile Compounding

Nature of Pharmacy or Wholesaler

PAHRUMP Wellness

Pharmacy and Nutrition Center

2780 Homestead RD. #101, PAHRUMP, NV 89048

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 NOGASKI First Name Thomas Middle Name N/A

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

Present Residence Address-Street or RFD Mesa View Drive LV NV 89120 City LV State/Zip NV 89120

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

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

Date of Birth 59 Place of Birth (City, County, State) Manhattan NYC NY

Age 59 Social Security Number \_\_\_\_\_ Sex M

Color of Eyes Brown Color of Hair blonde/grey Complexion white Weight 170 Build mesomorph Height 5'4"

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



## MARITAL INFORMATION-Continued

## A. Current Marriage

5/17/85

Date \_\_\_\_\_

Spouse's full name (Maiden) Mindy Sue Gebaude City, County and State \_\_\_\_\_ S.S. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth Kings County Brooklyn NY

Resident address \_\_\_\_\_  
 Street Mesa View Dr. City LV State NV Zip 89120

Telephone: Residence \_\_\_\_\_ Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below.

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

## List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

## 3. FAMILY INFORMATION:

## A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

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 \_\_\_\_\_

**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

N/A

Mother

Pauline Budnik

2 85<sup>th</sup> St. NYC NY 10010

Father-in-Law

N/A

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

Marie Nogacki

0 152<sup>nd</sup> St NYC NY 10031 N/A

Spouse

N/A

Andrew Nogacki

2 85<sup>th</sup> St NYC NY 10010

Security Officer NYU

Spouse

N/A

John Nogacki

83 Huntington Beach Ca real estate management  
\* moved on 4/30/2019

Spouse

Tomo Nogacki

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School PS 601	NYC NY	9/65 - 6/74	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Seward Park HS		9/74 - 6/78	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Arnold & Marie Schwartz School of Pharmacy LIU	BRIN NY	9/78 - 6/83	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Ph.D. in Pharmacy

College or university where obtained..... Arnold &amp; Marie Schwartz School of Pharmacy LIU

Applicant's initial

A

**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
N/A					

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 ☐ REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☒ No ☐ REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐ REPORTED ILLEGAL PRESCRIPTIONS TO D.A.

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
N/A				

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
Personal Bankruptcy	2001	N/A	Las Vegas, NV / Clark city	Dismissed / dropped

- 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
10/89 - 12/00?	3020 Liberty Circle N	LV	NV
12/00 - 7/06	4255 E Tamarus # 140	LV	NV
7/06 - current	Mesa View Drive	LV	NV

Applicant's Initial

TR

**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.

86403

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
6/2019 →	K-Mart Pharmacy 1870 McCulloch Blvd N. Lake Havasu AZ	80 Hours

Pharmacist	input, Rx Filing, counseling, verification	Brian Lee RPh
------------	--	---------------

Title	Description of Duties	Name of Supervisor
2/2019	Life First Pharmacy 2407 W Charleston Blvd Las Vegas, NV 89102	

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
ON-CALL Pharmacist	Verification of Rx, counseling, MD interventions	Raymond RPH

Title	Description of Duties	Name of Supervisor
10/2010	Walmart Pharmacy (various locations) #2050	300 E Lake Mead Henderson, NV

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	4-point verification, Visual verification, counseling, immunizations	16,640 Hours

Title	Description of Duties	Name of Supervisor
		Molly Harlow / Wes Campbell

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

Title	Description of Duties	Name of Supervisor
8/2001	Walgreens Pharmacy (various locations)	16,000 Hours

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Rx verification, input, counseling, technician supervision	Matt

Title	Description of Duties	Name of Supervisor

[illegible]

Title	Description of Duties	Name of Supervisor

[illegible]

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

[illegible]

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

## 9. CHARACTER REFERENCES:

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>MARC ALBAUM</u>	Home	<u>Grand St</u>	<u>New York, NY</u>	<u>1002</u>	<u>7</u>	<u>44 years</u>
Employer <u>Self-employed</u>	Business	<u>MARC ALBAUM CPA</u>	<u>260 E. Broadway</u>	<u>NY, NY 10002</u>	<u>212-674-2840</u>	
Name <u>HINH HUYNH RPH</u>	Home	<u>8 Tusculum Way</u>	<u>Durham, VT</u>	<u>84020</u>		<u>5 years +</u>
Employer <u>Walgreens Rx</u>	Business	<u>Walgreens #9974</u>	<u>4205 Main St</u>	<u>Springville UT 84663</u>	<u>801-853-1214</u>	
Name <u>Brian Nguyen RPH</u>	Home	<u>Dollar Pointe</u>	<u>Las Vegas, NV</u>	<u>89148</u>	<u>6</u>	<u>22 years</u>
Employer <u>Wal-Mart Rx</u>	Business	<u>Wal-Mart</u>	<u>3041 N. Rainbow Blvd</u>	<u>Las Vegas, NV 89108</u>	<u>702-656-7331</u>	
Name <u>Morris DuBia</u>	Home	<u>Canas Way</u>	<u>Henderson, NV</u>	<u>89014</u>		<u>15 years</u>
Employer <u>Retired</u>	Business	<u>N/A</u>				
Name <u>Ugo Nnodim RPH</u>	Home	<u>Corista Dr</u>	<u>Henderson, NV</u>	<u>89053</u>		<u>7 years</u>
Employer <u>US Military</u>	Business	<u>N/A</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

New York Pharmacist # 035828 35 years

Arizona Pharmacist # 5023888 less than 1 year

Utah Pharmacist # 11234258-1701, Utah controlled substances 11234258-8911 less than 1 year both

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 ☒

Nevada Board of Pharmacy CE Audit / case 200200000000363 / case resolved + closed

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

AD

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 ☒

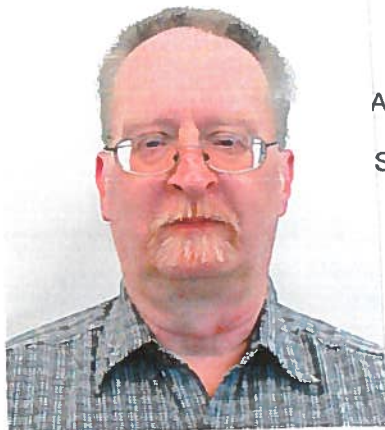
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

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 w Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or whc operating hours? Yes ☒ No ☐



APH

ST

Date of photograph

7/26/2019

Applicant's initial

⑦

STATE OF

Nevada

SS.

COUNTY OF

ClarkI, THOMAS ROGASKI

, 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.

Thomas Rogaski  
Original Signature of Applicant

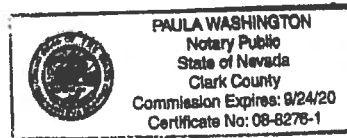
Subscribed and Sworn to before me this

26th

day of

July 2019Paula Washington

Notary Public



(seal)

Applicant's initial

I stood before the State Board of pharmacy on  
 due to a shortage of C.E. credits. I paid my fine, made  
 up my hours and it never happened again.

<sup>in addition to Nevada</sup>  
 I currently hold active licenses in good standing <sup>in pharmacy</sup> in the  
 following states:

NY State State board of pharmacy # 035828

State of Utah 11234258, 1701

Pharmacist Controlled Substance State of Utah 11234258-~~1701~~ 8911

Arizona State State board of Pharmacy # 5023888

\* When I discovered in the past illegally written prescriptions  
 I followed protocol by contacting the police. When  
 charges were pressed against the illegal prescriber I  
 was subpoenaed against the arrested party by the  
 D.A. This occurred a number of times over the  
 years.

In reference to page 4 # C, D & E.

\* In reference to page 5 # I  
 I filed for bankruptcy in 2001 but never pursued it.

Applicant's initial

E

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 7-25-19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for PAHRUMP Wellness Pharmacy and Nutrition Center  
2780 Homestead Rd. #101, PAHRUMP, NV 89048  
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Cadigan Last Name Anna First Name Maria Middle Name  
Maiden name DiBenedetto / married name Christensen  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Loughlin Rd Pahrump NV 89048  
 Present Residence Address-Street or RFD City State/Zip  
2100 E Calaveras Blvd Pahrump NV 89048  
 Present Business Address City State/Zip

Occupation \_\_\_\_\_ Dates \_\_\_\_\_ Phone: \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Business 775-727-7959  
Point Pleasant Ocean, NJ  
 Date of Birth \_\_\_\_\_ Place of Birth (City, County, State)

57 Age                      Social Security Number                      Sex F  
Hazel Brown white 140 Small 5'5"  
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Scar Top of @ hand

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 ae  
 Page 1



A. **Current Marriage** 05-07-2016 Pahrump Nye NV  
Date City, County and State  
 Spouse's full name (Maiden) Craig L Christensen   
S.S. No.  
 Date of Birth  Place of Birth Cedar City Utah  
 Resident address Laughlin Rd Pahrump NV 89048  
Street City State Zip  
 Telephone: Residence  Business 775-727-7959  
 Spouse's employer Self Occupation Chiropractor  
 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
James W Cadigan	12-16-2015	9-8-1982 Allamwood NV	Divorced	Pahrump Nye NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
James W Cadigan	2 Lorilei	Pahrump NV		89048	

**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
Amanda Cadigan		NV	260 Patrick LU NV 89148
James F Cadigan		NV	Kansas St Pahrump NV 89048
Steven Cadigan		NV	1 SE 142 place Summerfield Florida 34491

See Attached sheet (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 ce



**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

Mario D. Benedetto

lasty heights

Mineral Bluff GA 30559 retired

Mother

Maria D. Benedetto

lasty heights

Mineral Bluff GA 30559 retired

Father-in-Law

Dale Christensen

Laughlin Rd Pahrump NV retired  
89048

Mother-in-Law

Marjorie Christensen

Laughlin Rd Pahrump NV retired  
89048**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
---------------	------------	---------	------------

Pasquale D. Benedetto

lasty heights

Mineral Bluff CA 30559 Builder

Spouse

Laura D. Benedetto

lasty heights

Mineral Bluff GA 30559 Post office

Mario D. Benedetto

Sawin St

Pahrump NV 89048 retired

Spouse

Teresa Hlem

Santiudo

Pahrump NV 89048 office manager

Spouse

Bill Hlem

Santiudo

Pahrump NV 89048 Supervisor

Spouse

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate	
Grammar School	Green Grove	Neptune	1967-1972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Neptune High	Neptune	1976-1980	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 .....

College or university where obtained .....

Applicant's initial ae

**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
7-14-2008	45	Interfering in law enforcement	Phoenix AZ 85048	2009	Maricopa County

- 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
James Cadigan	Son	Marijuana	AZ	?

Applicant's initial ac 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
10-1-1994	2690 Lorclie	Pahrump	NV 89048 Nye
7-1-2015	Laughlin Rd	Pahrump	NV 89048 Nye

Applicant's initial ee

**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
7-1978	Woolworth Hwy 33 NJ	New Job
Title	Description of Duties	Name of Supervisor
	Managed Garden center Sell - restock	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5-1980	Power Controls Red Bank NJ	Having children
Title	Description of Duties	Name of Supervisor
	Assembler Built computer Boards	John Dominico
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1-2010	Pahrump Dermatology Pahrump NV	New Job
Title	Description of Duties	Name of Supervisor
	MD - Marketing	Mike Roos
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1-2012	LV Skin + Cancer	Business Closed 7-2015
Title	Description of Duties	Name of Supervisor
	Lab Tech + MHA Patient care, assist in surgeries	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5-2016	Independent Wellness Center	Closed
Title	Description of Duties	Name of Supervisor
	Manager / Admin / HR	Craig Christensen
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 ac 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
Roddy Fernandez Name	Home	1 Ravine Ave Pahrump NV 89048				57 (11)
Nye County Emergency Employer	Business	Management Logistics Office				
Scott Lewis Name	Home	1 Elderberry Pahrump NV 89048				3 (11)
Nye County Employer	Business	Chief of Fire Department				
Justin Bell Name	Home	1 Hilliard Dr. Clarkston Washington 99903				(12)
Express Care Employer	Business					
Donna Corey Name	Home	Basin Rd Pahrump NV 89060				1 (5)
Pahrump Valley Employer	Business	Chamber of Commerce				
Jeff Charbonneau Name	Home	1 Treonah Pahrump NV 89048				
Self Employer	Business	General contractor				(20)

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒  
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial ae

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 7-25-19

Applicant's initial en

STATE OF Nevada

SS.

COUNTY OF NYE

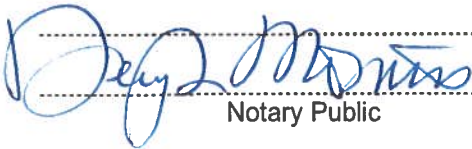
Mary Ann Morris Anna Cadigan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge 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 25 day of July 2019



Notary Public



Applicant's initial



[illegible]



Attached Sheet H

365

Mitchel Cadigan

NJ

Step Children

Cooper Christensen

NV

Hunting Ridge  
Trail

Granger IN 46530

Cayla Carrizal

CA

Brigwood Dr  
Brea CA 92821

Chandy Christensen

CA

Laughlin Rd  
Pahrump NV  
89048

Torrence Christensen

CA

1 Fredonia Dr.  
Las Vegas NV 89108

Asten Rodriguez

CA

Brigwood Dr  
Brea CA 92821

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 07/24/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for PAHRUMP WELLNESS Pharmacy and NUTRITION Center  
2780 Homestead RD. #101 <sup>Nature of License</sup> PAHRUMP, NEVADA, 89048  
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name CURNUTT First Name JUSTIN Middle Name DAINE

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

N/A

Present Residence Address-Street or RFD 10/15 - Present City PAHRUMP State/Zip NV / 89060  
N. Leslie St Dates

Present Business Address 04/16 - Present City PAHRUMP State/Zip NV / 89048  
2341 E. Postal Road Dates

Occupation owner of PAHRUMP WELLNESS Center and Educator Phone: Residence Business 775-419-6338  
of Therapeutic Lifestyle Changes!

Date of Birth 10/15/86 Place of Birth (City, County, State) LAS VEGAS, CLARK, NEVADA

Age 33 Social Security Number                      Sex MALE

Color of Eyes Blue Color of Hair Brown Complexion White Weight 140 Build Petite Height 5'6"

Scars, tattoos or distinguishing marks and/or characteristics Scar in the middle of forehead  
from chickenpox that was scratched off as a child

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 JD

A. **Current Marriage** 11/17/07 Pocatello, Bannock, IDAHO  
Date City, County and State  
 Spouse's full name (Maiden) ASHLEY LENAEE POOLE S.S. No.  
 Date of Birth ... Place of Birth Pocatello / Bannock County  
 Resident address N. Leslie St. PAHRUMP, NV, 89060  
Street City State Zip  
 Telephone: Residence ... Business N/A  
 Spouse's employer Home MAKER Occupation Homemaker  
 Address of employer N/A  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Dominic CURNUIT</u>	<u>...</u>	<u>Blackfoot, IDAHO</u>	<u>N. Leslie St. PAHRUMP, NV 89060</u>
<u>LENAE CURNUIT</u>	<u>...</u>	<u>Riverton, UTAH</u>	<u>Same as Above</u>
<u>Felicity CURNUIT</u>	<u>...</u>	<u>LAS Vegas, NEVADA</u>	<u>Same as Above</u>
<u>ADALINE CURNUIT</u>	<u>...</u>	<u>LAS Vegas, NEVADA</u>	<u>Same as Above</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 AD

**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 <b>TROY CURNUTT</b>		Lois Lane Pocatello, ID 83201	Entrepreneur
Mother <b>MIRIAM Jensen</b>		Lois Lane Pocatello, ID 83201	Homemaker
Father-in-Law <b>Brian POOLE</b>		S. Fairway Dr. Pocatello, ID 83201	Engineer
Mother-in-Law <b>Melanie Moser</b>		S. Fairway Dr. Pocatello, ID 83201	Principal Secretary School District

**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
<b>Cameo CURNUTT</b>		W. Bonneville Pocatello, ID 83204	STUDENT
Spouse N/A			
<b>HANNAH CURNUTT</b>		DOLBEER St unit B Pocatello, ID 83201	School Teacher
Spouse N/A			
<b>IAN CURNUTT</b>		Lois Lane Pocatello, ID 83201	STUDENT
Spouse N/A			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School <b>Leid Middle School</b>	Las Vegas, NV	97-99	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <b>Centennial High School</b>	Las Vegas, NV	00-04	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <b>Roseman University of Health Sciences</b>	Henderson, NV	09-12	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <b>IDAH0 STATE university</b>	Pocatello, ID	07-09	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm. D.College or university where obtained Roseman University of Health SciencesApplicant'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 CLARK State NEVADA Date registered 2002**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
10/14 - Current	N. Leslie St. PAHRUMP, NV 89060	PAHRUMP	NV / Nye
02/13 - 10/14	10 Spruce Ln. PAHRUMP, NV 89048	PAHRUMP	NV / Nye
12/12 - 02/13	1636 CALICO Cir.	Pocatello	ID / Bannock
05/11 - 12/12	7324 Camden Pine Ave.	LV	NV / Clark
05/09 - 05/11	4097 W. 9475 S.	South Jordan	UT
05/08 - 05/09	29 1/2 Stanford Ave.	Pocatello	ID / Bannock
11/07 - 05/08	434 E. HALLIDAY	Pocatello	ID / Bannock
06/05 - 11/07	2861 Lois Ln.	Pocatello	ID / Bannock
06/05 - 06/196	8300 Spruce Meadows	LV	NV / Clark
03/86 - 06/96	5873 Monroe Ave	LV	NV / Clark

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
04/16 - Current	PAHRUMP WELLNESS CENTER 2341 E. PASTAL RD. STE. B., PAHRUMP, NV 89048	Current
Title	Description of Duties	Name of Supervisor
OWNER	Everything	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/15 - 01/16	PARTALL SPECIALTY PHARMACY 5835 S. EASTERN AVE, LV, NV 89119	License Revocation
Title	Description of Duties	Name of Supervisor
STAFF RPH	DATA ENTRY, FILLING, COUNSELING, etc.	SCOT SILBER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/13 - 08/15	SMITH FOOD AND DRUG 601 S. NV-1600, PAHRUMP, NV 89048	Fired
Title	Description of Duties	Name of Supervisor
STAFF RPH	DATA ENTRY, FILLING RX, COUNSELING, etc.	LESTER SHERMAN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/11 - 02/13	ADVANCED ISOTOPE OF NEVADA 1771 E. FLAMINGO RD, LV, NV 89119	JOB @ Smith's
Title	Description of Duties	Name of Supervisor
Intern RPH / RPH	Filling, DATA ENTRY, Aseptic technique, etc.	CHRIS Southwick
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/07 - 08/11	ADVANCED ISOTOPE OF IDAHO 49108 RAINBOW LN, POCAHELLO, ID 83202	Moved to Las Vegas for RPH Internship
Title	Description of Duties	Name of Supervisor
Technician and Delivery Manager	DATA ENTRY, etc. DELIVERIES, DOT, Technician to RPH	Nicki Chopski
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/03 - 06/05	BLOCKBUSTER, LV, NV	(2 years) Serving an LDS Mission
Title	Description of Duties	Name of Supervisor
Register Hand	REGISTER, Movie COORDINATOR	BOB
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

## 9. CHARACTER REFERENCES:

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 <b>Andrew Cannon</b>	Home <b>Hayden Ave.</b>	<b>Evanston</b>	<b>WY</b>	<b>82930</b>	<b>307-789-4000</b>	<b>06/09 - Current</b>
Employer <b>CITY DRUG OF EVANSTON</b>	<b>131 10th St</b>	<b>Evanston</b>	<b>WY</b>	<b>82930</b>	<b>307-789-4000</b>	<b>10 yrs.</b>
Name <b>Jaron Wilson</b>	Home <b>Las Vegas</b>	<b>NV</b>	<b>89113</b>			<b>06/02 - Current</b>
Employer <b>UNYRSL BRANDS</b>	<b>1701 Kelly Blvd.</b>	<b>Carrollton, TX</b>	<b>75006</b>	<b>702-561-0307</b>		<b>17 yrs.</b>
Name <b>David Vanderbeek</b>	Home <b>PAHRUMP, NV</b>	<b>89048</b>				<b>02/13 - Current</b>
Employer <b>PAHRUMP Valley Counseling</b>	Business <b>3370 NV-160</b>	<b>PAHRUMP, NV</b>	<b>89048</b>		<b>751-8980</b>	<b>6 yrs.</b>
Name <b>NEAL Williams</b>	Home <b>Sheridan St. STE. 150</b>	<b>LV, NV</b>	<b>89102</b>			<b>06/96 23 yrs</b>
Employer <b>ARTCON, INC.</b>	Business <b>3021 Sheridan St. STE. 150</b>	<b>LV, NV</b>	<b>89102</b>		<b>702-395-4275</b>	
Name <b>STEVE Jolley</b>	Home <b>PAHRUMP, NV</b>	<b>89048</b>				<b>1</b>
Employer <b>Affiliated Physical Therapy</b>	Business <b>2141 S. Cortina St.</b>	<b>PAHRUMP, NV</b>	<b>89048</b>		<b>208-757-0391</b>	<b>02/13 - Current 6 yrs</b>

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

Pharmacy License, NEVADA - 18338 - 2012-2016 (Revoked) - 2019 (Reinstated)  
Pharmacy License, IDAHO - PG751 - 2012-2015 (Expired)

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 ☐ Explanation Attached

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☒ No ☐ Explanation Attached

If yes to the above, state where, when and for what reason: Prescription Fraud and Insurance Fraud. Pharmacist License Revoked in 2016 in Nevada. I Authorized Refills for myself and got my license revoked with 2 other technicians. Wyoming, 2019 Denied License RPH due to not having 1 year recent pharmacy activity.

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 ☐ Explanation Attached

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 ☐

Troy Currutt - Father - Advanced Isotopes of Nevada, Quantum Isotopes in IDAHO



Date of photograph 07/25/19

Applicant's initial TC

STATE OF Nevada

ss.

COUNTY OF NyeMary Ann Morris Justin Curnutt

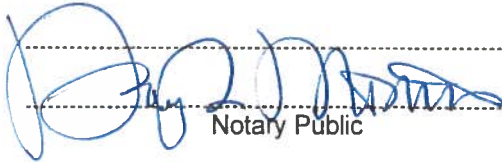
being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or 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 25 day of July 2019



Notary Public



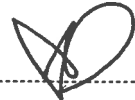
(seal)

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

## ADDITIONAL INFORMATION

I have Attached Addition Documents and Board of NV Pharmacy Proceedings. Also Attached is an Explanation of all yes Answers.

Applicant's initial



Page 10

To whom this may concern:

In explanation to the 'yes' answers on both the 'Personal History Record for Pharmacy' as well as the 'Application For Nevada Pharmacy License'. Much of the information is repetitive in nature and in the saving of time and paper it is all lumped into the same document. Many pages of board hearings are attached and explained further on.

Application for Nevada Pharmacy License:

Question 2, page 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, Justin Curnutt applied for a Pharmacy Intern License in the state of Wyoming during the years of 2017 to 2018. The Nevada Board of Pharmacy had granted Justin the ability to work as an intern in Nevada and had to complete one year as part of his stipulations for his license revocation. He could not find adequate work in the state of Nevada and therefore sought to find work elsewhere. The Wyoming State Board of Pharmacy did not grant Justin Curnutt the Pharmacy Technician License he requested and felt that until the Nevada Board of Pharmacy granted him his license back that they did not want to pursue any further actions and therefore denied his license altogether.

Question 3, page 2: 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, Justin Curnutt had his Pharmacist License revoked for prescription fraud and insurance fraud. He has paid a severe penalty of 3+ years fiduciary penalties of not working as a pharmacist. He is working diligently to make amends on all accounts of his mistakes through fulfilling his stipulations and keeping above reproach in all aspects of pharmacy. Attached are all the documents provided from the board hearings. I have also laid out the sections and pages relevant in order to save the board time scouring them.

We have attached the 5 board hearings that Justin Curnutt appeared at in the process of getting his pharmacist license back. January 2016 (meeting 1) was the initial hearing the report starts on page 8 and continues through page 12. In the January 2017 (meeting 2) hearing the report starts on page 11 and goes through to page 12. In April 2017 (meeting 3) hearing the report starts on page 6 and goes through to page 7. In April 2018 (meeting 4) hearing the report starts and ends on page 13. In December 2018 (meeting 5) hearing the report starts on page 10 and goes through to page 11.

Personal History Record for Pharmacy for the application of Justin Curnutt:

Question 13, page 8: Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever?

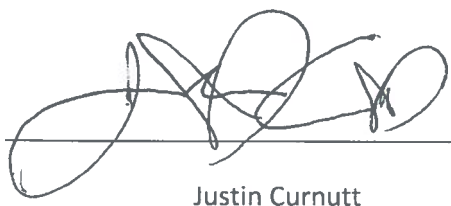
Yes, Justin Curnutt has sat before the Nevada State Board of Pharmacy multiple times throughout the years of 2016-2018.

Question 14, page 8: Have you ever been denied a personal license, permit, certification or registration for a privileged, occupational or professional activity?

Yes, Justin Curnutt was denied his Pharmacist License multiple times while on the path of correction. He attempted to make amends and comply with the stipulations to best of his ability before each board hearing he appeared at. He was also denied a pharmacy technician license in the state of Wyoming as described above.

Question 16, page 8: 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, Justin Curnutt was the focus of attention multiple times at Nevada Board of Pharmacy hearings. He had his license revoked in January 2016 for insurance fraud and prescription fraud. He sat before the board multiple times since in various attempts at getting his license reinstated. Much of the information is repetitive in nature and has been discussed previously.



Justin Curnutt

07/25/19

07/25/19 / Date



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) 850-1441

December 20, 2018

Justin Curnutt  
 Postal Dr.  
 Pahrump, NV 89048

**RE: Reinstatement of Pharmacist Registration with Terms and Conditions of Probation**

Dear Mr. Curnutt:

On December 5, 2018, the Nevada State Board of Pharmacy (Board) heard your request for reinstatement of your Nevada Pharmacist Registration No. 18338. The Board granted your request with the following terms and conditions.

1. Registration No. 18338 is now active and on probation for not less than twenty four (24) months.
2. During the probationary period, you:
  - a. May be employed and work on a full time basis, but you may not work more than forty (40) hours per week;
  - b. You may not work as a pharmacist in charge or managing pharmacist in any Nevada-licensed pharmacy;
  - c. You must inform all current and future employers of this disciplinary action (*BOP v. Curnutt*, Case No. 15-051-RPH-S), including the facts and circumstances of the case, *i.e.*, that the Board revoked your pharmacist license as a result of your conviction in this matter.
  - d. You will not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any of the provisions of Nevada Revised Statutes (NRS) Chapter 453, 454, 585 or 639, or any other state or federal law or regulation relating to drugs, the possession, manufacture or distribution of drugs or the practice of pharmacy.

3. Before renewing your registration, which is due for renewal by October 31, 2019, you shall complete thirty (30) continuing education units (CEUs), in addition to the twenty four (24) CEUs you are required to complete as an ordinary requirement for renewal. (54 CEUs total.) Two of those additional thirty CEUs shall be on the topic of professional ethics.

4. Any violation of the terms of the Board's Order, as explained above, may result in the immediate suspension of your intern pharmacist license.

These conditions are not negotiable. A hearing before the Board would be required to amend them. You may contact me, David Wuest, the Board's Executive Secretary, or Dr. Yen Long, the Board's Deputy Executive Secretary, if you have questions. A copy of the recording from the hearing in this matter is available upon request.

Best regards,



S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

Cc: David Wuest, R.Ph., Executive Secretary, Nevada State Board of Pharmacy; Yen Long, Pharm.D., Deputy Executive Director, Nevada State Board of Pharmacy



# 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](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

## MINUTES

~~January 13-14, 2016~~

## BOARD MEETING

Hilton Garden Inn  
 7830 S Las Vegas Boulevard  
 Las Vegas

### Board Members Present:

Leo Basch	Cheryl Blomstrom	Kevin Desmond	Tallie Pederson
Jason Penrod	Kirk Wentworth	Darla Zarley	

### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ken Scheuber	Luis Curras	Dena McClish	Raylene Palmer
Kristopher Mangosing			

Mr. Pinson introduced Darla Zarley, Pharm D. as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three year term. Ms. Zarley is an accomplished pharmacist and educator. She currently holds the position of Director of Experiential Education/Associate Professor of Pharmacy Practice at Roseman University in Henderson, Nevada

Mr. Pinson also announced that Leo Basch and Kirk Wentworth were reappointed to serve another term on the Board

President Basch informed the Board that Valerie Jensen was present at the meeting as required by the Board Order.

### 1. Public Comments- January 13, 2016 9:00 A.M.

There was no public comment.

### 2. Approval of October 14-15, 2015, Minutes

Darla Zarley recused from participation in this matter as she was not present at the October 2015 meeting.



Board Action:

Motion: Kirk Wentworth moved to approve the Stipulation and Order as presented regarding the Second through Fifth Causes of Action.

Second: Kevin Desmond

Action: Passed Unanimously

Regarding the one unresolved Cause of Action No. 1. Mr. Stilling disputed that Mr. Meyers was responsible for not verifying and dispensing a prescription for simvastatin 20 mg. tablets rather than Zoloft 200 mg. tablets as prescribed.

Mr. Stilling moved to have Exhibits WG1 and WG2 entered into the record. President Basch accepted the Exhibits into the record.

Mr. Stilling explained that Exhibit WG1 was documentation of Case #14-076 and Exhibit WG2 was the minutes regarding the same case, which Mr. Stilling argued was controlling. Mr. Penrod opined that Case #14-076 was distinguishable from the current case.

The Board heard additional arguments and determined that Mr. Meyers was responsible for the actions of personnel under his supervision as the pharmacist on duty.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lucas Meyers guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved that Lucas Meyers pay a fine of \$250.00 and complete two one-hour CE on the topics of pharmacy record keeping (1 CE) and proper error prevention techniques.

Second: Kevin Desmond

Action: Passed Unanimously

E. Justin Curnutt, R.Ph

(15-051-RPH-S)

F. Isabel Romero, PT  
G. Lori Brandon, PT

(15-051-PT-A-S)  
(15-051-PT-B-S)

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that this would not conflict with her participation in this matter.

Justin Curnutt, pharmacist, Isabel Romero, pharmaceutical technician, and Lori Brandon, pharmacy technician, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Patricia Marr was present as counsel representing Lori Brandon. Dave Krawczyk was present as counsel representing Justin Curnutt. Isabel Romero appeared without counsel.

Mr. Edwards stated that in June 2015, Board Staff received notice from a Smith's representative stating that Ms. Romero had been terminated from her employment as a pharmaceutical technician. Ms. Romero was terminated for falsifying a prescription for a dangerous drug (oral contraceptives) for herself. Ms. Romero falsified the prescription by patterning the counterfeit request after a previous legitimate prescription from her physician.

Mr. Edwards added that Ms. Romero scanned in the falsified prescription at Ms. Brandon's computer terminal under Ms. Brandon's credentials. Ms. Brandon observed this and reported her to Mr. Curnutt, the pharmacist on duty at the time. He explained that Ms. Romero did cancel the prescription at Mr. Curnutt's direction and Smith's did not dispense any medication pursuant to that authorization.

Mr. Edwards stated that during an interview with a Board Investigator, and in a subsequent written statement, Ms. Romero admitted to the foregoing allegations and went on to say that Mr. Curnutt told her all she needed to do was ask him for a prescription and he would have written one for her as he routinely did for himself and for Ms. Brandon.

Mr. Edwards moved to have stipulated facts regarding Mr. Curnutt and Ms. Brandon entered into the record. President Basch accepted the stipulated facts into the record.

Mr. Curnutt admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Mr. Curnutt created, processed and filled multiple fraudulent prescriptions for himself and for Ms. Brandon.

Ms. Brandon admitted that evidence exists to establish a factual basis for the violations alleged in the Accusation that Ms. Brandon created and processed multiple fraudulent prescriptions for herself and for Mr. Curnutt.

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Isabel Romero guilty of the First Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Second Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Third Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Justin Curnutt guilty of the Fourth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Fifth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to find that the allegations in the Notice of Intended Action have been proven and to find Lori Brandon guilty of the Sixth Cause of Action.

Second: Tallie Pederson

Action: Passed Unanimously

Mr. Edwards stated that Ms. Romero's termination, interviews and statement initiated the investigation into Mr. Curnutt and Ms. Brandon, but based on her violation Board Staff recommends revocation of her pharmaceutical technician registration.

Ms. Romero stated that she accepts what she did was wrong and will accept the consequences of her action.

Board Action:

Motion: Tallie Pederson moved to revoke Isabel Romero's pharmaceutical technician registration for creating and attempting to process a fraudulent prescription.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Krawczyk implored the Board to avoid revocation of Mr. Curnutt's pharmacist license. Mr. Krawczyk moved to have Exhibits 1-4 entered into the record. President Basch accepted the exhibits into the record.

Mr. Krawczyk explained that Exhibits 1-4 included a letter suggesting alternative disciplinary action such as mandatory CE, working under another pharmacist's supervision and surrender of his recently acquired pharmacy license.

Mr. Edwards stated that Board Staff recommends revocation of Mr. Curnutt's pharmacist license. He explained that Mr. Curnutt's activity was not a single lapse in judgement but a strong, well established pattern.

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for creating multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for filling and dispensing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jason Penrod moved to revoke Justin Curnutt's pharmacist license for processing multiple fraudulent prescriptions.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Ms. Marr requested the Board consider not revoking Ms. Brandon's pharmaceutical technician's registration. She stated that Ms. Brandon is apologetic for her mistakes and has learned a lot from this experience.

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

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for creating multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

Board Action:

Motion: Tallie Pederson moved to revoke Lori Brandon's pharmaceutical technician registration for processing multiple fraudulent prescriptions.

Second: Darla Zarley

Action: Passed Unanimously

H. Vital Care Health Services

(15-055-MP-N)

Nancy Fannin, Area manager of Rotech Health , appeared and was sworn by President Basch prior to answering questions or offering testimony.



# NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

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

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

## MINUTES

January 11, 2017

## BOARD MEETING

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

### Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Robert Sullivan
Kirk Wentworth	Darla Zarley		

### Board Members Absent:

Tallie Pederson

### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ray Seidlinger	Ken Scheuber	Dena McClish	Joe Dodge
Brett Kandt	Kristopher Mangosing		

1. Public Comment January 11, 2017 9:00 AM

There was no public comment.

2. Approval of December 7, 2016, Minutes

### Board Action:

Motion: Kevin Desmond moved to approve the Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously

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

Mr. Mulkey stated that he would provide Board Staff with a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Edwards explained that in 2013, Board Staff received notification from Vitalcare that they would no longer be performing MDEG services and would only be providing warehouse services. At that time, Board Staff closed Vitalcare's MDEG License.

While inspecting a pharmacy in Caliente, Board Inspectors observed Vitalcare performing MDEG services. The inspection showed that Vitalcare performed MDEG services for three years while unlicensed.

Mr. Edwards stated that Vitalcare received a Cite and Fine for \$5000.00, which they have paid. He added that Vitalcare is appearing before the Board to reapply for Vitalcare's Nevada MDEG License.

Mr. Mulkey answered questions to the Board's satisfaction regarding the events leading up to the unlicensed activity.

Board Action:

Motion: Jason Penrod moved to approve Vitalcare – Caliente's Application for Nevada MDEG License pending a positive inspection.

Second: Darla Zarley

Action: Passed unanimously

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Justin Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

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

Mr. Edwards explained that the Board heard Mr. Curnutt's case during the January 2016 board meeting. He stated that Mr. Curnutt committed prescription fraud and insurance fraud by creating, filling and dispensing multiple fraudulent prescriptions for himself and another staff member. Those fraudulent prescriptions were then billed to an insurance provider.

Mr. Curnutt agreed to Mr. Edwards' summary of the facts. He requested reinstatement of his pharmacist license and described his activities during the last year.

Mr. Curnutt explained that he is active with the Boy Scouts of America and his church community. He also opened a health food store and taught courses on various aspects of maintaining a healthy lifestyle.

Board discussion ensued regarding Mr. Curnutt's status on the OIG Blacklist. Mr. Pinson explained that if he is on that list he would not be allowed be employed by any entity that bills Medicare or Medicaid.

The Board questioned Mr. Curnutt regarding unaccounted for medications that were confiscated. Mr. Curnutt could not provide an explanation for the medications.

The Board discussed the possibility of having a mentor report on Mr. Curnutt's activities as well as other corrective action.

Board Action:

Motion: Kirk Wentworth moved to reinstate Justin Curnutt's Nevada Pharmacist License pending Mr. Curnutt meets with Board Staff to explain the circumstances surrounding all unaccounted for medications that remain at issue in his case. Board Staff is authorized to review and approve Mr. Curnutt's explanation. If Board Staff accepts the explanation Justin Curnutt's license will be reinstated, this will take place no sooner than February 5, 2017, and be put on a probationary status for a period of no less than two years from the reinstatement date. During the probationary period Mr. Curnutt may not work more than forty hours per week. He may not work as a pharmacist in charge or pharmacy manager of any Nevada pharmacy. He may not work alone and must work at all times under the direct supervision of a Nevada licensed pharmacist. He must engage a peer mentor who must be a Nevada licensed physician or pharmacist, and is subject to Board Staff approval. The mentor must submit quarterly written status reports to the Board's Executive Secretary explaining his or her perception and opinion of his work status, the activities in which he is engaged as part of his personal and professional recovery, his level of compliance with the terms of his probation and any other matters that the mentor deems pertinent. Mr. Curnutt shall inform all current and potential future employers of this disciplinary action. Any violation of the terms of the Board's Order may result in the immediate suspension of his pharmacist license.

Second: Jason Penrod

Action: Passed unanimously

8. General Counsel Report for Possible Discussion:

Attorney General Opinion No. 2016-10: Pharmacy Board; Controlled Substances; Veterinarians

Mr. Edwards stated that during a past meeting the Board approved Board Staff to request an Attorney General Opinion regarding licensing veterinarians for dispensing medication. He explained that Attorney General Opinion stated that veterinarians do need to follow the dispensing regulations like any other dispensing practitioner.





# NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

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

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

## MINUTES

April 12 & 13, 2017

### BOARD MEETING

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

#### Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Robert Sullivan
Kirk Wentworth	Darla Zarley		

#### Board Members Absent:

Tallie Pederson

#### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Ray Seidlinger	Ken Scheuber	Dena McClish	Joe Dodge
Sophia Long	Kristopher Mangosing		

1. Public Comment April 12, 2017 9:00 AM

There was no public comment.

2. Approval of March 1, 2017, Minutes

#### Board Action:

Motion: Jason Penrod moved to approve the March 1, 2017 Meeting Minutes as presented.

Second: Darla Zarley

Action: Passed unanimously.

Mr. Pinson explained that Board Staff received an application for Nevada Pharmacist License from Mr Kim. Shortly after receiving the application, an email from Jonathan Chan was sent to Board Staff. In the email, Mr. Chan stated that Mr. Kim contacted him to ask if he could be a reference on his application. Mr. Chan later discovered that Mr. Kim forged his signature and credentials on the referral portion of the application. Mr. Chan expressed concern that Mr. Kim used his name fraudulently.

The Board questioned Mr. Kim regarding why he forged Mr. Chan's signature on the application.

Mr. Kim explained that he thought he had Mr. Chan's permission and stated that he was in a hurry to send in his application. Mr. Kim apologized to the Board for his mistake and requested that they not use this occurrence as a reflection of his character.

The Board discussed the severity of lying on an application and forging Mr. Chan's signature.

Board Action:

Motion: Jason Penrod moved to deny Choon Kim's Application for Nevada Pharmacist by Reciprocity. Board Staff shall forward the results of this appearance to NABP and Massachusetts' and Hawaii's Pharmacy Boards.

Second: Darla Zarley

Action: Passed unanimously.

B. Young Ju Woo, R.Ph

Young Ju Woo appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Pinson explained that Ms. Woo has a pending action in California involving a technician diverting hydrocodone at the pharmacy where she was the managing pharmacist.

Ms. Woo explained that her hearing on this matter is scheduled for May 23, 2017.

The Board offered Ms. Woo the option to table her application until her case in California is resolved.

The Board tabled Ms. Woo's application for Nevada Pharmacist at her request.

7. Request for Reinstatement of Pharmacist License – Appearance:

Justin Curnutt

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

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

President Basch stated that Mr. Curnutt appeared before the Board during the January 2017 board meeting. He explained that at that time the Board moved to reinstate Mr. Curnutt's Nevada Pharmacist License pending he comply with a number of restrictions, including to meet with Board Staff to explain the circumstances surrounding all unaccounted for medications.

Mr. Curnutt stated that he has met with Board Staff twice to review the case.

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

Mr. Scheuber explained after meeting with Mr. Curnutt there are discrepancies regarding two prescriptions.

The Board questioned Mr. Curnutt regarding the two prescriptions in question.

Mr. Curnutt apologized to the Board for his mistake, but was not able to recall the circumstances surrounding the two prescriptions.

The Board expressed concern regarding Mr. Curnutt's lack of personal accountability regarding the case.

Board discussion ensued regarding the restrictions on Mr. Curnutt's Nevada Pharmacist License, status on the OIG Blacklist, and the possibility of having Mr. Curnutt complete a college level ethics course.

Board Action:

Motion: Kirk Wentworth moved to deny Justin Curnutt's Request for Reinstatement of Pharmacist License.

Kirk Wentworth withdrew his motion.

The Board discussed having Mr. Curnutt serve as a Pharmacy Intern.

Board Action:

Motion: Jason Penrod moved to approve Justin Curnutt's Application for Nevada Pharmacy Intern pending he finds employment at a pharmacy, completes a Board Staff approved college level ethics course, and complies with all the restrictions placed on his license during the January 2017 board meeting.

Second: Robert Sullivan

Action: Passed unanimously



# NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

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

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

## MINUTES

April 11 & 12, 2018

## BOARD MEETING

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

### Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

### Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

### Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

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.

### 1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

### 2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

Action: Passed unanimously

7. Request for Reinstatement of Revoked Pharmacist License:

Justin Curnutt

(15-051-RPH-S)

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

Mr. Kandt provided background information regarding Mr. Curnutt's case where his pharmacist license was revoked in 2016 for prescription and insurance fraud. He explained that Mr. Curnutt petitioned for reinstatement in April 2017, where he was granted a pharmacy intern license with conditions.

The Board questioned Mr. Curnutt regarding what he has done to comply with the conditions on his pharmacy intern license.

Mr. Curnutt answered the Board's questions regarding his current employment and continuing education

After discussion, the Board directed Mr. Curnutt to be more proactive in complying with the conditions on his license.

8. Request for Pharmaceutical Technician in Training License:

Chelsea R. Flores

Ms. Flores was not present.

Mr. Pinson stated that Ms. Flores was a student at Northwest Career College. Mr. Pinson explained that Board Staff was notified that Ms. Flores tested positive for marijuana.

Board Action:

Motion: Jason Penrod moved to deny Chelsea R. Flores' Application for Pharmaceutical Technician in Training License.

Second: Darla Zarley

Action: Passed unanimously

9. Application for Physician Assistant Prescribe - Appearance:

Sami N. Akhchin

Sami Akhchin appeared and was sworn by President Basch prior to answering questions or offering testimony.



# NEVADA STATE BOARD OF PHARMACY

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

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

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

## MINUTES

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.

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.



**6**

**6A**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**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: ALTHEA Pharmacy

Physical Address: 5225 S Hwy 95, Suite 9

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

City: FORSYTH State: AZ Zip Code: 86426

Telephone: 928-577-2526 Fax: 928-577-2528

Toll Free Number: 1-833-969-1469 (Required per NAC 639.708)

E-mail: ALTHEA@GMAIL.COM Website: \_\_\_\_\_

Managing Pharmacist: LES HOLB License Number: SD12947

**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: DELIVERY

\*\*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

Abdulkadir Momen  
Print Name of Authorized Person

7/15/19  
Date

Page 2

Board Use Only

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

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_

Limited ☒

Partnership Name: ALTHEA PHARMACY, LLC  
 Mailing Address: 5225 S Hwy 95, Suite 9  
 City: FORT MOHAVE State: AZ Zip Code: 86426  
 Telephone Number: 928-577-2526 Fax Number: 928-577-2528  
 Contact Person: ABDIKADIN MOALIM

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
 Use separate sheet if necessary

Name	G or L	Percentage
<u>ABDIKADIN MOALIM</u>	<u>L</u>	<u>100</u>
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: ABDIKADIN MOALIM %: 100  
 Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: NONE %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm Saturday 10 am 2 pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm Closed 24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NONE

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Abdolkarim Mander  
 Business Name: General Pharmacy, LLC  
 Current Business Address: 5226 S Hwy 95, Suite 9  
 City: Fort Mohave State: AZ Zip Code: 86426  
 Telephone: 928-577-2526 Fax: 928-577-2528

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm      Saturday 10 am 2 pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm closed      24 Hours \_\_\_\_\_

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

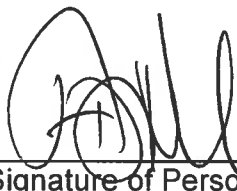
I, Abdikadir Moalin

Responsible Person of ACTHEA 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

Abdikadir Moalin

Print Name of Authorized Person

07/15/19

Date

## Entity Information

Search Date and Time:

7/19/2019 11:46:14 AM

### Entity Details

Entity Name:

ALTHEA PHARMACY, L.L.C

Entity ID:

L21171191

Entity Type:

Domestic LLC

Entity Status:

Active

Formation Date:

8/23/2016

Reason for Status:

In Good Standing

Approval Date:

8/24/2016

Status Date:

Original Incorporation Date:

8/23/2016

Privacy Policy (<http://azcc.gov/privacy-policy>) | Contact Us (<http://azcc.gov/corporations/corporate-contacts>) | Life Period:

Perpetual



Business Type:

Last Annual Report Filed:

Domicile State:

AZ

Annual Report Due Date:

Years Due:

Original Publish Date:

## Statutory Agent Information

Name:

ABDIKADIR MOALIM

Appointed Status:

Active

Attention:

Address:

5225 S HIGHWAY 95 SUITE 9 , FORT MOHAVE, AZ 86426, USA

Agent Last Updated:

8/24/2016

E-mail:

Attention:

Mailing Address:

5225 S HIGHWAY 95 SUITE 9 , FORT MOHAVE, AZ 86426, USA

County:

## Principal Information

Title	Name	Attention	Address	Date of Filing Office	Last Updated
Privacy Policy ( <a href="http://azcc.gov/privacy-policy">http://azcc.gov/privacy-policy</a> )	Contact Us ( <a href="http://azcc.gov/corporations/corporation-contacts">http://azcc.gov/corporations/corporation-contacts</a> )				

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Member	ABDIKADIR MOALIM		5225 S HIGHWAY 95 SUITE 9, FORT MOHAVE, AZ, 86426, USA	8/23/2016	8/24/2016

Page 1 of 1, records 1 to 1 of 1

## Entity Known Place of Business

Attention:

Address: 5225 S HIGHWAY 95 SUITE 9, FORT MOHAVE, AZ, 86426, USA

County: Mohave

Last Updated: 8/24/2016

## Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

[Back](#)[Return to Search](#)[Return to Results](#)[Document History](#)[Name/Restructuring History](#)[Pending Documents](#)[Microfilm History](#)



## Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P) 602-771-2727 (F) 602-771-2743 [www.azpharmacy.gov](http://www.azpharmacy.gov)

### CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

<b>Name :</b>	Les J. Holub
<b>License No :</b>	S012947
<b>Date Issued :</b>	08/09/2001
<b>Expiration Date :</b>	10/31/2019
<b>Status :</b>	OPEN



**Evelyn Irvine**

Program Project Specialist I  
Arizona State Board of Pharmacy

Date: 10/31/2017

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona )  
Mohave ) ss.  
COUNTY )

I, Amikorn Moralein, 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 Owner for ALTHEA Pharmacy, 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.

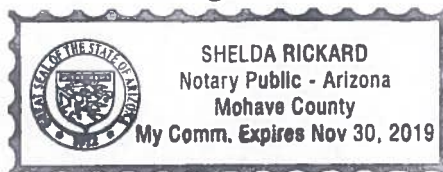
FURTHER AFFIANT SAYETH NOT.

I, Amikorn Moralein, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name [Signature]

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
15<sup>th</sup> day of July, 2019.

[Signature: Shelda Rickard]  
NOTARY PUBLIC



(<https://pharmacy.az.gov/>)

Arizona State Board of Pharmacy (<https://pharmacy.az.gov/>)



PERMIT VERIFICATION ONLINE APPLICATION

( Please click on the Print option to view the full permit details. )

\* Permit Type  License Number  Business Name

City  Zip  Verification Code

Permit Lookup Search

Name	LICENSE #	Permit Type	Sub Type	STATUS	ISSUED	EXPIRATION	Address	CSZ	Print	Discipline
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters		Filters
Althea Pharmacy	Y007030	Pharmacy	Independent	OPEN	10/03/2016	10/31/2020	5225 S Highway 95, Suite 9	Fort Mohave AZ 86426		N
Page size : 20		Records : 1 - 1 of 1				Pages : 1 of 1		<< < 1 > >>		

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005. Phone: (602) 771-2727

AZ Board of Pharmacy  
service completed for



602-771-ASBP (2727)  
FAX: 602-771-2749  
<http://www.azpharmacy.gov>

Receipt Number 20183928  
Receipt Amount \$ 480.00

## Pharmacy/Independent

Retail

PERMIT NO  
Y007030

EXPIRES  
10/31/2020

Issued to

Althea Pharmacy, LLC  
5225 S HIGHWAY 95, SUITE 9  
FORT MOHAVE, AZ 86426

*Kim Gualdi*  
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 : Althea Pharmacy, LLC  
LICENSE NUMBER : Y007030  
EXPIRES : 10/31/2020

<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. R4-23-601 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.

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.  
Do not return with application unless it has been completed by the licensing agency.

### NEVADA STATE BOARD OF PHARMACY

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

### LICENSE VERIFICATION

Name: ALTHEA PHARMACY  
 Address: 5225 S HIGHWAY 95, STE 9  
 City: FORT MOHAVE State: AZ Zip: 86426  
 I hereby authorize the Application MOHAVE to furnish to the Nevada State Board of Pharmacy, the information requested below.  
 Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE  
LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>Y007030</u>	<u>Open</u>	<u>10/03/2016</u>	<u>10/31/2020</u>

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date
<u>Sonia Carrillo</u>	<u>Program Project Specialist</u>	<u>AZ</u>	<u>7/22/19</u>



**6B**



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## 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: RGH Enterprises, Inc. dba Edgepark Medical Supplies

Physical Address: 1810 Summit Commerce Park, Suite 200, Twinsburg, OH 44087

Mailing Address: 7200 Cardinal Place

City: Dublin State: OH Zip Code: 43017

Telephone: 330-963-6998 ext. 3668 Fax: 614-495-5697

Toll Free Number: 800-321-0591 (Required per NAC 639.708)

E-mail: Licensure@cardinalhealth.com Website: www.edgepark.com

Managing Pharmacist: Anna T. Keller License Number: 03326690

### TYPE OF PHARMACY

**AND**

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

**If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

William S. Crates

Print Name of Authorized Person

Date

07/11/2019

Page 2

Board Use Only

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

Amount:

500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Ohio  
 Parent Company if any: AssuraMed Group, Inc.  
 Corporation Name: RGH Enterprises, Inc.  
 Mailing Address: 1810 Summit Commerce Park  
 City: Twinsburg State: OH Zip: 44087  
 Telephone: 330-963-6998 ext. 3476 Fax: 330-405-5674  
 Contact Person: Cynthia Rhodes

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: 04/09/1990  
 Registration number issued: 770802  
 Stock Exchange: NYSE under CAH

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9:00</u> am	<u>5:30</u> pm	Saturday	<u>Closed</u> am	<u>      </u> pm
Sunday	<u>Closed</u> am	<u>      </u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

**Must be included with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



**STATE OF  
OHIO**  
BOARD OF PHARMACY

**COPY**<sup>416</sup>

*Original was mailed  
directly to state*

## **VERIFICATION OF LICENSURE**

BUSINESS NAME: EDGE PARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL

DBA: Edgepark Medical Supplies; Independence Medical

LOCATION: 1810 SUMMIT COMMERCE PARK  
TWINSBURG, OH 44087

LICENSE NUMBER: 022388500

TYPE OF LICENSE: Terminal - Pharmacy - Category 2

ORIGINAL LICENSURE DATE: April 9, 2014

EXPIRATION DATE: March 31, 2021

CURRENT LICENSE STATUS: Active

CURRENT LICENSE SUB STATUS:

BOARD ACTION: No  
(If Board Action is "Yes", you may find more information at [license.ohio.gov](http://license.ohio.gov))

DATE OF VERIFICATION: 7/9/2019

---

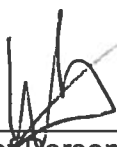
Karrie Southard  
Director of Licensing  
State of Ohio Board of Pharmacy

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, William S. Crates  
Responsible Person of RGH Enterprises, Inc. dba Edgepark Medical Supplies  
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

William S. Crates

Print Name of Authorized Person

07/11/2019

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio )  
Franklin ) ss. COUNTY )

I, William S. Crates, 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 VP, Quality Management for RGH Enterprises, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of- State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, William S. Crates, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
11<sup>th</sup> day of July, 2019.

[Signature]  
 NOTARY PUBLIC





June 18, 2019

Dave Wuest, Executive Secretary  
Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Ste. 206  
Reno, NV 89521

RE: Explanation of Disciplinary History  
RGH Enterprises, Inc. dba Edgepark Medical Supplies  
1810 Summit Commerce Park  
Twinsburg, OH 44087

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State Pharmacy License. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined \$500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a \$250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve



a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of \$5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration (“DEA”) regarding Cardinal Health’s registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the “Order”) on Cardinal Health’s Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility “failed to maintain effective controls against the diversion of controlled substances” and “failed to detect and report suspicious orders of oxycodone by its pharmacy customers.” In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that “[n]otwithstanding the large quantities of controlled substances ordered by Cardinal’s top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted....” Importantly, these allegations did not involve any diversion of controlled substances from Cardinal’s facility.

Under the settlement agreement, the Lakeland facility’s DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland’s registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys’ Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company’s distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers’ legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,



William Crates  
VP, QRA Management



UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, INC., an Ohio corporation, Charter No. 770802, having its principal location in Hudson, County of Summit, was incorporated on April 9, 1990 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 18th day of June, A.D. 2019.*

Ohio Secretary of State

Validation Number: 201916902010



1810 Summit Commerce Park  
Twinsburg, Ohio 44087

Officer Name	Title	Company
William Stanton Crates	Vice President, QRA Management	RGH Enterprises, Inc.
Wayne R. Robinson	Vice President, Tax and Secretary	RGH Enterprises, Inc.
Travis Eugene Leonard	Sr. Vice President and Treasurer	RGH Enterprises, Inc.
Stephen Michael Mason	President	RGH Enterprises, Inc.

Copyright © 2010 Cardinal Health. All Rights Reserved.

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE6349864	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,4 5	RETAIL PHARMACY	09-26-2016

EDGE PARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL  
1810 SUMMIT COMMERCE PARK  
TWINSBURG, OH 44087

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE6349864	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,4 5	RETAIL PHARMACY	09-26-2016

EDGE PARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL  
1810 SUMMIT COMMERCE PARK  
TWINSBURG, OH 44087

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

**6C**

# 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: Premier Specialty Infusion LLC

Physical Address: 2401 Hassell Rd Ste 1525

Mailing Address: 2401 Hassell Rd. Ste 1525

City: Hoffman Estates State: ILLINOIS Zip Code: 60169

Telephone: 800-783-9655 Fax: 877-770-4179

Toll Free Number: 800-783-9655 (Required per NAC 639.708)

E-mail: scott.luckow@psinfusion.com Website: www.psinfusion.com

Managing Pharmacist: Scott Luckow License Number: 51.041005

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.


Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

  
Original Signature of Person Authorized to Submit Application, no copies or stamps

SCOTT LUCKOW  
Print Name of Authorized Person

10/23/18  
Date

Page 2

Board Use Only

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

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_

Limited ☒Partnership Name: Premier Specialty Infusion LLCMailing Address: 2401 Hassell Rd Ste. 1525City: Hoffman Estates State: IL Zip Code: 601169Telephone Number: 800-783-9655 Fax Number: 877-770-4179Contact Person: Scott Luckow

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
 Use separate sheet if necessary

Name	G or L	Percentage
<u>Ambreena Jafri</u>	<u>L</u>	<u>97%</u>
<u>Scott Luckow</u>	<u>L</u>	<u>3%</u>

List names of 4 largest partners and percentage of ownership:

Name: N/A %: \_\_\_\_\_

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

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

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

**Hours of Operation for the pharmacy:**Monday thru Friday 8:00 am 5:00 pmSaturday 24 am 7 pmSunday 24 am 7 by phone pm24 Hours by phone

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: N/A

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

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

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday N/A am \_\_\_\_\_ pm      Saturday N/A am \_\_\_\_\_ pm  
 Sunday N/A am \_\_\_\_\_ 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: N/A



STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scott Luckow  
Responsible Person of Premier Specialty Infusion 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.

Scott  
Original Signature of Person Authorized to Submit Application, no copies or stamps

Scott Luckow  
Print Name of Authorized Person

10/23/18  
Date

**Include with the Application for Authority to Dispense Drugs****Practitioner Dispensing  
Controlled Substance Waiver Form**

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: Premier Specialty Infusion LLC

Address: 2401 Hassell Rd Ste. 1525

City: Hoffman Estates State: IL Zip: 60169

Telephone: 800-783-9655

       I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

X I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

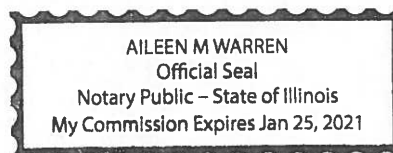
By signing and dating this waiver form, I certify that the information provided is true.

  
Original Signature of Dispensing Practitioner

10/23/18  
Date

## AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ILLINOIS )  
KANE COUNTY ) ss.



I, Scott Luckow, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge for Premier Specialty Infusion (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.

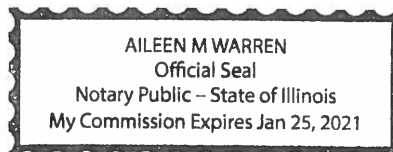
FURTHER AFFIANT SAYETH NOT.

I, Scott Luckow, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Scott Luckow  
 Name

SUBSCRIBED AND SWORN TO  
 before me, a notary public this  
23 day of October, 2018.

Aileen M Warren  
 NOTARY PUBLIC





To Whom It May Concern:

Below is a list containing the Name, Date of Birth, and Address of All Corporate Officers, Partners or Owner(s):

**Scott Luckow**

Pharmacy Manager, PIC, Owner

W437 Bode Rd

Elgin, IL 60120

DOB: 5

**Ambreen Jafri**

Pharmacy Owner, Partner

' Lake Adalyn Drive

South Barrington, IL 60010

DOB:

Thank you,

Premier Specialty Infusion

2401 W Hassell Rd, Suite 1525

Hoffman Estate, IL 60169



2401 West Hassell Road Suite 1525  
Hoffman Estates IL 60169



800 783 9655



877 770 4179

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIER SPECIALTY INFUSION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2018.



6225542 8300

SR# 20187166020

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203631232

Date: 10-17-18

File Number

0616916-3



***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

PREMIER SPECIALTY INFUSION, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of NOVEMBER A.D. 2018 .***



Authentication #: 1831202040 verifiable until 11/08/2019  
 Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



Sent to:  
DPR  
10.17.18  
copy of check  
attached



October 16, 2018

To Whom It May Concern,

We are pursuing an out of state pharmacy license and need to request an **Illinois Certification of Licensure** for our Pharmacy.

**Premier Specialty Infusion LLC**  
**2401 Hassell Rd. Ste 1525**  
**Hoffman Estates, IL 60169**

License#: 054.020273 - Active  
 Issued: 04/20/2017  
 Expires: 03/31/2020  
 Method of Licensure: Paper  
 Disciplinary Action: N

Please send the above Illinois Certification of Licensure to:

**Nevada State Board of Pharmacy**  
**431 W Plum Lane**  
**Reno, NV 89509**

Thank you,

Aileen Warren, PharmD, RPh  
 Director Of Operations  
[Aileen.warren@psinfusion.com](mailto:Aileen.warren@psinfusion.com)  
 800-783-9655



2401 West Hassell Road Suite 1525  
 Hoffman Estates IL 60169



800.783.9655



877.770.4179





Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4052203



**7**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## 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 03473**)  
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: Custom Compounding Pharmacy (DBA)

Physical Address: 1880 Santa Fe Dr. Suite 200 Weatherford, TX 76086

Mailing Address: 20069 N US HWY 281

City: Stephenville State: Texas Zip Code: 76401

Telephone: 817-550-6044 Fax: 682-262-1365

Toll Free Number: 844-525-9881 (Required per NAC 639.708)

E-mail: info@ccpmail.net Website: n/a

Managing Pharmacist: Kendra Wright License Number: TX 47576

### TYPE OF PHARMACY

### AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

Original Signature of Person Authorized to Submit Application, no copies or stamps

Charles Buchanan

Print Name of Authorized Person

Date

8/30/19

Page 2

Board Use Only

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

Amount: \$ 500.00

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Texas

Parent Company if any: Cross Timbers Compounding, LLC

Mailing Address: 20069 N US HWY 281

City: Stephenville State: Texas Zip: 76401

Telephone: 254-968-7898 Fax: 254-968-5978

Contact Person: Charles Buchanan

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Charles Buchanan 29561 N US Hwy 281 Lipan, TX 76462

b) \_\_\_\_\_

Name	Address
------	---------

c) \_\_\_\_\_

Name	Address
------	---------

d) \_\_\_\_\_

Name	Address
------	---------

- 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

List any physician shareholders and percentage of ownership.

Name: Charles Buchanan, DVM %: 100

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 5 pm Saturday On Call am pm

Sunday On Call am pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: PH03473

**Must be included with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Attached



Cross Timbers Compounding, LLC

Custom Compounding Pharmacy (DBA)

Officers:

President

Charles Buchanan, DVM

1880 N US Highway 281

Lipan, TX 76462

?

DOB: \_\_\_\_\_

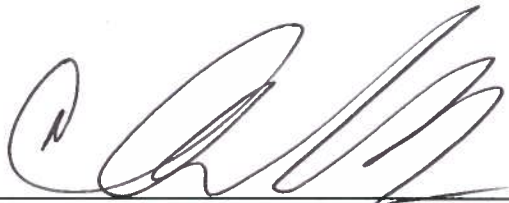
1880 SANTA FE DRIVE, SUITE 200  
WEATHERFORD, TEXAS 76086  
PHONE: 817-550-6044 FAX: 682-262-1365

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Charles Buchanan  
Responsible Person of Custom Compounding Pharmacy (DBA)  
Cross Timbers Compounding, 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

Charles Buchanan  
Print Name of Authorized Person

8/30/19  
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas )  
Erath ) ss.  
COUNTY )

I, Charles Buchanan, 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 Custom Compounding Pharmacy (DBA) Cross Timbers Compounding, LLC

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.

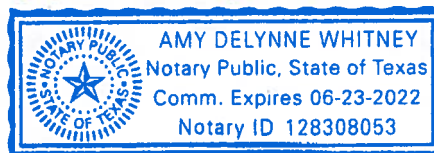
I, Charles Buchanan, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
30th day of August, 2019.

NOTARY PUBLIC

Name

Charles Buchanan







# TEXAS STATE BOARD OF PHARMACY

## Texas Pharmacy License # 32835

### CUSTOM COMPOUNDING PHARMACY LLC

#### License Information

**License Status** Active  
**License #** 32835  
**Expiration Date** 08/31/2021  
**Date License Issued** 08/30/2019

#### Address

1880 SANTA FE DR STE 200  
 WEATHERFORD, TX 76086  
**County** PARKER  
**Phone** (817) 550-6044

#### Pharmacy Details

**Prior Disciplinary Orders\*** No

\* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

**Class of Pharmacy** Community Sterile Compounding  
**Type of Ownership** LLC  
**Type of Pharmacy** Community Independent  
**# of Hospital beds**

#### Employment Information

**Pharmacist in Charge**  
 GOEDEKEN, GRETCHEN MARIE

#### Pharmacy Profile \*

**Accessible to disabled persons?** Yes

**Participates in the Texas Medicaid program?** No

**Translating services (Listed Below if Available)**

\* Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

#### Remedial Plans

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

#### Services Provided

No Nuclear  
 Yes Out-Patient Prescriptions  
 Yes Ship Prescription Out of State  
 No Class D (Expanded Formulary)  
 No Class D (Alternative Visit Schedule)  
 Yes Compounding Sterile-Risk Level Low  
 Yes Compounding Sterile-Risk Level Med  
 Yes Compounding Sterile-Risk Level High  
 Yes Compounding Non-Sterile  
 No 24 Hour Service  
 No Closed Door  
 Yes Compounding, Office Use  
 Yes Home Delivery  
 No Infusion  
 No Pharmacist Administered Immunizations  
 Yes Veterinary Prescriptions

#### Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
GOEDEKEN, GRETCHEN MARIE	44578	08/11/2006	05/31/2020	PIC	Active

## Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
BURLESON, AUSTIN LEE	233455	08/06/2014	05/31/2021	Staff	Active
Page 1 of 0 20					View 1 -

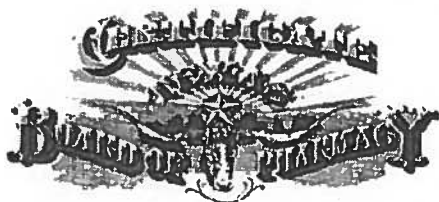
## Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode
Page 0 of 0 20					No records to view

## Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
CROSS TIMBERS COMPOUNDING, LLC	OWNER	.			
BUCHANAN, CHARLES COATES	OFFICER	.			
Page 1 of 1 20					View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.



This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.


License No. **30028**

Expiration Date: **6/30/2019**

Balances: 1

**CUSTOM COMPOUNDING PHARMACY LLC**  
**1880 SANTE FE DR STE 200**  
**WEATHERFORD TX 76086**



  
Gay Dodson, R.Ph.  
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughs  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cross Timbers Compounding LLC (file number 803323572), a Domestic Limited Liability Company (LLC), was filed in this office on May 21, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 04, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State

<u>State</u>	<u>License Number</u>	<u>Expiration</u>
Arizona	6535	10/31/2019
Arkansas	502640	12/31/2019
Colorado	OSP.0006671	10/31/2020
Delaware	AP-0001675	9/31/2020
Illinois	54.01961	3/31/2020
Indiana	64001963A	12/31/2019
Iowa	4554	12/31/2019
Kentucky	TX1997	6/30/2020
Mississippi	14405/7.1	12/31/2021
Missouri	2015038398	10/31/2019
Montana	32591	11/30/2019
Nebraska	961	9/8/2019
Nevada	PH03473	10/31/2020
New Mexico	PH00004031	12/31/2020
New York	35919	11/13/2020
Oklahoma	99-7493	12/31/2019
Pennsylvania	NP000873	8/31/2021
Tennessee	5637	8/31/2019
Texas	32835	8/31/2021
Utah	1708	9/30/2019
Washington	60608508	5/31/2020
Wisconsin	1541-43	5/31/2020

**8**

## Pharmacy Board

---

**From:** Ian Knickerbocker <i[REDACTED]@gmail.com>  
**Sent:** Monday, July 22, 2019 12:42 PM  
**To:** Pharmacy Board  
**Subject:** Technician License reinstatement

Hello,

My name is Ian Knickerbocker. I had my Nevada Pharmacy Technician license revoked in March 2018. The license number is PT07309. I do not live in Nevada any longer, but I would like to see what I need to do in order to have my license reinstated. I have no intention of working in health care, however my administrative action is affecting what I would like to do. I just want to be reinstated so that I can show I resolved the issue with the State of Nevada in order to move forward with a new career. Please let me know what I need to do from here. Thank you,

Ian Knickerbocker

Subj

Hello

My

licen

om

act

will

from

Can

ing

Un

Re

2019

1

2019

on

Pr

Can

the

4

10

20

20

20

20

20

20

FILED

MAR 18 2018

NEVADA STATE BOARD  
OF PHARMACY

2018 03 13 Default Knickerbocker

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-039-RPH-S
	)	17-039-PT-A-S
Petitioner,	)	17-039-PT-B-S
v.	)	
	)	
JOSE FERRAN, RPH,	)	ORDER OF DEFAULT
Certificate of Registration No. 16283,	)	(Ian Knickerbocker Only)
	)	
IAN KNICKERBOCKER, PT,	)	
Certificate of Registration No. PT07309,	)	
	)	
TIFFANY BUIE, PT,	)	
Certificate of Registration No. PT08743,	)	
	)	
Respondents.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, March 7, 2018, in Reno, Nevada. S. Paul Edwards, Esq., appeared and prosecuted the case before the Board. Respondent Ian Knickerbocker, PT, Certificate of Registration No. PT07309 (Knickerbocker) did not appear at the hearing. Knickerbocker did not file an Answer or Notice of Defense in this matter and did not respond in any way to the allegations set out in the *Notice of Intended Action and Accusation* (Accusation) on file herein.

Having received no pleading and no response from Knickerbocker, the Board hereby enters default against him as follows:

**FINDINGS OF FACT**

The factual allegations against Knickerbocker, as stated in the Accusation on file herein, and upon which the Board enters default, are as follows:



## II.

In April 2017, Walmart Pharmacy #10-4557 (Walmart) terminated managing pharmacist Jose Ferran for creating and filling fraudulent prescriptions for non-controlled substances.

## III.

Walmart also terminated pharmaceutical technicians Buie and Knickerbocker from their employment for their participation in Ferran's fraudulent activity.

## IV.

Ferran created a combined total of forty-four (44) "Telephoned Prescriptions" for himself, his family members, Buie and Knickerbocker's spouse, according to a written statement from Ferran. The fraudulent activities occurred during the time period of September 12, 2012, to January 18, 2017.

## V.

Walmart provided a detailed summary listing the prescriptions fabricated by Ferran, which is attached hereto as Addendum A, and incorporated herein by reference.

## VI.

Ferran fabricated "Telephone Prescriptions" falsely documenting Dr. Greg Dryanski as the prescribing physician on one prescription and Dr. Koussay Zarka as the prescriber on the remaining forty-three prescriptions.

## VII.

Dr. Zarka reviewed copies of the fraudulent prescriptions provided to him by Walmart. Dr. Zarka signed, dated and documented "not authorized" on each copy of each falsified prescription. He also signed a statement affirming that he did not authorize the prescriptions.

## VIII.

Walmart provided information that Ferran paid the co-pays and/or for the entire price of the fraudulent prescriptions for himself and his family using Walmart discount cards and/or billing the prescriptions through his Walmart insurance plan.

## IX.

Neither Buie nor Knickerbocker had a bona fide practitioner/patient relationship with Dr. Zarka.

## X.

Buie and Knickerbocker knowingly and willfully received and purchased prescriptions for various dangerous drugs for their own use or family member's use that Ferran fabricated without a lawful prescription or authorization from a practitioner.

## XI.

Buie and Knickerbocker submitted the fraudulent prescriptions for payment to their respective Walmart insurance plans.

On or about November 20, 2017, Board Staff served the Accusation and Notice of Hearing on Knickerbocker by certified United States mail, return receipt requested, using the address Knickerbocker most recently provided to the Board and which the Board had on file. Knickerbocker accepted and signed for that package on December 15, 2017.

Board Staff served the Accusation and Notice of Hearing on Knickerbocker a second time by certified United States mail, return receipt requested, using the address Knickerbocker most recently provided to the Board, and which the Board had on file, on November 28, 2017. Knickerbocker did not accept that package. The postal service returned it to the Board Office in Reno marked "Return to Sender" and "Unclaimed" on or about February 2, 2018.

Having received no Answer or other response to the Accusation and Notice of Hearing, and Knickerbocker having failed to appear at the hearing, the Board hereby accepts, by default, the factual allegations in the Accusation as true.

### **CONCLUSIONS OF LAW**

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

1. The Board has jurisdiction over this matter and this respondent, Ian Knickerbocker, PT, Certificate of Registration No. PT07309 (Knickerbocker) because at the time of the events alleged herein, Knickerbocker was a pharmaceutical technician registered by the Board.
2. By knowingly and willfully participating in fraudulent transactions by receiving and purchasing prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner as detailed in the Accusation, including Addendum A thereto, Knickerbocker violated Nevada Administrative Code (NAC) 639.945(1)(h) and (k).
3. By participating in fraudulent prescription transactions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance provider, Knickerbocker violated NAC 639.945(1)(h) and (k).
4. Each of the foregoing violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12) and NRS 639.255.

### **ORDER**

**THEREFORE, THE BOARD HEREBY ENTERS DEFAULT AND ORDERS:**

1. The registration of Respondent Ian Knickerbocker, PT, Certificate of Registration No. PT07309 (Knickerbocker), is hereby revoked effective immediately.

2. Knickerbocker 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 and the Board reinstates his registration.

3. Knickerbocker may not apply for reinstatement of his registration for a period of one year. In the event Knickerbocker applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

4. This Order is effective on the date executed below.

**IT IS SO ORDERD.**

Signed and effective this 18 day of March 2018.

  
\_\_\_\_\_  
Leo Basch, President  
Nevada State Board of Pharmacy

**9**

**9A**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

**Registration Fee: \$80.00** (non-refundable money order or cashier's check only)  
(This application cannot be used by PA's or APRN's)

First: Alex Middle: K Last: Curtis Degree: MD

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Practice Name (if any): Humboldt General Hospital

Nevada Address: 118 E. Haskell Street Suite #: \_\_\_\_\_

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Winnemucca State: NV Zip Code: 89445

E-mail: \_\_\_\_\_ Contact E-mail: greenje@hghospital.org

Work Telephone: 775-623-5222 x1153 Fax: 775-623-5904

Practitioner License Number: 18959 Specialty: FP/OB

Sex: ☒ M or ☐ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

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

**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.

08/20/2019

Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 80.00

Addendum for the Nevada Controlled Substances application for Alex Curtis, MD

I developed an addiction to opiates in 1991 after lower extremity fracture while stationed at Schofield Barracks, HI. I ultimately left the Army in August 1993 after my drug use escalated to avoid court martial proceedings.

I entered primary at Hazelden Recovery Center, Center City, MN (10/93-11/93) and secondary treatment at Alternatives in Treatment, Boca Raton, FL (01/94-03/94). I subsequently began practicing in Alabama under a standard five year advocacy contract through the Physician Health Program (PHP), formerly known as Physician Recovery Network (PRN), and administered by the Medical Association for the State of Alabama (MASA), starting in May 1995. This was completed without any difficulties or problems, and all drug screens were negative. I extended for an additional eight years, also without any difficulty or problem. I have attached a release of information with PHP. Please be aware that PHP purges most of its records after ten years.

Both the Alabama and Nevada Medical Boards are fully aware of this issue. The Alabama Board of Medical Examiners, under whose auspices I practiced after treatment, has an understanding with MASA and generally does not take action for a first offense as long as the physician remains compliant with PHP.

Please contact me in case of any questions. I am currently in the process of moving and the best way to reach me is by cell phone ( ) or by e-mail at [akcurtis01@gmail.com](mailto:akcurtis01@gmail.com). I will also receive mail at I 89445, on/about 09/01/2019.



**9B**

**NEVADA STATE BOARD OF PHARMACY**  
431 W. Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440

(This application can not be used by PA's or APN's)

**CONTROLLED SUBSTANCE APPLICATION**

Registration Fee: \$80.00 (non-refundable)

First: RAFAEL Middle: \_\_\_\_\_ Last: MIRCHOU Degree: MD  
Practice Name (if any): BEHAVIOR MEDICAL  
Nevada Address: 7488 WEST. SAMARA Suite #: \_\_\_\_\_  
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)  
PO Box: \_\_\_\_\_ E-mail address: MRAFIO@AOL.COM  
City: LAS VEGAS State: NV Zip Code: 89117  
Nevada Telephone: 702-641-1240 Nevada Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex: (M) or F  
Practitioner License Number: 9244 Specialty: INTERNAL MEDICINE

You must be licensed with your respective BOARD before we will process this application.

- 1) 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.
- 2) I have \_\_\_ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have \_\_\_ I have not ☒ been the subject of an administrative action whether completed or pending.
- 4) I have \_\_\_ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide an explanation and/or documents.

a) Board Administrative Action and/or State: N Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

County: \_\_\_\_\_ Court: \_\_\_\_\_


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.

Signature \_\_\_\_\_

Date 7/19/19

**Board Use Only**

Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: 80.00

 NEVADA BOARD OF PHARMACY	<b>CONTROLLED SUBSTANCE</b>  Expires: 10/31/2018  RAFAEL MIRCHOU 7488 W SAHARA AVE LAS VEGAS, NV 89117
License # CS09766 Active	
<b>IDENTIFICATION ONLY</b> <b>DOES NOT MEET POSTING REQUIREMENTS</b>	

**9C**

# CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

**Registration Fee: \$80.00** (non-refundable money order or cashier's check only)  
(This application cannot be used by PA's or APRN's)

First: ROBERT Middle: \_\_\_\_\_ Last: TOLEDO Degree: DO

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Practice Name (if any): HENDERSON WELLNESS OBGYN

Nevada Address: 1552 W WARM SPRINGS RD #100 Suite #: \_\_\_\_\_

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: HENDERSON State: NV Zip Code: 89014

E-mail: drrobertoledo@gmail.com Contact E-mail: drrobertoledo@gmail.com

Work Telephone: 702-933-5544 Fax: 702-992-9954

Practitioner License Number: 1057 Specialty: OB/GYN

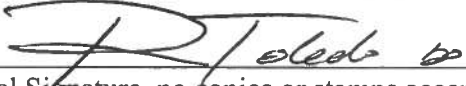
Sex: ☒ M or ☐ F

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

				Yes	No	
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....					<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...					<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....					<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>						
Board Administrative Action:		State <u>NV</u>	Date <u>08/17/18</u>	Case #: <u>AD16060</u>	<u>NBOM</u>	
		<u>NV</u>	<u>07/18/18</u>	<u>16-013-PD-5</u>	<u>July 2018 BOP</u>	
Criminal Action:	State	Date:	Case #:	County	Court	

**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. 

9/9/19  
Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: \_\_\_\_\_

TOLEDO, Robert  
 Application for Controlled Substances Registration  
 Nevada State Board of Pharmacy  
 p. 1

### Explanations

2. *Been the subject of a board citation or an administrative action whether completed or pending in any state?*

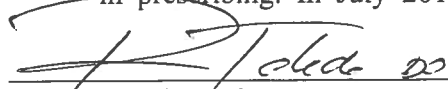
YES.

(a) Nevada State Board of Pharmacy, Case No. 16-013-PD-S, July 2018. Following an investigation and formal hearing, the Nevada State Board of Pharmacy ("BOP") determined I had violated state and federal law by aiding and abetting the unlicensed practice of pharmacy; engaging in unprofessional conduct; engaging in conduct against the public interest; and performing and/or acting as a party to fraudulent and deceitful practices and transactions. I had allowed unlicensed staff to: use my authority to obtain, access, and possess controlled substances and dangerous drugs; prescribe controlled substances and dangerous drugs to patients with whom I had no bona fide relationship using pre-signed, copied, or stamped prescriptions without my valid, handwritten signature; dispense controlled substances and dangerous drugs to patients with whom I had no bona fide relationship using pre-signed, copied, or stamped prescriptions without my valid, handwritten signature; and access my inventory and dispense controlled substances and dangerous drugs while I was not on site to personally check the medications. The medications at issue included weight loss (phentermine) and cosmetic drugs dispensed at a medical spa I co-owned with my wife Holly.

As a result, the BOP revoked my Controlled Substance Registrations (Nos. CS11019, CS17832, CS19754, and CS23073) and my Practitioner Dispensing Registrations (Nos. PD00063 and PD11019) for at least one (1) year. As of July 19, 2019, I was eligible to apply for reinstatement subject to my appearance and testimony before the BOP.

Since the revocation of my certifications, I have complied with the BOP's orders. I have not possessed, prescribed, or dispensed any controlled substances, nor have I requested any other provider to do so on my behalf. I voluntarily closed the medical spa in 2016, and I have refocused my practice to my board certification specialty of obstetrics and gynecology.

While my registration has been revoked, I have undertaken additional education in ~~prescribing~~. In July 2019, I completed the UC San Diego PACE Program

  
 Robert Toledo, D.O.

6/16/19  
 Date

TOLEDO, Robert  
 Application for Controlled Substances Registration  
 Nevada State Board of Pharmacy  
 p. 2

Physician Prescribing Course<sup>1</sup>, the certificate for which is attached. The Physician Prescribing Course is an intensive, two and one-half day (27.0 CME) course “designed to improve the participant's prescribing behavior by providing education on the legal, biomedical and clinical aspects of prescribing drugs, especially controlled drugs.” I also attended the Touro University CME, 2019 Nevada Laws: Opioids, Pain and Beyond in August 2019, certificate also attached. I believe these courses have helped prepare me to resume prescribe controlled substances, should my registration be reinstated.

(b) Nevada State Board of Osteopathic Medicine, Case no. AD1606001, August 2016. I entered into a settlement agreement with the Nevada State Board of Osteopathic Medicine (NBOM) following an investigation involving the same facts and circumstances as the BOP case above. Pursuant to that agreement, I paid a fine of \$5,000.00, and my administration, prescribing, dispensing, and ordering of prescription drugs was limited to legitimate medical purposes within my OB/Gyn practice.

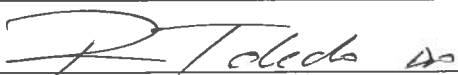
3. *Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?*

YES.

(a) Please see my responses to Question #2 above.

(b) Memorandum of Agreement, DEA, May 2017. Following an investigation by the Drug Enforcement Agency (DEA) into my record-keeping for phentermine prescribed and/or dispensed through my former medical spa, I entered into a settlement with the United States Government. Pursuant to that settlement, I surrendered my DEA Registration No. FT1209635; agreed not to dispense any Schedule II or III controlled substances under DEA Registration No. BT4604965, and paid a fine of \$50,000.00. I retained prescribing authority under DEA Registration No. BT4604965, and prescribing and dispensing authority under DEA Registration No. FT5105792.

<sup>1</sup> <http://www.paceprogram.ucsd.edu/CPD/Prescribing.aspx>

  
 Robert Toledo, D.O.

9/19/19  
 Date

NV STATE BOARD OF  
OSTEOPATHIC MEDICINE  
BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

AUG 17 2016

**FILED**

IN THE MATTER OF: )

Case No. AD1606001

ROBERT TOLEDO, D.O.  
License No. 1057,

SETTLEMENT AGREEMENT AND  
ORDER

Respondent. )

The Nevada State Board of Osteopathic Medicine (the Board), by and through its investigating board member Nicole Cavenagh, PhD, hereby enters into this settlement agreement with Robert Toledo, D.O. (License No. 1057). Pursuant to chapter 233B and chapter 633 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), it is hereby stipulated and agreed, by and between the parties in the above-entitled matter that this matter shall be fully and finally settled and resolved upon terms and conditions set out herein.

**PERTINENT FACTS**

1. On January 19, 2002, Dr. Toledo became licensed by the Board to practice as an osteopathic physician in Nevada (License No. 1057). Dr. Toledo's practice address of record with the Board is 1552 West Warm Springs Road, #100 in Henderson, Nevada. The Board's records show that Dr. Toledo is board certified in Obstetrics and Gynecology.

2. On March 30, 2016, the Board's staff and investigative staff from the Nevada State Board of Pharmacy conducted a joint investigation into a business entitled Henderson Wellness & Colonic (HWC) located at 9895 W. Maryland Parkway, Suite C in Las Vegas, Nevada. The business was owned by Dr. Toledo and his wife Nganha "Holly" Cheung and was managed by Dr. Toledo's sister-in-law Kim Le. The business purported to be a medical practice and spa.

3. The Board's investigation determined that HWC maintained a stock of prescription drugs that were readily accessible to all of HWC's staff. The prescription drugs were for weight loss (such as phentermine) or cosmetic purposes (such as Latisse). In practice, a client of HWC appeared at HWC, requested the prescription drugs HWC maintained or



1 "prescribed" without being medically examined by a licensed medical professional, paid the  
2 appropriate fee, and left with the prescription drug or a "prescription" for the drug. None of the  
3 employees of HWC were licensed medical professionals. Based upon the client's filling out of  
4 a form and a cursory taking of vital signs, the staff of HWC would provide the client either  
5 prescription medications taken from the stock maintained by HWC or would provide a  
6 "prescription" to the client that had been pre-signed by Dr. Toledo via a stamp. The acts  
7 performed by the employees of HWC constituted the practice of medicine since they involved  
8 assessment, diagnosis, and treatment of HWC's clients, and none of the employees of HWC  
9 were licensed as physicians, physician assistants, or advanced practitioner registered nurses.  
10 Dr. Toledo did not see any of the clients of HWC in any capacity and did not maintain medical  
11 charts on any of the clients. All of the prescription drugs dispensed by HWC were obtained  
12 with Dr. Toledo's knowledge and through the exercise of Dr. Toledo's authority to obtain or  
13 prescribe such prescription drugs. Dr. Toledo was aware of and condoned the manner by  
14 which HWC operated.

#### **ACKNOWLEDGMENTS AND APPLICABLE LAW**

16 4. In an effort to avoid the cost and uncertainty of a hearing, the parties have agreed to  
17 settle this matter. In settling this matter, Dr. Toledo does not contest the facts contained in the  
18 preceding three paragraphs. Dr. Toledo further acknowledges that certain facts contained in  
19 the preceding three paragraphs could be found to constitute violations of Nevada Revised  
20 Statutes (NRS) 633.511(1) as unprofessional conduct as further defined in NRS  
21 633.131(1)(d), (f)(1), (g), (l) and (m), and NRS 633.511(12) and Nevada Administrative Code  
22 (NAC) 633.350(1)(c) and (e) if this matter went to a Board hearing. Notwithstanding the  
23 preceding, the Board has agreed not to file an Accusation in this matter and the parties agree,  
24 instead, that the Board should rule upon this Settlement Agreement and Order as containing  
25 all necessary elements of due process to authorize the Board to take such action. If the  
26 Board approves this Settlement Agreement and Order, it shall be deemed and considered  
27 disciplinary action by the Board against Dr. Toledo.

1           5. Dr. Toledo and Dr. Cavenagh, the Investigating Board Member in this matter, agree  
2 that it is in the best interests of Dr. Toledo and the Board to resolve this matter without a full  
3 hearing on the merits.

4           6. Dr. Toledo is aware of, understands, and has been advised of the effect of this  
5 Settlement Agreement, which he has carefully read and fully acknowledged. Dr. Toledo  
6 acknowledges that he reviewed this Settlement Agreement and that he was provided the  
7 opportunity to review this Settlement Agreement with legal counsel of his own choice, namely  
8 John Cotton of John Cotton & Associates.

9           7. Dr. Toledo has freely and voluntarily entered into the Settlement Agreement, and he  
10 is aware of his rights to contest the charges pending against him. These rights include  
11 representation by an attorney at his own expense, the right to a public hearing on any charges  
12 or allegations formally filed, the right to confront and cross-examine witnesses called to testify  
13 against him, the right to present evidence on his own behalf, the right to testify on his own  
14 behalf, the right to obtain any other type of formal judicial review of this matter, and any other  
15 rights which may be accorded to him pursuant the provisions of Chapters 233B, 622, 622A,  
16 and 633 of the NRS and the NAC. Dr. Toledo is voluntarily waiving all these rights in  
17 exchange for the Board's acceptance of this Settlement Agreement.

18           8. Should the Settlement Agreement be rejected by the Board, it is agreed that  
19 presentation to and consideration by the Board of such proposed Settlement Agreement or  
20 other documents or matters pertaining to the consideration of this Settlement Agreement shall  
21 not unfairly or illegally prejudice the Board or any of its members from further participation,  
22 consideration, adjudication, or resolution of these proceedings and that no Board member  
23 shall be disqualified or challenged for bias. Likewise, should this Settlement Agreement be  
24 rejected by the Board, it is agreed that the terms of the Settlement Agreement, and any facts  
25 contained herein, shall not be used against Dr. Toledo in any future prosecution or other  
26 action by the Board.

27           9. Dr. Toledo for himself, his executors, administrators, successors, and assigns  
28 hereby releases and forever discharges and holds harmless the State of Nevada, the Nevada

1 Board of Osteopathic Medicine and each of their members, agents, investigators and  
2 employees in their individual and representative capacities, from any and all manner of  
3 actions, causes of action, suit, debts, judgments, executions, claims and demands  
4 whatsoever, known and unknown, in law or equity, that Licensee ever had, now has, may  
5 have or claim to have against any or all of the persons or entities named in this paragraph  
6 arising out of or by reason of this investigation, this disciplinary action, this settlement  
7 agreement or its administration.

8       10. In consideration for the execution of this Settlement Agreement, Dr. Toledo hereby  
9 releases and forever discharges the State of Nevada, the Board of Osteopathic Medicine, and  
10 the Nevada Attorney General's Office (as counsel for the Board), and each of their  
11 representatives, investigators, and employees, in their individual and representative capacity  
12 from any and all manner of actions, causes of actions, suits, debts, judgments, executions,  
13 claims and demands whatsoever, known or unknown, in law and in equity, that he may have  
14 had, now has, or claim to have against any and all of the persons and entities named in this  
15 paragraph arising out of or by reason of the investigation of the allegations raised herein and  
16 other matters relating thereto.

17       11. Dr. Toledo acknowledges that the Settlement Agreement shall only become  
18 effective after both the Board and he have duly executed it.

19       12. Dr. Toledo enters into this Settlement Agreement voluntarily after being fully  
20 advised of his rights and as to the consequences of this Settlement Agreement. This  
21 Settlement Agreement embodies the entire agreement reached between the Board and Dr.  
22 Toledo. It may not be altered, amended, or modified without the express consent of the  
23 parties.

24       13. Both parties acknowledge that the Board has jurisdiction to consider and ratify this  
25 Settlement Agreement and order because Dr. Toledo is an osteopathic physician licensed by  
26 the Board. Dr. Toledo expressly, knowingly, and intentionally waives the 21-day notice  
27 requirement contained in the Nevada Open Meeting Law and acknowledges that this  
28

1 Settlement Agreement and order may be presented to the Board for its consideration and  
2 potential ratification at the Board's meeting on August 16, 2016.

3  
4 **AGREED DISCIPLINARY ACTION**

5 THE PARTIES DO HEREBY AGREE as a result of the admissions and  
6 acknowledgements contained in paragraphs 1 through 13 above that the following discipline is  
7 fair and appropriate and should be imposed by the Board by way of resolution of this matter:

8 1. Dr. Toledo shall pay the Board's fees and costs in the investigation and prosecution  
9 of this matter totaling \$791.00, payable by cashier's or certified check or money order made  
10 payable to: "Nevada State Board of Osteopathic Medicine." Payment shall be due within 90  
11 days of the effective date of this Settlement Agreement and Order, but if Dr. Toledo cannot  
12 make payment in full by that time, he may make payment arrangements with and as are  
13 acceptable to the Board's Executive Director.

14 2. Dr. Toledo shall pay a fine of \$5,000.00 in this matter, payable by cashier's or  
15 certified check or money order made payable to: "Nevada State Board of Osteopathic  
16 Medicine." Payment shall be due within 90 days of the effective date of this Settlement  
17 Agreement and Order, but if Dr. Toledo cannot make payment in full by that time, he may  
18 make payment arrangements with and as are acceptable to the Board's Executive Director.

19 3. Dr. Toledo shall not allow any prescription drugs to be ordered, purchased, stored,  
20 or otherwise provided to HWC using his name or authority, and he shall take whatever action  
21 is necessary to assure that no prescription drugs are obtained in his name or authority.

22 4. Dr. Toledo may not administer, prescribe, dispense, order, or otherwise be involved  
23 with prescription drugs for purposes unrelated to his practice of obstetrics and gynecology at  
24 HWC or any other site until January 2, 2017. Dr. Toledo may administer, prescribe, dispense,  
25 order, or otherwise be involved with prescription drugs at HWC or any other site after January  
26 2, 2017 only if he does so in compliance with subparagraphs 5(a), (b), and (c) below at HWC  
27 or any other site.  
28

1           5. Dr. Toledo may administer, prescribe, dispense, order, or otherwise be involved with  
2 any controlled substances or dangerous drugs from his primary practice site so long as he  
3 does so in accordance with the following conditions:

4           (a) Dr. Toledo obtains a DEA registration and Nevada CS registration at the site. Dr.  
5 Toledo shall also register the site as a practice site with the Board. If Dr. Toledo desires to  
6 dispense controlled substances or dangerous drugs from the site, he must also obtain a  
7 Nevada dispensing practitioner's registration. Dr. Toledo shall provide written evidence of his  
8 registrations to the Board office.

9           (b) Dr. Toledo must personally see and assess each patient at the site to determine  
10 that the patient has a legitimate medical condition or diagnosis for which a particular controlled  
11 substance or dangerous drug is appropriate. Dr. Toledo must make a medical record  
12 regarding each patient he sees and assesses at the site, which record must include the basic  
13 physical examination information, Dr. Toledo's assessment, diagnoses, and controlled  
14 substances or dangerous drugs administered. The medical records made pursuant to this  
15 subparagraph must be maintained at the site. Dr. Toledo may employ a physician assistant or  
16 advanced practitioner of nursing under his supervision to see and assess the patients of the  
17 site and to make and maintain the records in the same manner as is required of Dr. Toledo  
18 under this paragraph.

19           (c) Dr. Toledo shall provide to the Board office his policy and procedures or protocols  
20 that will be used at his primary practice location for the seeing, assessment, diagnosis,  
21 administering, prescribing, and dispensing of controlled substances and dangerous drugs to  
22 patients at the site. The policy and procedures or protocol must be in compliance with all laws  
23 related to the administering, prescribing, and dispensing of prescription drugs and controlled  
24 substances, including but not limited to NRS and NAC chapters 453, 454, 633, and 639 and  
25 shall address those concerns raised in this matter including (1) limiting access to dangerous  
26 drugs stored in his practices' drug rooms; (2) assuring that controlled substances are properly  
27 and lawfully stored and secured; (3) limiting access to controlled substances; (4) packaging,  
28 repacking, and labeling of prescription drugs; and (5) assuring that all patients are examined

1 and that all necessary documentation is made to support the prescription, dispensing, and  
2 refilling of dangerous drugs and controlled substances. The Board is aware that Dr. Toledo  
3 has been working simultaneously with the Nevada State Board of Pharmacy and has been  
4 developing policies and procedures or protocols in conjunction with the Nevada State Board of  
5 Pharmacy. To satisfy the terms of this subparagraph, Dr. Toledo may present to the IBM  
6 those policies and procedures or protocols developed with the Nevada State Board of  
7 Pharmacy so long as those policies and procedures or protocols address the five concerns  
8 addressed in this paragraph. The policies and procedures or protocols, whether those agreed  
9 to with the Nevada State Board of Pharmacy or developed independent of the Nevada State  
10 Board of Pharmacy, must be submitted to the IBM no later than 30 days after the effective  
11 date of this Settlement Agreement and Order.

12 6. If Dr. Toledo desires in the future to administer, prescribe, or dispense dangerous  
13 drugs or controlled substances from a site other than his primary practice site, Dr. Toledo  
14 must notify the Board's office at least 30 days before he commences practice at the site. Dr.  
15 Toledo may not commence any practice at a site other than his primary practice site and HWC  
16 until he satisfies the IBM that his practice at the site other than his primary practice site or  
17 HWC will conform with all applicable Nevada and federal laws and the requirements of  
18 paragraph 4 herein.

19 7. The parties acknowledge that the Board must report this Settlement Agreement to  
20 the National Practitioners Data Bank ("Data Bank").

21 8. Dr. Toledo shall meet with the Board or its representatives upon request and shall  
22 cooperate with such representatives in their supervision, monitoring, investigation, or auditing  
23 to assure compliance with the terms and conditions of this order. Dr. Toledo shall pay any  
24 and all reasonable and necessary costs incurred by the Board resultant from this paragraph.

25 9. In the event Dr. Toledo fails to materially comply with any term of this Settlement  
26 Agreement, Dr. Toledo agrees his license in the State of Nevada shall be automatically  
27 suspended without any action of the Board other than the issuance of an Order of Suspension  
28 by the Executive Director. Upon complying with the term, Dr. Toledo's license in the State of

1 Nevada will be automatically reinstated, assuming all other provisions of the Settlement  
 2 Agreement are in compliance. Additionally, Dr. Toledo's failure to comply with any term or  
 3 condition of this Settlement Agreement may result in discipline by the Board, up to and  
 4 potentially including revocation of his license. Board Staff may take any and all actions it  
 5 deems necessary to collect any sums ordered that remain unpaid. If Board Staff is required to  
 6 pursue judicial action to effect such collections, it shall be entitled to recover its attorney's fees  
 7 and costs incurred in pursuing such judicial action.

8 Signed this 20 day of July, 2016.

9 Respondent Robert Toledo

Nevada State Board of Osteopathic Medicine

11 By \_\_\_\_\_

By

12 Robert Toledo, D.O.  
 13 Respondent

14 Nicole Cavenagh, Ph.D.  
 15 Investigating Board Member

1           7. The parties acknowledge that the Board must report this Settlement Agreement to the  
2 National Practitioners Data Bank ("Data Bank").

3           8. Dr. Toledo shall meet with the Board or its representatives upon request and shall cooperate  
4 with such representatives in their supervision, monitoring, investigation, or auditing to assure compliance  
5 with the terms and conditions of this order. Dr. Toledo shall pay any and all reasonable and necessary  
6 costs incurred by the Board resultant from this paragraph.

7           9. In the event Dr. Toledo fails to materially comply with any term of this Settlement Agreement,  
8 Dr. Toledo agrees his license in the State of Nevada shall be automatically suspended without any action  
9 of the Board other than the issuance of an Order of Suspension by the Executive Director. Upon  
10 complying with the term, Dr. Toledo's license in the State of Nevada will be automatically reinstated,  
11 assuming all other provisions of the Settlement Agreement are in compliance. Additionally, Dr. Toledo's  
12 failure to comply with any term or condition of this Settlement Agreement may result in discipline by the  
13 Board, up to and potentially including revocation of his license. Board Staff may take any and all actions  
14 it deems necessary to collect any sums ordered that remain unpaid. If Board Staff is required to pursue  
15 judicial action to effect such collections, it shall be entitled to recover its attorney's fees and costs incurred  
16 in pursuing such judicial action.

17           Signed this 20 day of July, 2016.

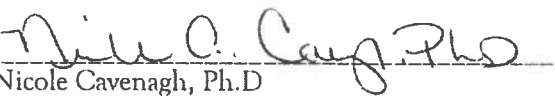
18 Respondent Robert Toledo

Nevada State Board of Osteopathic Medicine

19  
20 By

  
Robert Toledo, D.O.  
Respondent

By

  
Nicole Cavenagh, Ph.D  
Investigating Board Member



ORDER

WHEREAS, on August 16, 2016, the Nevada State Board of Osteopathic Medicine approved and adopted the terms and conditions set forth in the Agreed Settlement and Order with Robert Toledo, D.O. IT IS SO ORDERED.

SIGNED AND EFFECTIVE this 16 day of August, 2016.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

  
\_\_\_\_\_  
Ronald Hedger, D.O.  
Chairman

In the Matter of

Robert Toledo, D.O.

### MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between the United States of America (United States), acting through the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration (DEA), and Robert Toledo, D.O. (Toledo). This Memorandum is based on the following:

1. Toledo is licensed to practice medicine in Nevada and is registered with the DEA as a practitioner with Registration Nos. FT1209635 (9895 S. Maryland Pkwy.); BT4604965 (1552 W. Warm Springs Rd.); and FT5105792 (8455 S. Eastern Ave.).

2. DEA conducted an investigation concerning the receipt and distribution of and record-keeping for Phentermine, a Schedule IV Controlled Substance, that was prescribed or dispensed by Toledo or his employees in Las Vegas and Henderson, Nevada during the period from January 1, 2014 through March 30, 2016 (the Covered Conduct). Based upon that investigation, DEA alleges that the Covered Conduct constituted civil violations of the Controlled Substances Act, 21 U.S.C. § 801 et seq., and related regulations.

3. The parties wish to compromise and settle this matter to avoid the uncertainties and expense of litigation. The parties intend to enter into an Agreement that will resolve the issues between them based upon the above-described investigation, in lieu of pursuing a civil penalty action pursuant to the Controlled Substances Act. Nothing in this Agreement constitutes an admission of liability by Toledo.

NOW THEREFORE, for and in consideration of the mutual promises and consideration described below, the United States and Toledo agree as follows:

4. Toledo agrees to pay the United States \$50,000 in civil penalties (the Settlement Amount), within 30 days of the signing of this Memorandum of Agreement. Payment shall be made by wire transfer to the United States Department of Justice, based upon instructions to be provided by the United States Attorney's Office for the District of Nevada.

5. Toledo agrees to the following:

- a. Toledo will immediately surrender DEA Registration No. FT1209635.
- b. Toledo will not dispense any Schedule II or III controlled substances under DEA Registration No. BT4604965 at any time. Toledo will continue to be able to prescribe all controlled substances otherwise permitted under state and federal law under DEA Registration No. BT4604965
- c. Toledo will abide by all federal, state, and local laws and regulations relating to the prescribing and dispensation of Controlled Substances under DEA Registration Nos. BT4604965 and FT5105792.
- d. Toledo will remain licensed by the Nevada State Board of Osteopathic Medicine and the Nevada State Board of Pharmacy.


6. The address where Toledo will maintain any and all medical records that he is required to maintain under Title 21 of the United States Code is 1552 W. Warm Springs Rd., Henderson, NV 89014 (the "Designated Address."). For a period of two years from the date on which Toledo executes this Memorandum, Toledo agrees that DEA personnel may enter the Designated Address at any time during regular business hours, without prior notice and without an Administrative Inspection Warrant or other documentation permitting entry, to verify compliance with this Memorandum of Agreement. Toledo represents that he will currently maintain the required medical records at the Designated Address. Toledo further agrees to notify the DEA of any change in the Designated Address within 30 days after any such change. Any rights DEA may have to inspect records under this Memorandum are in addition to, and not exclusive of, any rights conferred by Title 21 or other Federal law.

7. This Memorandum of Agreement will be considered fully executed upon the last party's signature, and the Effective Date of this Memorandum of Agreement will be the date of the last signature.

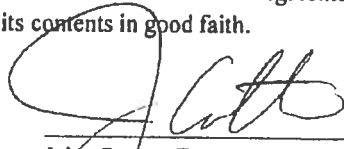
8. Violation of this Memorandum of Agreement will constitute additional grounds for the revocation of any or all of Toledo's Certificates of Registration, and any such violation may result in an action to revoke such registrations. If any other offense or violation by Toledo is charged, nothing in this Memorandum of Agreement shall be construed as a waiver on the part of the United States to utilize the results of the investigation referred to herein as grounds for revocation or denial of a DEA registration, either by itself or in conjunction with other grounds, in the event that future administrative proceedings become necessary. Nothing in this

Agreement shall constitute a release by the United States of any civil or criminal liability of Toledo other than civil liability for the Covered Conduct.

9. The United States enters into this Memorandum of Agreement with the understanding that Toledo will abide by its contents in good faith.

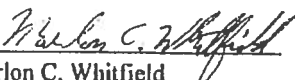
  
Robert Toledo, D.O.

Dated: 05/17/2017

  
John Cotton, Esq.  
Attorney for Rogelio Toledo, M.D.

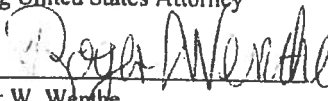
Dated: 05/18/2017

DRUG ENFORCEMENT  
ADMINISTRATION

By:   
Marlon C. Whitfield  
Diversion Program Manager  
Los Angeles Field Division

Dated: 05/23/17

STEVEN W. MYHRE  
Acting United States Attorney

By:   
Roger W. Wenthe  
Assistant United States Attorney

Dated: 5/25/17

FILED

JUL 25 2018

## BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD  
OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 16-013-PD-S
	)	
Petitioner,	)	
v.	)	
	)	
ROBERT TOLEDO, D.O.,	)	FINDINGS OF FACT,
Certificate of Registration Nos. CS11019,	)	CONCLUSIONS OF LAW
CS17832,	)	AND ORDER
CS19754,	)	
CS23073,	)	
PD00063, and	)	
PD11019,	)	
	)	
Respondent.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent Robert Anthony Toledo, D.O. (Toledo), Certificate of Registration Nos. CS11019, CS17832, CS19754, CS23073, PD00063 and PD11019, appeared with counsel, John Cotton, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

**FINDINGS OF FACT**

The allegations against Toledo, as stated in the Accusation on file herein, and upon which Toledo admits and the Board makes findings of fact, are as follows:

1. Toledo held active Controlled Substance Registrations, Certificate Nos. CS11019, CS17832, CS19754, and CS23073, and Practitioner Dispensing Registrations, Certificate Nos. PD00063 and PD11019, issued by the Board at the time of the events set forth herein.

2. Toledo also held an active license issued by the Nevada State Board of Osteopathic Medicine to practice osteopathic medicine in Nevada (License No. 1057), and owned and operated Henderson Wellness Medical Spa & Colonics (HWMS), located at 9895 Maryland Parkway, #C, Las Vegas, Nevada.

3. On March 30, 2016, investigators from the Board and the Nevada State Board of Osteopathic Medicine conducted a joint investigation of HWMS.

4. When the investigators arrived at HWMS, there was no one present there who was licensed to possess, access, order, prescribe or dispense dangerous drugs or controlled substances.
5. Toledo arrived at HWMS approximately thirty (30) minutes after the investigators arrived and initiated their investigation.
6. Prior to Toledo's arrival on March 30, 2016, Toledo's staff wrote and dispensed prescriptions for two (2) walk in patients without Toledo present at HWMS.
7. Toledo's HWMS staff assisted each of the two (2) patients to complete a Medical Weight Loss Program – Progress Note, and, in Toledo's absence, signed the Medical Weight Loss Program – Progress Notes with a stamp of Toledo's signature.
8. Without Toledo present, his HWMS staff created a prescription for each patient, prescription numbers 11211 for patient W.H., and 11212 for patient L.V., by stamping Phentermine 37.5 MG and instructions for use on a copied prescription blank bearing Toledo's pre-signed signature.
9. Toledo's staff accessed HWMS's inventory of controlled substances and dangerous drugs and dispensed Phentermine 37.5 MG tablets to each patient without Toledo present and without Toledo or any licensed practitioner examining the patient to establish a bona fide therapeutic relationship between Toledo and the patient.
10. Phentermine is a schedule IV-controlled substance.
11. Toledo established a system at HWMS wherein he directed his staff to routinely possess, prescribe and dispense controlled substances and dangerous drugs to patients on his behalf and in his absence without a bona fide relationship between Toledo and the patient, at significant risk of harm to the public.
12. HWMS had five (5) manila folders onsite that each contained copies of pre-signed prescription blanks which were pre-written for a dangerous drug and each bearing Toledo's copied signature. When a patient visited HWMS for a prescription, an unlicensed staff member wrote in the patient's name and information.

13. The copies of pre-signed prescriptions in the five manila folders at HWMS included:
  - Latisse – 14 pre-signed copied prescription blanks.
  - Obagi CRS – 11 pre-signed copied prescription blanks.
  - Obagi Nuderm – 21 pre-signed copied prescription blanks.
  - Obagi Clenziderm – 13 pre-signed copied prescription blanks.
  - Rx Sheets – 17 pre-signed copied prescription blanks for use when staff wrote for Phentermine and other prescription medications other than the Latisse and Obagi products.
14. Toledo maintained a stock of controlled substances and dangerous drugs that were readily accessible to HWMS staff in Toledo's absence.
15. The acts performed by Toledo's HWMS staff constituted the practice of medicine since they involved assessment, diagnosis, and treatment of HWMS's patients.
16. None of Toledo's HWMS staff were licensed to practice medicine as a physician, physician's assistant, or advanced practice registered nurse.
17. Toledo did not examine any of the patients of HWMS in any capacity and did not maintain medical charts on any patients of HWMS.
18. Toledo's HWMS staff possessed the controlled substances and dangerous drugs they dispensed with Toledo's knowledge and consent and through the exercise of Toledo's authority to obtain and/or prescribe controlled substances and dangerous drugs.
19. On August 16, 2016, the Nevada State Board of Osteopathic Medicine approved and entered a Settlement Agreement and Order *In the Matter of Robert Toledo, D.O.*, Case No. AD1606001.
20. Toledo entered into a Memorandum of Agreement with the U.S. Drug Enforcement Administration in May of 2017 after an audit revealed that from January 1, 2014 through November 28, 2016, Toledo dispensed 32,245 more Phentermine tablets than he was able to validate through invoice purchases.

### CONCLUSIONS OF LAW

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

1. The Board has jurisdiction over this matter and this respondent because at the time of the events herein, Toledo held active registrations issued by the Board to prescribe and dispense controlled substances and dangerous drugs.
2. The applicable law in this matter is as follows:
  - a. No person may possess a controlled substance or dangerous drug in Nevada except as authorized by law. NRS 453.336; NRS 453.338; NRS 453.373; NRS 454.213; NRS 454.316; NRS 454.321.
  - b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.
  - c. A physician may prescribe and dispense controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. NRS 453.381(1); 21 CFR § 1306.04.
  - d. Each written prescription for a controlled substance must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.440(1)(c); 21 CFR § 1306.05.
  - e. No person may prescribe and dispense dangerous drugs in Nevada except as authorized by law. NRS 454.213; NRS 454.215; NRS 639.235(1); NAC 639.742(1), (3) and (4).
  - f. Each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. NRS 639.013(1)(a); NRS 639.2353(2); NRS 454.223; NAC 454.060(1).
  - g. A dispensing practitioner must secure all controlled substances and dangerous drugs in his inventory in a locked storage area to which the dispensing practitioner has the only key or lock combination. NRS 453.375; NAC 453.400; NAC 453.410(1)(d); NAC 639.742(3)(c) and (4)(a); NAC 639.745(1)(c).



h. A dispensing practitioner shall ensure that no prescription for a controlled substance or dangerous drug is dispensed to a patient unless the dispensing practitioner is on-site at the facility. NAC 639.742(3)(e).

i. "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).

j. 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).

k. "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).

l. "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).

m. 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).

n. 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).

o. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

p. 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).

3. By allowing his HWMS staff, none of whom were practitioners licensed to possess controlled substances, to use his authority to access and possess an inventory of controlled substances, Toledo aided and abetted his HWMS staff in the unlicensed practice of pharmacy in violation of NRS 453.338(1) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (j) and (k) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

4. By allowing his HWMS staff, none of whom were practitioners licensed to possess dangerous drugs, to use his authority to obtain and possess an inventory of dangerous drugs, Toledo aided and abetted his HWMS staff in the unlicensed practice of pharmacy in violation of NRS 454.213; NRS 454.311 and NRS 454.316 and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (j) and (k) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

5. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, to issue prescriptions for controlled substances using pre-signed and copied prescription blanks or a stamp of Toledo's signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1306.03; 21 CFR § 1306.04; 21 CFR § 1306.05; NRS 453.321(1)(a); NRS 453.331(1)(b), (c), (d), (f) and (h), NRS 453.381(1); NRS 639.2813(1) and NAC 453.440(1)(c). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (k), (n) and (o) and NRS 633.131(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), and NRS 639.255.

6. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to issue prescriptions for dangerous drugs using pre-signed and copied prescription

blanks or a stamp of Toledo's signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted HWMS's staff in violating NRS 454.221(1), NRS 454.223, NRS 454.311(1) and (2), NRS 454.316; NRS 639.2813(1); NAC 454.060(1) and NRS 639.235(1). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(g), (h), (i), (k), (n) and (o) and NRS 633.131(1)(d). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), and NRS 639.255.

7. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to dispense controlled substances and/or dangerous drugs using pre-signed and copied prescription blanks or a stamped signature to patients with whom Toledo had no bona fide therapeutic relationship, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1306.03; 21 CFR § 1306.04; 21 CFR § 1306.05; NRS 639.235(1); NRS 639.284(2) and NRS 639.285. Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.7445.

8. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, to possess and dispense controlled substances to patients with whom he had no bona fide therapeutic relationship, Toledo aided and abetted HWMS's staff in violating 21 CFR § 1301.11; NRS 639.100(1); NRS 453.316(1); and NRS 453.331(1)(b), (c), (d), (f) and (h). Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.744

9. By allowing his HWMS staff, none of whom were practitioners licensed to prescribe dangerous drugs, to possess and dispense dangerous drugs to patients with whom he had no bona fide therapeutic relationship, Toledo aided and abetted HWMS's staff in violating NRS 639.100(1); NRS 454.215 and NRS 454.321. Toledo has therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NRS 639.945(g), (h), (i), (j), (k), (n) and (o). For that

conduct, Toledo is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), NRS 639.255 and NAC 639.7445.

10. By allowing his HWMS staff, none of whom were practitioners licensed to possess, prescribe and dispense controlled substances or dangerous drugs, to possess, prescribe and dispense controlled substances and dangerous drugs under his authority, Toledo performed and/or was a party to fraudulent and deceitful practices and transactions and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

11. By dispensing, and/or by allowing his unlicensed HWMS staff to dispense, controlled substances to patients without Toledo's valid handwritten signature on each written prescription, Toledo acted in violation of 21 CFR § 1306.05; NRS 639.2353(2); NAC 453.440(1)(c); and NAC 453.410(1)(b)(8), and is subject to discipline pursuant to NRS 639.210(1), (4), (11), (12) and (16), NRS 639.255 and NAC 639.7445.

12. By dispensing, and/or by allowing his unlicensed HWMS staff to dispense, dangerous drugs to patients without Toledo's valid handwritten signature on each written prescription, Toledo acted in violation of NRS 454.223(2)(a); NRS 639.2353(2); and NAC 454.060(1), and is subject to discipline pursuant to NRS 639.210(1), (4), (12) and (16), NRS 639.255 and NAC 639.7445.

13. By allowing his unlicensed HWMS staff access to his inventory of controlled substances and dangerous drugs when he was not on site at his facility, Toledo violated NRS 453.375; NAC 453.400; NAC 453.410(1)(d); NAC 639.742(3)(c) and (4)(a), and NAC 639.745(1)(c), and is subject to discipline under NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

14. By allowing his unlicensed HWMS staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his facility, Toledo violated and/or aided and abetted his HWMS staff in violating 21 CFR § 1301.11 and NAC 639.742(3)(e), and is subject to discipline pursuant to NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

15. By allowing his unlicensed HWMS staff to dispense prescriptions for controlled substances and dangerous drugs without Toledo first personally checking the medications and

initialing them before they were dispensed, Toledo violated 21 CFR § 1306.05 and NAC 639.743(2)(a) and/or (b). Toledo is therefore subject to discipline pursuant to NRS 639.210(11) and (12), NRS 639.255 and NAC 639.7445.

16. By providing pre-signed prescription blanks and/or a stamp of his signature to his HWMS staff, none of whom were practitioners licensed to prescribe controlled substances, and by facilitating the issuance of prescriptions for controlled substances to patients with whom Toledo does not have a bona fide therapeutic relationship, Toledo committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest pursuant to NRS 453.231 and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

### **ORDER**

#### **THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:**

1. Respondent Robert Anthony Toledo's Controlled Substance Registrations, Certificate Nos. CS11019, CS17832, CS19754, and CS23073, and Practitioner Dispensing Registrations, Certificate Nos. PD00063 and PD11019, are each revoked effective as of the date of the hearing, July 18, 2018.

2. Unless and until Toledo applies for reinstatement of one or more of his controlled substance registrations and/or his dispensing practitioner registrations, and the Board reinstates his registration(s), Toledo:

a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

c. May not prescribe any controlled substance.

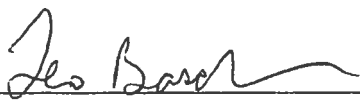
d. May not dispense any controlled substance or dangerous drug.

3. Toledo may not apply for reinstatement of his controlled substance or dispensing practitioner registrations until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Toledo applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

**IT IS SO ORDERED.**

Entered this 25 day of July, 2018.

  
\_\_\_\_\_  
Leo Basch, President  
Nevada State Board of Pharmacy



**Maria Nutile, Esq.\***  
**Bridget Kelly, Esq.**

\* licensed in NV, AZ and CO

September 9, 2019

**VIA FEDEX**  
**VIA EMAIL**  
**pharmacy@pharmacy.nv.gov**

Candy M. Nally  
 Licensing Specialist  
 Nevada State Board of Pharmacy  
 985 Damonte Ranch Pkwy, Ste. 206  
 Reno, NV 89521

***Re: Application for Reinstatement***  
***Robert Toledo, D.O.***

Dear Ms. Nally:

This firm represents Dr. Robert Toledo. Enclosed please find Dr. Toledo's application for reinstatement of his Controlled Substance Registration ("Registration") with the Nevada State Board of Pharmacy ("BOP").

Pursuant to the BOP's Order dated July 25, 2018, Case no. 16-013-PD-S ("Order"), Dr. Toledo was eligible to apply for reinstatement as of July 19, 2019, and is required to appear before the BOP for consideration of his application. Dr. Toledo respectfully requests that his application be considered at the next meeting of the BOP in Las Vegas on October 9, 2019.

As Dr. Toledo explains in his application, he has complied with the Order in all respects. Although not required, Dr. Toledo has also completed the intensive UCSD PACE Physician Prescribing Course, as well as the Touro University CME on Nevada opioid prescribing laws. He wishes to have his Registration reinstated so that he may again participate in all aspects of obstetrics and gynecology practice, including surgery and hospital coverage which require controlled substance prescribing authority.

C. M. Nally  
September 9, 2019  
Page 2

Should you have any questions, I may be reached at 702.307.4871 or [bridget@nutilelaw.com](mailto:bridget@nutilelaw.com).

Sincerely,

NUTILE LAW

A handwritten signature in black ink that reads "Bridget Kelly". The script is cursive and fluid, with the first name "Bridget" and last name "Kelly" clearly distinguishable.

Bridget Kelly, Esq.

cc: Brett Kandt, Esq.  
S. Paul Edwards, Esq.  
Robert Toledo, D.O.  
Maria Nutile, Esq.



# UC San Diego

## SCHOOL OF MEDICINE

### Physician Certificate of Credit

The University of California, San Diego School of Medicine Continuing Medical Education certifies that

**Robert A. Toledo, D.O.**

has participated in the live activity titled **Physician Assessment and Clinical Education Program**

#### **Physician Prescribing Course**

at the **Double Tree by Hilton in San Diego, CA** on **July 22-24, 2019** and is  
awarded **27 AMA PRA Category 1 Credit(s)<sup>TM</sup>**.

**CREDITS CLAIMED:** 27

Type of Credit Approved:	Maximum Number of Credits Approved:
AMA PRA Category 1 Credit <sup>TM</sup>	<u>27</u>

*Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

William A. Norcross MD

**William A. Norcross, M.D.**

**Professor and Director**

**Physician Assessment and Clinical Education Program**

R. Toledo D.O.

**Participant Signature**

# **T**ouro University Nevada

## College of Osteopathic Medicine

Certifies that

**Rob Toledo, DO**

participated in the continuing medical education live activity

“Nevada Laws 2019; Opioids, Pain and Beyond”

and is eligible for *Three (3) AMA PRA Category 1 Credit(s)™ or (3) AOA Category 1A.*

Date completed: August 17, 2019

Today's date: 8/17/19

*Wolfgang Gilliar, D.O.*

Wolfgang Gilliar, D.O.  
Dean, College of Osteopathic Medicine

*D. Selleck*

Denise Selleck, CAE  
Continuing Professional Development Manager

CME Accreditation This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Touro University Nevada College of Osteopathic Medicine. Touro University Nevada College of Osteopathic Medicine is accredited by the ACCME and the AOA to provide continuing medical education for physicians.

CME Designation  
Touro University Nevada College of Osteopathic Medicine designates this live educational activity for a maximum of (3) AMA PRA Category 1 Credit(s)™ or (3) AOA Category 1A.. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**9D**

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

**Registration Fee: \$80.00 (non-refundable money order or cashier's check only)**  
(This application cannot be used by PA's or APRN's)

First: Michael Middle: (No Middle name) Last: Wassef Degree: DDS

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Practice Name (if any): Boca Dental and Braces

Nevada Address: 5642 S. Eastern Avenue Suite #: B

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: Nevada Zip Code: 89119

E-mail: doctor.wassef@me.com Contact E-mail: doctor.wassef@me.com

Work Telephone: (702) 456-0005 Fax: (602) 603-5585

Practitioner License Number: 7214 - Dentist Specialty: General Dentistry

Sex: ☒ M or ☐ F

### **Dear Sir or Madame: Please see attached**

**You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.**

				Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If you marked YES to any of the numbered questions (1-3) above, include the following information &amp; provide an explanation and documentation:</b>					
Board Administrative Action:	State	Date:	Case #:		
	Arizona	Please see attached	Please see attached.		
Criminal Action:	State	Date:	Case #:	County	Court
	None				

**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.

August 22, 2019

Date

Board Use Only: Date Processed: \_\_\_\_\_ Amount: \$80.00

Michael Wassef, D.D.S.  
W. Molly Lane  
Peoria, AZ 85383  
[Doctor.wassef@me.com](mailto:Doctor.wassef@me.com)  
(Cell)

### **Explanation to questions on the Controlled Substance Application**

**August 22, 2019**

**Answer to question No. 2:**

Yes, I have had Board administrative actions in the past in AZ. There was also Board action in NJ about 25 years ago.

Case Numbers in AZ:

220211  
250238  
100060  
201300233  
201400061  
201400250

In NJ there was an action where I believe I had to pay a \$500 fine about 25 years ago. I am not 100% sure, as that was before the NPDB I believe.

**Answer to question No. 3:**

Yes, in 2002 due to a chronic back problem (Case No. 220211 in AZ); I developed a dependency to Vicodin, and wrote scripts and picked them up for my use. By God's grace, I went into 30 days of inpatient treatment, successfully completed the treatment, and surrendered my dental and DEA licenses.

I then entered a 5-year MATP (Monitored After-Treatment Program) run by the AZ Dental Board and re-entered practice. The MATP included random UAs, individual and group therapy bi-weekly sessions and AA Meetings. I successfully completed the 5-year MATP program, have had no issues or sanctions on my DEA license since then, it's been over 17 years ago.

If you have any questions at all, please feel free to contact me. Please also feel free to inquire of the NV State Board of Dental Examiners, specifically Ms. Shaffer-Kugel (the Executive Director) and Ms. Bernstein-Chapman (Board's Legal Counsel); as they are very familiar with the uniqueness and gross irregularities in how I was treated by the AZ Dental Board.

Thank you for your time and efforts on my behalf. Wishing you and your loved ones health and happiness.

Sincerely,



Michael Wassef, D.D.S.

**10**

**10A**

8/19

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility  
☐ Ownership Change (Provide current license number if making changes:) OUT \_\_\_\_\_  
☒ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4      ☐ Partnership – Pages 1-3 & 6  
☒ Non Publicly Traded Corporation – Pages 1-3 & 5      ☐ Sole Owner – Pages 1-3 & 7

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

Facility Name: Complete Pharmacy and Medical Solutions, LLC

Physical Address: 5829 NW 158th Street

City: Miami Lakes State: FL Zip Code: 33014

Telephone: 305-397-2035 Fax: 888-843-2367

Toll Free Number: 305-397-2035 (Required per NAC 639.708)

E-mail: compliance.cpms@gmail.com Website: www.completepharm.com

Supervising Pharmacist: Gregory G. Gaiser Nevada License #: N/A

#### SERVICES PROVIDED

Yes/No

- ☐ ☒ Parenteral  
☒ ☐ Sterile Compounding  
☒ ☐ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding  
☐ ☐ Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only      Date Processed: \_\_\_\_\_      Amount: 500.00



## APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 260353814

Please provide the name of the facility as registered with the FDA and the registration number:

Complete Pharmacy and Medical Solutions, LLC Registration Number: 004417520

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Complete Pharmaceuticals

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Esan Forde Nevada License Number: 20050A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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, cite 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.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

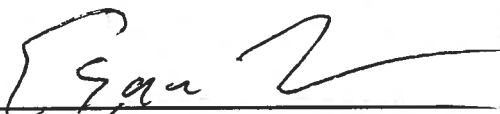
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

E. AN Forde

Print Name of Authorized Person

3 / 27 / 19

Date

**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY****Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: FloridaParent Company if any: N/AAddress: 5829 NW 158th StreetCity: Miami Lakes State: FL Zip: 33014Telephone: 305-397-2035 Fax: 888-843-2367Contact Person: Gregory G. Gaiser

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Gregory G. Gaiser (100%) 5829 NW 158th Street Miami Lakes, FL 33014  
Name Addressb) \_\_\_\_\_  
Name Addressc) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) 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

**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**



Department of Health



## License Verification

COMPLETE PHARMACY AND MEDICAL SOLUTIONS  
COMPLETE PHARMACEUTICS

Printer Friendly Version

License Number: PH28339

Data As Of 11/6/2018

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners
Profession	Pharmacy		
License	PH28339		
License Status	OBLIGATIONS/		
Qualifications	Special Sterile Compounding		
License Expiration Date	2/28/2021		
License Original Issue Date	07/22/2014		
Address of Record	5829 NW 158 STREET MIAMI LAKES, FL 33014		
Discipline on File	Yes - <i>Click on Discipline/Admin Action tab to see more details</i>		
Public Complaint	Yes - <i>Click on Discipline/Admin Action tab to see more details</i>		
<div>Back</div>			

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.



[Privacy Statement](#) | [Disclaimer](#) | [Email Advisory](#) | [Accessibility](#)

© 2015 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

# *State of Florida*

## *Department of State*

I certify from the records of this office that COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 8, 2007.

The document number of this limited liability company is L07000060786.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 5, 2019, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-fourth day of June,  
2019*



*Randy Rye*  
**Secretary of State**

Tracking Number: 8596056939CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

## Law Office of R. Javier Guerra PLLC

*Attorneys and Counselors at Law*

111 W. Olmos Dr.

San Antonio, TX 78212

Phone: 210.829.7183

Facsimile: 210.910.6144

guerrallawfirm@hotmail.com

Re: Pharmacy Board Issues

S. Carolina      Date of Incident:      2014

On or about December 10, 2015, the South Carolina Board of Pharmacy entered an Agreement to Relinquish Permit against the South Carolina non-resident pharmacy permit number 15515 held by Complete Pharmaceuticals LLC (licensed in South Carolina as Complete Pharmacy and Medical Solutions). The Agreement accepted the voluntary relinquishment of Complete Pharmaceuticals LLC's South Carolina pharmacy permit and provided that the pharmacy is ineligible to reapply for a non-resident permit in the future.

Florida              Date of Incident:      July 2014

On or about February 25, 2015, the Florida Board of Pharmacy entered a Final Order Approving Settlement Agreement against the Florida pharmacy license number PH 22993 held by Complete Pharmaceuticals LLC (licensed in Florida as Complete Pharmacy and Medical Solutions). The Order was based on allegations that the pharmacy engaged in sterile compounding without a Florida sterile compounding permit. The Order imposed a \$2,000 fine and directed the pharmacy to correct the deficiencies and violations identified in the Administrative Complaint.

Texas                Date of Incident:      September 2, 2014

From on or about September 2, 2014, through on or about November 9, 2015, Complete Pharmaceuticals LLC (previously licensed as Complete Pharmacy and Medical Solutions), 5829 Northwest 158th Street, Miami Lakes, Florida 33014, unlawfully shipped sterile preparations into Texas when it did not possess a Class E-S license.

Date of Incident:      September 2016 – January 2017

From on or about September 1, 2016, through on or about January 23, 2017, Complete Pharmaceuticals LLC, 5829 Northwest 158th Street, Miami Lakes, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas. License was reprimanded and assessed a penalty of \$6,000 for both alleged violations.

Alabama:          Date of Incident:      2015-2016

Alabama alleged that Complete Pharmacy and Medical Solutions, a non-resident pharmacy shipped sterile products to Alabama without possessing a permit required by the state. The pharmacy's permit as a non-resident pharmacy was placed on probation and administratively fined \$15,000.00.

- Oregon      Date of Incident:      January 1, 2015 – March 29, 2016  
The Oregon State Board of Pharmacy disciplined Complete Pharmacy and Medical Solutions for failing to obtain a permit to dispense prescriptions and compounding patient specific drug products in the State of Oregon from January 1, 2015 through March 29, 2016. An administrative fine of \$50,000 (\$40,000 stayed pending no further licensing violations for 3 years).
- Ohio      Date of Incident:      2014-2015  
The State of Ohio Board of Pharmacy disciplined Complete Pharmacy and Medical Solutions by imposing a \$1,000 fine for a negative answer to the legal question on their renewal application.
- Minnesota      Date of Incident      2016  
The Minnesota Board of Pharmacy reprimanded and imposed a \$3,500 fine on Complete Pharmacy and Medical Solutions for the prior disciplinary actions taken by other states as well as for violations of Minnesota's statutes concerning office stock.
- Alabama      Date of Incident      2018  
The Alabama State Board Denied a permit as a 503B wholesaler/distributor.

Sincerely,



---

R. Javier Guerra

**10B**



**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY

☒ Ownership Change (Provide current license number if making changes:) OUT WH02253

☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☒ Partnership - Pages 1-3 & 6 **LLC**

☐ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

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

Facility Name: SterRx, LLC

Physical Address: 141 Idaho Avenue

City: Plattsburgh State: New York Zip Code: 12903

Telephone: 1-518-324-7879 Fax: n/a

Toll Free Number: 1-844-319-7799 (Required per NAC 639.708)

E-mail: terry.wiley@sterrx.com Website: www.sterrx.com

Supervising Pharmacist: Sue E. Martin Nevada License #: pending

**SERVICES PROVIDED**

Yes/No

☐ ☐ Parenteral

☐ ☒ Sterile Compounding

☐ ☐ Non Sterile Compounding

☐ ☐ Mail Service Sterile Compounding

☐ ☐ Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: \_\_\_\_\_

Amount: 500.00

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY****Page 2**FEI Number (From FDA application): Federal Tax ID: 61-1718460Please provide the name of the facility as registered with the FDA and the registration number:  
SterRx, LLC      FDA Establishment: 301-084-0309Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.  
N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Sue E. Martin Nevada License Number: pendingA Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/AThis 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, cite 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.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Jerry C. Webb

Print Name of Authorized Person

6/24/2015

Date

## OWNERSHIP IS A PARTNERSHIP

## General

Limited LLC

Partnership Name: SterRx, LLC

**Mailing Address: 141 Idaho Avenue**

City: Plattsburgh State: New York Zip Code: 12903

Telephone Number: 1-518-324-7879 Fax Number: n/a

**Contact Person:** Jerry Webb, Executive Vice President

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

Name	G or L	Percentage
------	--------	------------

ATTACHED

**List names of 4 largest partners and percentage of ownership:**

Name: **Sagent Pharmaceuticals, Inc.** %: **63.6**

**Name:** Next Generation Trust Services fbo Terry Wiley **%:** 8.5

Name: Carl Martin %: 5.6

Name: Kent Smeltz %: 5.6

List any physician shareholders and percentage of ownership.

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

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

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

SterRx, LLC - Capitalization Table

Giving effect to purchase of common units of Gary and Tana Hanley by Sagent Pharmaceuticals

Unitholder	Pre-Closing				% FD
	Common Units	Series A Preferred Units	Total		
Carl Martin	0	882,353	882,353	5.6%	
Kent Smeltz	0	882,353	882,353	5.6%	
Sagent Pharmaceuticals, Inc.	0	3,921,569	3,921,569	25.0%	
Gary Hanley & Tana Hanley	6,058,250	0	6,058,250	38.6%	
Timothy J. Miller	100,000	0	100,000	0.6%	
Justin L. Miller	7,500	0	7,500	0.0%	
Charles M. Kaulfuss ift Sandra Hawkins	25,000	0	25,000	0.1%	
Sandra Hawkins ift Charles M. Kaulfuss	694,375	0	694,375	4.4%	
Next Generation Trust Services fbo Terry Wiley	1,339,763	0	1,339,763	8.5%	
Denis G. LaVigne & Dawn LaVigne	170,700	0	170,700	1.1%	
James McKee III	475,000	0	475,000	3.0%	
Next Generation Trust Services fbo Mary M. McKee	475,000	0	475,000	3.0%	
Jeff LaBombard	500,000	0	500,000	3.2%	
Winslow Moore and Vera Delorme	154,412	0	154,412	1.0%	
<b>TOTAL</b>	<b>10,000,000</b>	<b>5,686,275</b>	<b>15,686,275</b>		

Common Units	Post-Closing			% FD
	Series A Preferred Units	Total		
0	882,353	882,353	5.6%	
0	882,353	882,353	5.6%	
6,058,250	3,921,569	9,979,819	63.6%	
0	0	0	0.0%	
100,000	0	100,000	0.6%	
7,500	0	7,500	0.0%	
25,000	0	25,000	0.1%	
694,375	0	694,375	4.4%	
1,339,763	0	1,339,763	8.5%	
170,700	0	170,700	1.1%	
475,000	0	475,000	3.0%	
475,000	0	475,000	3.0%	
500,000	0	500,000	3.2%	
154,411	0	154,412	1.0%	
<b>10,000,000</b>	<b>5,686,275</b>	<b>15,686,275</b>		

\*Note: percentages do not add to precisely 100.0% due to rounding



THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, Kimberly Leonard, Executive Secretary  
 89 Washington Avenue, 2<sup>nd</sup> Floor, Albany, NY 12234-1000  
 Tel. (518) 474-3817, ext. 130; Fax (518) 473-6995  
 E-mail: pharmbd@nysed.gov ; Web: www.op.nysed.gov

August 22, 2017

**Verification of an In State or Nonresident Pharmacy,  
 Manufacturer/Repacker/Wholesaler or Individuals Licensed in New York:**

Online verification of the registration status of an in State or Nonresident pharmacy, and/or manufacturer/repacker/wholesaler, as well as the license and registration status of licensed professionals, can be performed free of charge at <http://www.op.nysed.gov/opsearches.htm>. An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department.

Note: No other form of verification is available for pharmacy establishments. Please do not use "request for Written Confirmation of New York State Licensure" for verification of a registered establishment; that form is used only for certification or verification of licensed individuals.

**Verification of Licensed Professionals (not establishments):**

The Board Office cannot provide letters of good standing or license verification; however, the Certification/Verification Unit can provide documentation that will likely meet your needs.

A form must be submitted with the appropriate fee for either a certification or verification of a license. The difference between certification and verification is explained on the form which is available at <http://www.op.nysed.gov/documents/confirmoflic.pdf>.

I hope this information is helpful.

Thank you.



## Office of the Professions

### Verification Searches

---

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

---

#### Pharmacy Establishment Information \*

---

06/20/2019

**Type :** OUTSOURCE FACILITY

**Legal Name :** STERRX, LLC

**Trade Name :**

**Street Address :**

141 IDAHO AVENUE

PLATTSBURGH, NY 12903-0000

**Registration No :** 034102

**Date First Registered :** 03/14/16

**Registration Begins :** 03/01/19

**Registered through :** 02/28/22

**Supervisor :** [035182](#) MARTIN SUE

**Establishment Status :** ACTIVE

**Successor :** NONE

---

\* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0547591	02-29-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,L1	MANUFACTURER	12-31-2018

STERRX LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903-3987

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0547591	02-29-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,L1	MANUFACTURER	12-31-2018

STERRX LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903-3987

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)



THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR  
SUE MARTIN

2019-22



THIS IS TO CERTIFY

STERRX, LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF MARCH, 2019.  
THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2022.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

034102



*Kimberly A. Leonard*  
EXECUTIVE SECRETARY  
STATE BOARD OF PHARMACY

State of New York  
Department of State } ss:

I hereby certify, that STERRX, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of June two  
thousand and nineteen.*

Whitney Clark  
Deputy Secretary of State

**11**

• 381831 •

• 1007 •

• 18188 •

• 0701r •

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

**Nevada State Board of Pharmacy – Renewal Application - PHARMACIST**

431 W Plumb Lane • Reno, NV 89509 • nvbop.com

For the period of November 1, 2017 to October 31, 2019

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2017) OR \$320.00 (postmarked after 10/31/2017)

**LICENSE: 18188****GREGORY GERARD GAISER RPH**

MINOLA DR,

Miami, FL 33166

*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

**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 &amp; letter of explanation:

Board Administrative Action:	State	Date:	Case #:
		/ /	See attached
Criminal Action:	State	Date:	Case #:
	/ /		
		County	Court

**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) (see colored insert for details)**

By signing below, you certify that you have completed ALL required CE Hours due for the 17/19 Renewal period.  
 (Dated from Nov. 1, 15 – 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** You cannot renew online if you change to Inactive  
 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 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: \_\_\_\_\_

Date: 6 / 25 / 2018



## Department of Health

GREGORY G GAISER

License Number: PS39659

*Data As Of 9/11/2018*

**Profession**

Pharmacist

**License**

PS39659

**License Status**

OBLIGATIONS/ACTIVE

**License Expiration Date**

9/30/2019

**License Original Issue Date**

01/19/2005

**Address of Record**

NW 158TH  
STREET  
MIAMI LAKES, FL 33014  
UNITED STATES

**Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)**

No

**Discipline on File**

Yes

**Public Complaint**

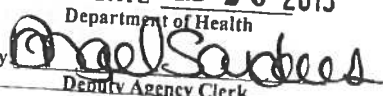
Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Final Order No. DOH-15-0307- **S** - MQAFILED DATE **FEB 26 2015**

Department of Health

By

  
Deputy Agency Clerk**STATE OF FLORIDA  
BOARD OF PHARMACY**DEPARTMENT OF HEALTH,  
PETITIONER,

CASE NO.: 2014-11951

GREGORY G. GAISER, RPH,  
RESPONDENT.

LICENSE NO.: PS 39659

**FINAL ORDER**  
**APPROVING SETTLEMENT AGREEMENT**

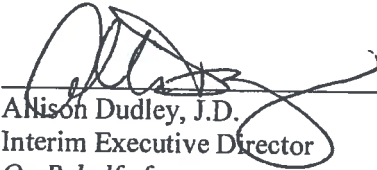
THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 877.45.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 25<sup>th</sup> day of February, 2015.

BOARD OF PHARMACY

  
Anison Dudley, J.D.  
Interim Executive Director  
On Behalf of  
Michele Weizer, PharmD, Chair

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to Gregory G. Gaiser, RPH, 516 Minola Drive, Miami Springs, Florida 33166; and Robert S. Stroud, Esquire, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to Matthew Witters, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to David D. Flynn, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26<sup>th</sup> day of February, 2015.

  
DEPUTY AGENCY CLERK

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-11951**

**GREGORY G. GAISER, R.Ph.,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

**STIPULATED FACTS**

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license numbers PS 39659. Respondent's mailing address of record is 516 Minola Drive, Miami Springs, Florida 33166.



2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

### **STIPULATED LAW**

1. Respondent admits that he is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

### **PROPOSED DISPOSITION**

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

**Florida 32314-6320**, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND EIGHT HUNDRED THREE DOLLARS AND SEVENTY-ONE CENTS (\$1,803.71)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within 90 days from the date the Final Order is filed with the Department Clerk.

4. **CE Course-** Respondent shall successfully complete a Continuing Education Course on the subject of **LAWS AND RULES OF PHARMACY** consisting of **TWELVE (12) HOURS** of credit, which has been approved by the Florida Board of Pharmacy, within **one (1) year** of the filing of a Final Order accepting and incorporating this Settlement Agreement. These continuing education hours shall be in addition to the

hours required for license renewal. Within ten (10) days of completion of the course and/or receipt of the certificate of completion, Respondent shall mail a copy of the continuing education certificate of completion to the Pharmacy Compliance Officer at the address listed in paragraph two (2) above.

5. **Future Conduct**- Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms**- It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order**- It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all Investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs**- Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.


11. **Waiver of Procedural Rights**- Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

12. **Current Addresses**- Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

13. **Time of the Essence**: Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 1st day of December, 2014.

  
\_\_\_\_\_  
GREGORY G. GAISER, R.Ph.  
CASE NO. 2014-11951

STATE OF Florida  
COUNTY OF Miami-Dade

Before me personally appeared Mr. Gaiser, whose identity is known to me or by FL drivers license (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1st day of Dec., 2014.



[Signature]  
Notary Public

My Commission Expires: Sept. 26, 2017

APPROVED this 11th day of December, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

[Signature]  
Marc D. Taupier  
Assistant General Counsel

Counsel for Petitioner  
Marc D. Taupier  
Assistant General Counsel

Department of Health v. Gregory G. Gaiser, R.Ph.  
DOH Case No. 2014-11951

Florida Bar No. 106732  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399  
Tel.: (850) 245-4444  
Fax: (850) 245-4683



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-11951**

**GREGORY G. GAISER, R.Ph.,**

**RESPONDENT.**

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS 39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. At all times material to this complaint, Respondent was the prescription department manager ("PDM") of record for Complete Pharmacy & Medical Solutions ("Permittee"), a permitted community pharmacy in the state of Florida.

6. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

7. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

8. Section 465.022(11)(a), Florida Statutes (2013, 2014), provides that the prescription department manager must ensure the permittee's compliance with all rules adopted under those chapters as they relate to

the practice of the profession of pharmacy and the sale of prescription drugs.

9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

10. As set forth above, Permittee was engaging in sterile compounding without first having been issued a special sterile compounding permit.

11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30<sup>th</sup> day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS  
State Surgeon General and  
Secretary of Health



Marc B. Taupier  
Assistant General Counsel  
Fla. Bar No. 106732  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4683  
Email: marc.taupier@fihealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE OCT 30 2014

PCP: October 30, 2014  
PCP Members: Wlizer + Philip

Department of Health v. Gregory G. Gaiser, R.Ph.  
DOH Case No. 2014-11951

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

Final Order No. DOH-18-1360-S -MQA

FILED DATE AUG 13 2018

Department of Health

**STATE OF FLORIDA  
BOARD OF PHARMACY**

By: Amber Greene

Deputy Agency Clerk

DEPARTMENT OF HEALTH, PETITIONER,	
v.	CASE NO.: 2017-22550
GREGORY G. GAISER, RPH, RESPONDENT.	LICENSE NO.: PS 39659

**FINAL ORDER  
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on August 8, 2018, in Orlando, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered and Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$596.51.

*This Final Order shall take effect upon being filed with the Clerk of the Department of Health.*

DONE AND ORDERED this 16<sup>th</sup> day of August, 2018.

BOARD OF PHARMACY

C. Erica White, J.D., Executive Director  
On Behalf of  
Jeenu Philip, BPharm, Chair

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Gregory G. Gaiser, RPH**, 516 Minola Drive, Miami Springs, Florida 33166 and 5829 NW 158th Street, Miami Lakes, Florida 33014; and via electronic mail to **Christopher Jurich**, Assistant General Counsel, Prosecution Services Unit, christopher.jurich@flhealth.gov; and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 11<sup>th</sup> day of August, 2018.

  
DEPUTY AGENCY CLERK

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

PRACTITIONER REGULATION  
LEGAL

2018 JUL 23 PM 3:05

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2017-22550**

**GREGORY G. GAISER, R.Ph.,**

**RESPONDENT.**

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

**STIPULATED FACTS**

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license number PS39659.

Respondent's mailing address of record is 516 Minola Drive, Miami Springs, Florida 33166.



2. Respondent was charged by an Administrative Complaint, filed by the Department of Health ("Department") and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

#### STIPULATED LAW

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

#### PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

**Florida 32314-6320**, within **ninety (90) days** from the date the Final Order approving and incorporating this Settlement Agreement ("Final Order") is filed with the Department Clerk.

3. **Costs**- The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND FIVE HUNDRED THIRTY-ONE DOLLARS AND TEN CENTS (\$1,531.10)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **ninety (90) days** from the date the Final Order is filed with the Department Clerk.

4. **Future Conduct**- Respondent shall not violate Chapter 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

5. **Violation of Terms**- It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute

a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

6. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

7. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, It is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice

the Board or any of its members from further participation, consideration, or resolution of these proceedings.

8. **Not Preclude Additional Proceedings**- Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

9. **Waiver of Attorney's Fees and Costs**- Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

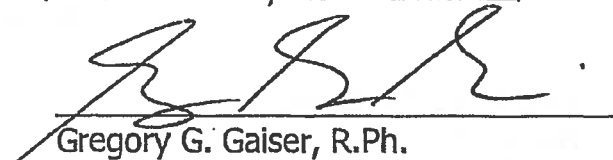
10. **Waiver of Procedural Rights**- Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

11. **Current Addresses**- Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

12. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 20 day of July, 2018.

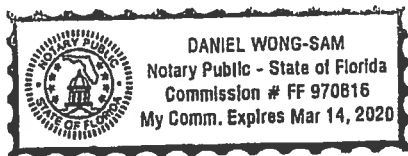
  
 Gregory G. Gaiser, R.Ph.  
 Case No. 2017-22550

STATE OF Florida

COUNTY OF Miami Dade

Before me personally appeared Gregory G. Gaiser, whose identity is known to me or by FL DL ID (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 20 day of July, 2018.



  
 Notary Public  
 My Commission Expires: March 14, 2020

APPROVED this 26<sup>th</sup> day of July, 2018.

Celeste Philip, M.D., M.P.H.  
Surgeon General and Secretary

Hannah Phillips

Hannah Phillips  
Assistant General Counsel

Counsel for Petitioner

Hannah Phillips  
Florida Bar No. 1003347  
Assistant General Counsel  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399  
Tel.: (850) 558-9824  
Fax: (850) 245-4662

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2017-22550**

**GREGORY G. GAISER, R.PH.,**

**RESPONDENT.**

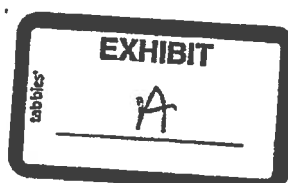
---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy ("Board") against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS39659.





3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent may have an additional address of 5829 NW 158<sup>th</sup> Street, Miami Lakes, Florida 33014.

5. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the State of Alabama.

6. At all times material to this Administrative Complaint, Complete Pharmacy and Medical Solutions was a permitted non-resident pharmacy in the State of Alabama.

7. At all times material to this Administrative Complaint, Respondent was the supervising pharmacist for Complete Pharmacy and Medical Solutions.

8. On or about December 31, 2014, the non-resident pharmacy permit for Complete Pharmacy and Medical Solutions expired, and was not timely renewed by Respondent.

9. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's Alabama pharmacist license for one or more of the following violations:

- a. Respondent allowed the pharmacy to dispense prescription medications into the State of Alabama while it did not possess a current non-resident pharmacy permit; and/or
- b. Respondent allowed the pharmacy to ship prescription medications into the State of Alabama without a current non-resident pharmacy permit.

10. The violations underlying the discipline by the Alabama State Board of Pharmacy would constitute violations under Florida law.

11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

**[REMAINDER LEFT BLANK]**

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th day of April, 2018.

Celeste Philip, M.D., M.P.H.  
Surgeon General and Secretary

Hannah Phillips, Fla. Bar No. 1003347  
Raj Misra

Assistant General Counsel

Fla. Bar No. 108907

Florida Department of Health

Office of the General Counsel

4052 Bald Cypress Way, Bin C-65

Tallahassee, FL 32399-3265

Telephone: (850) 558-9875

Facsimile: (850) 245-4662

Email: raj.misra@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: Angel Sanders  
DATE: APR 19 2018

PCP Meeting: April 19, 2018

PCP Members: Debra Glass; Mark Mikhael

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-11951**

**GREGORY G. GAISER, R.Ph.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS 39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. At all times material to this complaint, Respondent was the prescription department manager ("PDM") of record for Complete Pharmacy & Medical Solutions ("Permittee"), a permitted community pharmacy in the state of Florida.

6. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

7. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

8. Section 465.022(11)(a), Florida Statutes (2013, 2014), provides that the prescription department manager must ensure the permittee's compliance with all rules adopted under those chapters as they relate to

the practice of the profession of pharmacy and the sale of prescription drugs.

9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

10. As set forth above, Permittee was engaging in sterile compounding without first having been issued a special sterile compounding permit.

11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.



WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 30<sup>th</sup> **day of** October, **2014.**

JOHN H. ARMSTRONG, MD, FACS  
State Surgeon General and  
Secretary of Health



Marc D. Taupier  
Assistant General Counsel  
Fla. Bar No. 106732  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4683  
Email: marc.taupier@flhealth.gov

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK **Angel Sanders**  
DATE **OCT 30 2014**

PCP: October 30, 2014  
PCP Members: Whizer + Philip

Department of Health v. Gregory G. Galser, R.Ph.  
DOH Case No. 2014-11951

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

---

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2017-22550**

**GREGORY G. GAISER, R.PH.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy ("Board") against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS39659.

3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent may have an additional address of 5829 NW 158<sup>th</sup> Street, Miami Lakes, Florida 33014.

5. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the State of Alabama.

6. At all times material to this Administrative Complaint, Complete Pharmacy and Medical Solutions was a permitted non-resident pharmacy in the State of Alabama.

7. At all times material to this Administrative Complaint, Respondent was the supervising pharmacist for Complete Pharmacy and Medical Solutions.

8. On or about December 31, 2014, the non-resident pharmacy permit for Complete Pharmacy and Medical Solutions expired, and was not timely renewed by Respondent.

9. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's Alabama pharmacist license for one or more of the following violations:

- a. Respondent allowed the pharmacy to dispense prescription medications into the State of Alabama while it did not possess a current non-resident pharmacy permit; and/or
- b. Respondent allowed the pharmacy to ship prescription medications into the State of Alabama without a current non-resident pharmacy permit.

10. The violations underlying the discipline by the Alabama State Board of Pharmacy would constitute violations under Florida law.

11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

**[REMAINDER LEFT BLANK]**

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 19<sup>th</sup> **day of** April, **2018.**

Celeste Philip, M.D., M.P.H.  
Surgeon General and Secretary

Hannah Phillips, Fla. Bar No. 1003347  
Raj Misra

Assistant General Counsel  
Fla. Bar No. 108907  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Telephone: (850) 558-9875  
Facsimile: (850) 245-4662  
Email: raj.misra@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: Angel Sanders  
DATE: **APR 19 2018**

PCP Meeting: April 19, 2018  
PCP Members: Debra Glass; Mark Mikhael

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

**A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.**

**Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



FILED DATE **FEB 26 2015**

Department of Health

By: 

Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF PHARMACY**

DEPARTMENT OF HEALTH, PETITIONER,	CASE NO.: 2014-11950
COMPLETE PHARMACY & MEDICAL SOLUTIONS, RESPONDENT.	LICENSE NO.: PH 22993

**FINAL ORDER  
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 1,161.26. ✓

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 25<sup>th</sup> day of February, 2015.

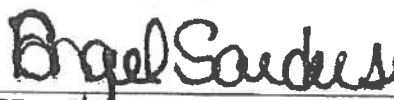
BOARD OF PHARMACY



Allison Dudley, J.D.  
Interim Executive Director  
On Behalf of  
Michele Weizer, PharmD, Chair

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Complete Pharmacy & Medical Solutions**, 5829 North West 158th Street, Miami Lakes, Florida 33014 ; and **Robert S. Stroud, Esquire**, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26<sup>th</sup> day of February, 2015.



DEPUTY AGENCY CLERK

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-11950**

**COMPLETE PHARMACY & MEDICAL SOLUTIONS,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

**STIPULATED FACTS**

1. At all times material to this matter, **COMPLETE PHARMACY & MEDICAL SOLUTIONS** was a permitted community pharmacy in the state of Florida, having been issued license number PH 22993. Respondent's mailing address of record is 5829 NW 158<sup>th</sup> Street, Miami Lakes, Florida 33014.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

### **STIPULATED LAW**

1. Respondent admits that Respondent is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

### **PROPOSED DISPOSITION**

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **TWO THOUSAND DOLLARS (\$2,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bln C76, Post Office Box 6320, Tallahassee,**

**Florida 32314-6320**, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs**- The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **TWO THOUSAND ONE HUNDRED NINETEEN DOLLARS AND TWELVE CENTS (\$2,119.12)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **90 days** from the date the Final Order is filed with the Department Clerk.

4. **Correction of Alleged Deficiencies**- At its sole expense, but without admitting any specific deficiency or violation, Respondent shall immediately, or at least forthwith, correct and address all deficiencies and violations listed or alleged in the Administrative Complaint, to the extent necessary to comply with Florida law.

5. **Future Conduct**- Respondent shall not violate Chapters 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto;

or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or

contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

11. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

12. **Current Addresses-** Respondent shall keep current his mailing address and his practice address with the Board of Pharmacy and


the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

13. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.



WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 1st day of December, 2014.

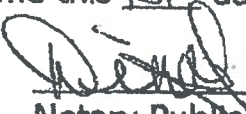
  
Institutional Representative for  
Complete Pharmacy & Medical Solutions  
Case No. 2014-11950

STATE OF Florida  
COUNTY OF Miami-Dade

Before me personally appeared Gregory Gaiser whose identity is known to me or by Florida Drivers License (type of Identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1st day of December, 2014.



  
Dina Marie Joyner  
Notary Public  
My Commission Expires: Sept. 26, 2017

APPROVED this 11<sup>th</sup> day of December, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

  
\_\_\_\_\_  
Marc D. Taupier  
Assistant General Counsel

Counsel for Petitioner

Marc D. Taupier  
Assistant General Counsel  
Florida Bar No. 106732  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399  
Tel.: (850) 245-4444 ext. 8228  
Fax: (850) 245-4683

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-11950**

**COMPLETE PHARMACY & MEDICAL SOLUTIONS,**

**RESPONDENT.**

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Complete Pharmacy and Medical Solutions, and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a permitted community pharmacy within the state of Florida, having been issued permit number PH 22993.

3. Respondent's address of record is 5829 NW 158<sup>th</sup> Street, Miami Lakes, Florida 33014.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

#### **COUNT I**

6. Petitioner realleges and incorporates paragraphs one (1) through five (5) as if fully set forth herein.

7. Section 456.072(1)(o), Florida Statutes (2013, 2014), provides that practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform is grounds for disciplinary action.

8. As set forth above, Respondent engaged in sterile compounding without first obtaining a special sterile compounding permit.

9. Based on the foregoing, Respondent violated Section 456.072(1)(o), Florida Statutes (2013, 2014), by practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.

### COUNT II

10. Petitioner realleges and incorporates paragraphs one (1) through five (5) as if fully set forth herein.

11. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

12. Section 465.023(1)(c), Florida Statutes (2013, 2014), provides that the department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee if the permittee has violated any of the requirements of this chapter or any of the rules of the Board of Pharmacy.

13. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

14. As set forth above, Respondent was engaging in sterile compounding without first having been issued a special sterile compounding permit.

15. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014), by violating Section 465.023(1)(c), Florida Statutes (2013, 2014), through a violation of Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30<sup>th</sup> day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS  
State Surgeon General and  
Secretary of Health



Marc D. Taupier  
Assistant General Counsel  
Fla. Bar No. 106732  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4683  
Email: marc.taupier@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE OCT 30 2014

PCP: October 30, 2014  
PCP Members: Weizer, Philip

Department of Health v. Complete Pharmacy & Medical Solutions  
DOH Case No. 2014-11950

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



AC# 7585299

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/17/2017	PH 28339	99946

QUALIFICATION(S):  
SPECIAL STERILE COMPOUNDING

The **PHARMACY**  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2019**  
**COMPLETE PHARMACY AND MEDICAL SOLUTIONS**  
**COMPLETE PHARMACEUTICS**  
**5829 NW 158 STREET**  
**MIAMI LAKES, FL 33014**

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC# 7585299	LICENSE NO. PH 28339	CONTROL NO. 99946
DATE 02/17/2017			

The **PHARMACY**  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**

**COMPLETE PHARMACY AND MEDICAL SOLUTIONS**



Rick Scott  
GOVERNOR



Celeste M. Philip, M.D., M.P.H.  
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):  
Special Sterile Compounding

EXPIRATION DATE: **FEBRUARY 28, 2019**

Your license number is PH 28339. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit [www.FLHealthSource.gov](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

- Go to [www.FLHealthSource.gov](http://www.FLHealthSource.gov).
- Click on "Provider Services" and select "Manage Your License."
- Select your profession and license type and click "Submit."
- The question "Have you Registered in Our New Online Service System?" will display.
  - Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
  - Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

### IMPORTANT ANNOUNCEMENTS

#### Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit  
[www.FLHealthSource.gov/AYRR](http://www.FLHealthSource.gov/AYRR)

#### Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at [www.leg.state.fl.us/Statutes](http://www.leg.state.fl.us/Statutes)

C# 7586725

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/17/2017	PH 22993	99945

**PHARMACY**

named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**

**COMPLETE PHARMACY & MEDICAL SOLUTIONS**

Complete Pharmaceuticals

129 NW 158TH STREET

MIAMI LAKES, FL 33014

**QUALIFICATION(S):**

SCHEDULE II & III

COMMUNITY PHARMACY

3:1 PHARMACY TECHNICIAN RATIO APPROVED

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC# 7586725	LICENSE NO. PH 22993	CONTROL NO. 99945
		DATE 02/17/2017	

The PHARMACY  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**

**COMPLETE PHARMACY & MEDICAL SOLUTIONS**

  
Rick Scott  
GOVERNOR

  
Celeste M. Philip, M.D., M.P.H.  
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

**QUALIFICATION(S):**

Schedule II & III  
Community Pharmacy  
3:1 Pharmacy Technician Ratio Approved

**EXPIRATION DATE: FEBRUARY 28, 2019**

Your license number is PH 22993. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit [www.FLHealthSource.gov](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to [www.FLHealthSource.gov](http://www.FLHealthSource.gov).
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
  - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
  - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

**IMPORTANT ANNOUNCEMENTS**

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit  
[www.FLHealthSource.gov/AYRR](http://www.FLHealthSource.gov/AYRR)

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed.

Florida Statutes can be accessed at  
[www.leg.state.fl.us/Statutes](http://www.leg.state.fl.us/Statutes)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0713520	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	08-25-2016

COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC  
5829 NW 158TH STREET  
MIAMI LAKES, FL 33014

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0713520	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	08-25-2016

COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC  
5829 NW 158TH STREET  
MIAMI LAKES, FL 33014

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
COMPLETE PHARMACY AND	)	BOARD OF PHARMACY
MEDICAL SOLUTIONS	)	
	)	
Non-Resident Pharmacy	)	Case Number 17-L-0001
Permit Number 113324	)	
	)	
and	)	
	)	
GREGORY GAISER	)	
	)	
Pharmacist License Number 19151	)	

### FINAL ORDER

On October 10, 2017, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Complete Pharmacy and Medical Solutions (hereinafter also referred to as the "Respondent" or "Respondent Pharmacy") and Mr. Gregory Gaiser (hereinafter referred to as "Respondent" or "Respondent Pharmacist"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

### Findings of Fact

1. The Respondent Pharmacy is a non-resident pharmacy located at 5859 NW 158 Street, Miami Lakes, Florida 33014 to which the Board issued permit number 113324 and Respondent Pharmacist is a licensed pharmacist license who holds license number 19151, issued by the Board. The Respondent Pharmacist is the supervising pharmacist for the Respondent Pharmacy. (Board's Exhibit One)

2. The Respondents were notified of the charges; the Respondent Pharmacist attended the administrative hearing and the Respondents were represented at the administrative hearing by counsel, Mr. John Hutto, Esq. (Board's Exhibits One and Two)

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. As of December 31, 2014 the Respondent Pharmacy's permit as a non-resident pharmacy for the State of Alabama expired and the Respondent failed to timely renew its non-resident pharmacy permit for the years 2015-2016, submitting a renewal application for that period received by the Board on December 14, 2016. The Respondents continued to dispense prescription into the State of Alabama while it did not possess a valid, current non-pharmacy permit. (Board's Exhibits Two and Three)

5. The Respondent Pharmacy failed to renew its 2017-2018 non-resident pharmacy in a timely manner and shipped prescriptions into the State of Alabama without a valid permit in 2015, 2016 and 2017. (Board's Exhibits Two and Three)

6. Based on the Administrative Complaint dated October 30, 2014 by the State of Florida Department of Public Health against the Respondent Pharmacist for the failure to obtain a special sterile compounding permit, the State of Florida Board of Pharmacy on February 25, 2015 issued a Final Order Approving Settlement Agreement wherein the Responding Pharmacist, among other things, was fined and required to complete twelve hours of continuing education on laws and rules of pharmacy. (Board's Exhibits One "A" and Four)

7. On August 4, 2014 through August 12, 2014 the Respondent Pharmacy was inspected by the Department of Health and Human Services, Food and Drug Administration during which twelve violations concerning sterile product processing were observed as shown on the Form FDA 483. (Board's Exhibits One "B" and Five; Respondents' Exhibit One)

8. On January 23, 2017 the Respondent Pharmacy was again inspected by the Department of Health and Human Services Food and Drug Administration during which two

violations concerning labeling and beyond use dates were observed as shown on the Form FDA 483. (Board's Exhibits One "C" and Seven)

9. The Public Health Service, Food and Drug Administration on March 10, 2016 issued a Warning Letter to the Respondents regarding the failure of the Respondents' practices in producing sterile drug products thus failing to meet the conditions required under Section 503B of the Food, Drug and Cosmetic Act. (Board's Exhibits One "B", One "C", One "D" and Six)

10. The Respondents' submitted responses to the August 4, 2014 through August 12, 2014 and January 23, 2017 inspections by the Department of Health and Human Services Food and Drug Administration and the Warning Letter of March 10, 2016 including standard operating procedures and other actions to correct violations observed during the inspections. (Respondents' Exhibits Two through Six, Nine through Fourteen)

11. The Oregon State Board of Pharmacy disciplined the Respondent Pharmacy in an order dated November 7, 2016 for the failure of the Respondent Pharmacy to obtain a permit to dispense prescriptions and compounding patient specific drug products in the State of Oregon from January 1, 2015 through March 29, 2016. (Board's Exhibit Eight)

#### Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12), and § 41-22-12.

2. The Respondents were properly notified of the charges; the Respondent Pharmacist attended and the Respondents were represented at the administrative hearing by counsel.

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges at the administrative hearing.



4. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that it operated as a pharmacy and dispensed medication to citizens of the State of Alabama during 2015, 2016 and/or 2017 without a valid permit in violation of Code of Alabama (1975), § 34-23-30 and/or § 34-23-31.

The Board finds that each day it operated is a separate and distinct offense.

5. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon any or all of the violations of paragraph four above of this Final Order.

6. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that it violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph four above of this Final Order.

7. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of the preceding paragraphs of this Final Order.

8. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon engaging in sterile compounding in the State of Florida without having been issued a special sterile compounding permit as set forth and

reflected in the Administrative Complaint dated October 30, 2014, the Settlement Agreement dated December 1, 2014 and the Final Order referenced in the Settlement Agreement.

9. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph eight above of this Final Order.

10. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eight and/or nine above of this Final Order.

11. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that they operated and/or conducted business activities in this State during 2014, 2015, 2016 and/or 2017 without possessing the permit required by Code of Alabama (1975), § 34-23-32.

The Board finds that each day it operated and/or conducted the above referenced business activities is a separate and distinct offense.

12. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed



on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form 483 dated August 12, 2014 resulting from an inspection by the FDA.

13. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated the statutory provisions based upon the deficiencies and/or violations set out and described in a Warning Letter issued by the FDA dated March 10, 2016.

14. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form FDA 483 dated February 13, 2017 resulting from an inspection by the FDA.

15. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

16. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the

Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (a) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

17. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (b) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

18. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

19. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon discipline entered by the Oregon State Board of Pharmacy on or about November 7, 2016 in connection with him dispensing prescriptions and compounding patient specific prescriptions into Oregon from on or about January 1, 2015 until on or about March 29, 2016 without registering with the Oregon Board of Pharmacy.

20. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraph nineteen above of this Final Order.

21. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that he violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph nineteen above of this Final Order.

22. The Respondent Pharmacy's controlled permit in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's controlled substance permit in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 20-2-54 (a) (4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the violations contained in the preceding paragraphs above of the Final Order.

### ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondents shall not ship or otherwise distribute into the State of Alabama any human growth hormone preparations for off label uses; and

2. The Respondent Pharmacist's license to practice pharmacy and controlled

substance permit in the State of Alabama are placed on PROBATION for a period of three (3) years from the date of this Final Order; and

3. The Respondent Pharmacist is ORDERED to pay to the Board an administrative fine of Fourteen Thousand (\$14,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

4. The Respondent Pharmacy's controlled substance permit and permit as a non-resident pharmacy in the State of Alabama are SUSPENDED, said SUSPENSION immediately revert to PROBATION for a period of three (3) years from the date of this Final Order; and

5. The Respondent Pharmacy is ORDERED to pay to the Board an administrative fine of Fifteen Thousand (\$15,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

6. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this \_\_\_\_\_ day of October 2017.  
10/20/2017

*Buddy Bunch*

---

Mr. Buddy Bunch, President  
Alabama State Board of Pharmacy

Copies to:

Mr. John Hutto, Esq.

Mr. James S. Ward, Esq.

Dr. Susan Alverson, Executive Secretary

Mr. Vance L. Alexander, Esq.

**12**

**12A**

# 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: All time Health care

Physical Address: 4660 S. Eastern Ave Ste # 100 LV NV 89119  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4660 S. Eastern Ave Ste # 100

City: LV State: NV Zip Code: 89119

Telephone: 702-480-5617 Fax: \_\_\_\_\_

E-mail: alltimehealthcare@gmail.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: 9am to 5pm Sun: closed to Holidays: closed to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Angelica Gutierrez

### 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**  |
| <input type="checkbox"/> Life-sustaining equipment**  | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Incontinence &amp; disposable 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: \_\_\_\_\_



## 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>Medicare</u>	<u>in process</u>	<u>                    </u>
<u>Medicaid</u>	<u>in process</u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </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>                    </u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: <u>                    </u>
<input type="checkbox"/> Physician's Assistant	Name: <u>                    </u>
<input type="checkbox"/> Physical Therapist	Name: <u>                    </u>
<input type="checkbox"/> Occupational Therapist	Name: <u>                    </u>
<input type="checkbox"/> Registered Nurse	Name: <u>                    </u>
<input type="checkbox"/> Respiratory Therapist	Name: <u>                    </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.

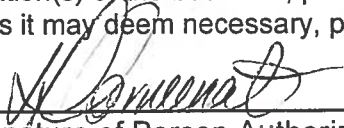
Within the last five (5) years:

- 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

Dailin Carmenate Aras  
Print Name of Authorized Person

3/27/19  
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: Dailin Carmenate Rivas

Business Name: all time Healthcare

Current Business Address: 4660 S Eastern Ave Ste # 100

City: W State: NV Zip: 89119

Telephone: 702-480-5617 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*.

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**ALL TIME HEALTH CARE LLC**  
Nevada Business Identification # NV20191240010

**Expiration Date: March 31, 2020**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

***You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.***

License must be cancelled on or before its expiration date if business activity ceases.  
Failure to do so will result in late fees or penalties which by law cannot be waived.

## SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **ALL TIME HEALTH CARE LLC** did on March 27, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20190327-1751

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/27/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment  
All-time Healthcare 4660 S. Eastern Ave Ste 60 W NV 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 Carmenate Rivas First Name Wailin Middle Name \_\_\_\_\_  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A  
 Present Residence Address-Street or RFD Rosario Cir Las Vegas, NV 89121 -1  
 City Las Vegas State/Zip NV 89121  
 Present Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Occupation Owner Dates \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Business \_\_\_\_\_  
 Date of Birth/ 33 Place of Birth (City, County, State) Las Tunas, Cuba  
 Age 33 Social Security Number \_\_\_\_\_ Sex Female  
 Color of Eyes Black Color of Hair Brown Complexion \_\_\_\_\_ Weight 172 Build \_\_\_\_\_ Height 5.3

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. 11/17/2006 N/A

If naturalized, certificate No. \_\_\_\_\_ Date 11/17/2006

Place Las Vegas, Nevada (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial DCR



## MARITAL INFORMATION-Continued

A. **Current Marriage** 2/20/2005 Las Vegas, NV USA  
 Spouse's full name (Maiden) Olhan Deivys Gutierrez City, County and State  
 Date of Birth 1 Place of Birth Cardenas, Matanzas Cuba  
 Resident address Rosario Cir Las Vegas NV 89121  
 Telephone: Residence  Business   
 Spouse's employer Self Employ Occupation Driver  
 Address of employer Amazon Delivery Las Vegas NV  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

n/a

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

## 3. FAMILY INFORMATION:

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Milieth Gutierrez		USA	Rosario Cir LV NV
Keilyn Gutierrez		USA	Rosario Cir LV NV
Angelica Gutierrez		USA	Spring Rain Rd LV 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 DCR

**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

Norberto Carmona Sanchez - 1/1/11 Deceased.

Mother

Margarita Rivas Aceña 1/1/11 Palora Ave LV NV 89111

Father-in-Law

Enrique Ramirez Pleguin 1/1/11 Palora Ave LV NV 89169

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

Deyher Carmona Rivas 1/1/11 Palora Ave LV NV Packer.

Spouse

Jailin Torres Guerra 1/1/11 Same Address Unemploy.

Spouse

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	El Dorado High School	Las Vegas, NV	1999/2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
High School	Valley High School	Las Vegas NV		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University	Las Vegas College	Las Vegas, USA	2003/2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bookkeeping

College or university where obtained Las Vegas College.

Applicant's initial DCR.



**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
12/2013-Present	Rosalio Cir	Las Vegas	Nevada USA
12/2012/12/2013-	? Aracatuba Ave	Las Vegas	Nevada USA
2011-2013	2900 Olive St Apt 11	Las Vegas	NV USA
2009-2011	500 S. Maryland Pkwy	Las Vegas	
2005-2009	1924 Golden Arrow Dr	LV NV	89169
2000-2005	4801 Lakestream Ave	LV NV	89

Applicant's initial

DCR

## 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
01/2015	Express Tax Services 2840 E. Flamingo Rd	n/A. Owner.
Title	Description of Duties	Name of Supervisor
Owner	tax preparer -	Self.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014 to 04/2017	1785 E. Sahara Ave	NO MORE client
Title	Description of Duties	Name of Supervisor
Personal care	visit client help w/daily Basic.	Fernando.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014/04-17.	AM/PM Homecare 820 Rancho Ln LV NV 89106	Better Salary.
Title	Description of Duties	Name of Supervisor
Personal care	visit clients help w/daily care Basic.	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2005/12/2013	The Venetian Hotel 3355 S. LV Blvd.	Looking for a better business
Title	Description of Duties	Name of Supervisor
Attendant	Hostess mini Bar in Hotel Rooms.	Sebastian.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/18-Present	Allstate Ins. 3265 E. tropicana Ave	open still employed.
Title	Description of Duties	Name of Supervisor
Sales	sale ins. Policies.	Yolanda Sitto.
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

DCR

## 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>Wynn Hotel</u>	<u>Palmer</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89169</u>	<u>:</u>	<u>10+</u>
Employer <u>Wynn Hotel</u>	Business	<u>3131 S. Las Vegas Blvd</u>	<u>702-770-7000</u>	<u>10+</u>		
Name <u>Laura Senda</u>	Home	<u>Bel Rest Dr</u>	<u>89110</u>			<u>5 1/2+</u>
Employer <u>All state Ins</u>	Business	<u>3265 E. Tropicana Ave E-1</u>	<u>LV NV</u>			
Name <u>Yolanda Citu</u>	Home	<u>Montagna Dr</u>	<u>LV NV</u>	<u>89139</u>		<u>6 years</u>
Employer <u>All state Ins</u>	Business	<u>3265 E. Tropicana Ave E-1</u>	<u>LV NV</u>	<u>702 908-7450</u>		
Name <u>Yusmi Betarte</u>	Home	<u>E. Imperial Ave</u>	<u>LV NV</u>	<u>89104</u>		<u>10 years</u>
Employer <u>Amazon Delivery</u>	Business					
Name <u>Yosbel Tamaris</u>	Home	<u>E. Imperial Ave.</u>				
Employer <u>Self Employed</u>	Business	<u>Self Employed</u>				<u>6 years</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	<u>Insurance</u>
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

Sales Insurance , Las Vegas, NV 1/24/2017

- ✓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.

Solepropor- Express tax Services- Las Vegas, NV  
Tax Preparation Preparer - 2015 - Present.  
2840 E. Flamingo Rd Suite Las Vegas, NV 89121

Applicant's initial

DCR

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 ☒

A1



Date of photograph

3/11/19

Applicant's initial

DCR

STATE OF Nevada

ss.

COUNTY OF Clark

I, Dailin Carmenate Rivas, 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.

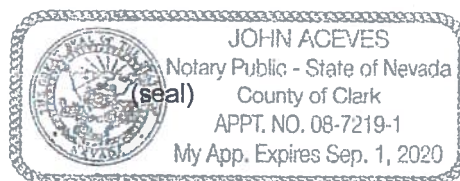
State of NEVADA  
County of Clark

X [Signature]  
Original Signature of Applicant

Subscribed and Sworn to before me this 28th day of March 2019

Dailin Carmenate-Rivas

[Signature]  
Notary Public



Applicant's initial DCR

Page 10



## Candy Nally

---

**From:** Pharmacy Board  
**Sent:** Tuesday, September 24, 2019 7:23 AM  
**To:** Candy Nally  
**Subject:** FW: Hello..

**From:** alltimehealthcare19@gmail.com [mailto:alltimehealthcare19@gmail.com]  
**Sent:** Monday, September 09, 2019 7:16 AM  
**To:** Pharmacy Board <pharmacy@pharmacy.nv.gov>  
**Subject:** Re: Hello..

Can some one pls send me a email if you received the I formation I send last week with the change of address. Thank you

Sent from Yahoo Mail on Android

On Tue, Sep 3, 2019 at 10:23 AM, [alltimehealthcare19@gmail.com](mailto:alltimehealthcare19@gmail.com) <[alltimehealthcare19@gmail.com](mailto:alltimehealthcare19@gmail.com)> wrote:

Sorry the new administrator is  
 Borlive briones..  
 Thank you

Sent from Yahoo Mail on Android

On Tue, Sep 3, 2019 at 10:06 AM, [alltimehealthcare19@gmail.com](mailto:alltimehealthcare19@gmail.com) <[alltimehealthcare19@gmail.com](mailto:alltimehealthcare19@gmail.com)> wrote:

Good morning..

My name is Dailin Carmenate Rivas I just spoke with Candy over the phone today.

I'm trying to get the license for a DME and we recently change our location

The business names is

ALL TIME HEALTH CARE LLC

The new office location is

2840 E Flamingo rd

Suite C

Las Vegas Nv 89121

The phone number still the same.

And we have a new Administrator wish we send the application last Friday (Reina Borlive Briones)

If it is possible please schedule us for October in Las Vegas nv for the next board meeting.

Thank you have a nice day.

Sent from Yahoo Mail on Android



## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 8/27/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for All time Healthcare

Nature of MDEG

2840 E. Flamingo rd ste. c Las Vegas, NV 89121

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Briones  
 Last Name

Borlivo  
 First Name

Middle Name

Reina Corazon B. Cabrera  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Grand Teton Drive  
 Present Residence Address-Street or RFD

Las Vegas  
 City

NV 89166  
 State/Zip

2840 E. Flamingo rd sk c  
 Present Business Address

7/1/19 - Present  
 Dates

LV  
 City

NV 89121  
 State/Zip

Office Manager  
 Present Position with the MDEG

7/1/19 - Present  
 Dates

Phone: 702-569-3604 Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Philippines  
 Place of Birth (City, County, State)

37  
 Age

Social Security Number \_\_\_\_\_

F  
 Sex

Black  
 Color of Eyes

Black  
 Color of Hair

80  
 Weight

4'11"  
 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 \_\_\_\_\_

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

# EMPLOYMENT:

615

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.

11/16 - Present	Consortium Recovery 2300 W. Sahara Ave WNV 29102	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Billing Consultant	Billing Consultant	Independent.
Title	Description of Duties	Name of Supervisor
03/16 - 11/16	KAREO - 1180 N. Town Center Dr # 200 WNV 89144	1440
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
AR analyst	Analyze, Audit outstanding A/R issues	Maria Galvan
Title	Description of Duties	Name of Supervisor
01/16 - 03/16	KAREO - 1180 N. Town Center Dr # 200 WNV 89144	480
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
AR collector	AR collector - Review and resolve outstanding AR	Collin Murphy
Title	Description of Duties	Name of Supervisor
02/12 - 02/14	Pulmonary Solutions - 7660 W Sahara Ave WNV 89117	3840
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DME AR manager	Directed and oversee AR dept.	Josephine Soukko
Title	Description of Duties	Name of Supervisor
12/05 - 11/11	Care N'Home 3050 E. Desert Inn Rd Ste #124 WNV 89121	11520
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DME office manager	Direct & oversee DME	Clatus Amadi
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.

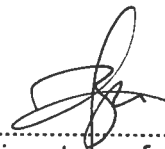
.....  
 .....  
 .....  
 .....  
 .....

Date of



I, Borlive Briones, 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

**12B**

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

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

MDEG Name: MDRX, LLC

Physical Address: 118 Corporate Park Dr Ste#105  
(This must be a business address, we can not issue a license to a home address)

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

City: Henderson State: NV Zip Code: 89074

Telephone: 1-866-700-6379 Fax: 1-702-802-2161

E-mail: f.malinis@mdrxdispense.com Website: www.mdrxdispense.com

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

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm

Fri: 9am to 6pm Sat: 9am to 3pm Sun: 9am to 3pm Holidays: varies

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Becky Zawacki

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

<input checked="" type="checkbox"/> Medical Gases** <input checked="" type="checkbox"/> Respiratory Equipment** <input checked="" type="checkbox"/> Life-sustaining equipment** <input checked="" type="checkbox"/> Diabetic Supplies	<input checked="" type="checkbox"/> Assistive Equipment <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** <input checked="" type="checkbox"/> 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: Frances Malinis Telephone: 702-580-8794

## 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>pending licensure</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
- ☐ Advanced Practitioner of Nursing
- ☐ Physician's Assistant
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ Registered Nurse
- ☐ Respiratory Therapist

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

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

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

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

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

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

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.

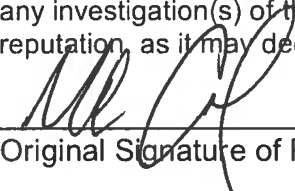
Within the last five (5) years:

- 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

Mark Casal  
Print Name of Authorized Person

6/10/2019  
Date

Board Use Only

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

Amount: 500.00

# APPLICATION FOR NEVADA MDEG LICENSE

## OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: MDRX, LLC

Mailing Address: 118 Corporate Park Dr Ste#105

City: Henderson State: NV Zip: 89074

Telephone: 1-866-700-6379 Fax: 1-702-802-2161

Contact Person: Frances Malinis

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) \_\_\_\_\_

Name	Address
------	---------

b) 

Name	Address
N/A	

c) 

Name	Address
N/A	

d) 

Name	Address
N/A	

**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. 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

# 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, **MDRX, 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 December 26, 2013, 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 June 10, 2019.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20190610-1702



### List of Officers

Mark Casal, Officer

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/11/2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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  
 Nature of License  
MDRX LLC 118 Corporate Park Dr Ste#105 Henderson, NV 89074  
 Name and Address of Establishment for Which License Is Requested  
N/A  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

<u>Casal</u>	<u>Mark</u>	<u>Anthony</u>
Last Name	First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>Burclare Ct</u>	<u>Sugarland</u>	<u>TX, 77479</u>
Present Residence Address-Street or RFD	City	State/Zip
<u>118 Corporate Park Dr Ste#105</u>	<u>Henderson</u>	<u>NV, 89074</u>
Present Business Address	City	State/Zip
<u>Pharmacist</u>	<u>2006-Present</u>	
Occupation		Phone:
		Residence
<u>7</u>	<u>Quezon City, Philippines</u>	Business <u>866-700-6379</u>
Date of Birth	Place of Birth (City, County, State)	
<u>42</u>		<u>Male</u>
Age	Social Security Number	Sex
<u>Brown</u>	<u>Brown</u> <u>White</u> <u>215lbs</u> <u>Large</u>	<u>6'2"</u>
Color of Eyes	Color of Hair	Complexion
	Weight	Build
		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. N/A

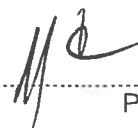
If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

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

Applicant's initial



## MARITAL INFORMATION-Continued

A. **Current Marriage** 3/19/2005 Houston, Harris, TX  
Date City, County and State  
 Spouse's full name (Maiden) Roxana Yvonne Hidalgo 1  
S.S. No.  
 Date of Birth  Place of Birth Houston, TX  
 Resident address 3 Burclare Ct Sugarland TX 77479  
Street City State Zip  
 Telephone: Residence  Business 931-520-1001  
 Spouse's employer Infinity Pharmacy, LLC Occupation Business Manager  
 Address of employer 1080 Neal St Ste#100 Cookeville TN 38501  
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
Bella Rose Casal		Cookeville, TN	Burclare Ct Sugarland, TX 77479
Khloe Grace Casal		Cookeville, TN	Burclare Ct Sugarland, TX 77479
Talan Manuel Casal		Houston, TX	Burclare Ct Sugarland, TX 77479

**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 MC

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact 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			
Manuel Casal		Union Gap Rd Las Vegas, NV 89125	Deceased
Mother			
Belma Casal		3 Tyndrum Ave Henderson, NV 89044	Retired
Father-in-Law			
Arturo Hidalgo		Braewin Ct Houston, TX 77068	Deceased
Mother-in-Law			
Rosario Sandoval		Braewin Ct Houston, TX 77068	Deceased

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Michael Casal		Stonebridge Cir Cookeville, TN 38501	Physician
Spouse			
Gladys Casal		1 Stonebridge Cir Cookeville, TN 38501	Housewife
Max Casal		4 Brands Hatch Ct Henderson, NV 89052	Entrepreneur
Spouse			
Delsa Casal		Brands Hatch Ct Henderson, NV 89052	Housewife
Marcelino Casal		Tyndrum Ave Henderson, NV 89044	Pharmacist
Spouse			
Mellonie Casal		Tyndrum Ave Henderson, NV 89044	Housewife
Melissa Maglalang		Beardsley Cir Henderson, NV 89032	Attorney
Spouse			
Francis Maglalang		Beardsley Cir Henderson, NV 89032	Entrepreneur

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Jordan Junior High	Burbank, CA	'83-'89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	John Borroughs H.S.	Sugarland, TX	'91-'93	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
School	John Foster Bolles H.S.		'93-'95	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College				
University	University of Houston	Houston, TX	'95-'02	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... Pharm DCollege or university where obtained... University of Houston

Applicant's initial



**5 MILITARY INFORMATION:**

- A. Have you ever served in any armed forces? Yes
- ☐
- No
- ☒

Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating 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 N/A State N/A Date registered N/A**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
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

- 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? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒  
If yes when? N/A city, county and state N/A
- 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
------	--------------	--------	----------	------

N/A

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

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

01/12-Present	Burclare Ct	Sugarland	TX
---------------	-------------	-----------	----

01/06-01/12	2116 Boxwood Cir	Cookeville	TN
-------------	------------------	------------	----

06/03-01/06	8912 Sungate Dr	Pearland	TX
-------------	-----------------	----------	----

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
January 2006	Infinity Pharmacy, LLC 1080 Neal St Ste#100 Cookeville, TN 38501	
Title	Description of Duties	Name of Supervisor
Pharmacist/Owner	Manage Pharmacy	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2003	Texas Children's Hospital 6621 Fannin St Houston, TX 77030	
Title	Description of Duties	Name of Supervisor
Pharmacist	Verify Prescriptions	Linh Nguyen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2002	Walgreens Houston, TX	Resigned-better opportunity
Title	Description of Duties	Name of Supervisor
Pharmacist	Verify Prescriptions, Perform Consultations	Lattifany Sauls
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



## 9. CHARACTER REFERENCES:

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 Bamron Jonathan	Home	3 Glenlock St Sugarland, TX 77479				20 years
Employer University AmericanBusiness		Houston, TX		832-226-2052		
Name Ray Kwan	Home	Pery St Sugarland, TX 77479				23 years
Employer MD Anderson	Business	Houston, TX		832-423-2729		
Name Jimmy Lin	Home	Glistening Cloud Dr Henderson, NV 89012				23 years
Employer Self	Business	Las Vegas, NV		702-947-0940		
Name Jim Promobol	Home	3 N Wellington Ct Houston, TX 77055				24 years
Employer Shell	Business	Houston, TX		832-265-0235		
Name Sara Smith	Home	2 Idlewind Dr Richmond, TX 77406				24 years
Employer FRISD	Business	Sugarland, TX		201-615-0242		

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

Pharmacist, TN, 19 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.

Infinity Pharmacy, LLC

1080 Neal St Ste#100 Cookeville, TN 38501

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 ☐

Marcelino Casal-Pharmacist



Date of photograph 06/11/2019

Applicant's initial

*MC*

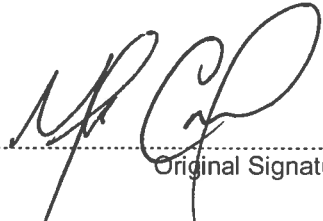
STATE OF Nevada

ss.

COUNTY OF Clark

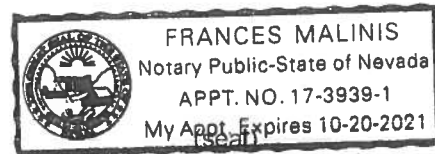
I, Mark Casal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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 11th day of June 2019

Frances Malinis  
Notary Public



Applicant's initial MC

Applicant's initial

  
D.

## APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 6/10/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for mdeg supplier  
 Nature of MDEG  
mDEX LLC 118 Corporate Park Dr. Ste #105 Henderson NV 89074  
 Name and Address of Business for Which MDEG Administrator Is Requested

.....  
 If applicable, Name Under Which It Is Now Operated

## 1. PERSONAL INFORMATION:

Zawacki Becky Frances  
 Last Name First Name Middle Name

Becky Frances Walton  
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Athena Dr Las Vegas NV 89156  
 Present Residence Address-Street or RFD City State/Zip

118 Corporate Park Dr. 8/1/05 Henderson NV 89074  
 Present Business Address Dates City State/Zip

Designated Representative 2016 - present  
 Present Position with the MDEG Dates

Phone: 866-700-6379 Fax: 702-802-261

Email address: b.zawacki@mdrxdispense.com

40 Las Vegas, Clark, Nevada  
 Date of Birth Place of Birth (City, County, State)

40 Female  
 Age Social Security Number Sex

Hazel brown 252 5 ft 1 in  
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Scar on center chest from  
open heart surgery

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.)



**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.

8/2016 - Present	MdRx, LLC	Approx 5400
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Designated Representative	customer service, process orders receive orders	mark Casal
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action:

State: N/A

b)

Date: N/A

Case Number: N/A

c) Criminal Action:

State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a v

N/A



PH

T

Date of photograph 6/10/19

I, Becky Zawaeki, 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.

Becky Zawaeki  
Original Signature of Applicant

**13**

**13A**

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

**INTERN PHARMACIST APPLICATION**

**Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)**

Complete Name (no abbreviations):

First: David Middle: Atonacio Last: Bacani  
Home Address: Pinto Circle Apt #: \_\_\_\_\_  
City: Walnut State: CA Zip Code: 91789  
Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Required, no exceptions)  
Date of Birth: \_\_\_\_\_ Place of Birth: Anaheim Sex: ☒ M ☐ F  
E-mail Address: \_\_\_\_\_

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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

						Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...</b>						<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....						<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..						<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....						<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:							
Board Administrative Action:		State	Date:	Case #:			
			/ /				
Criminal Action:	State	Date:	Case #:	County	Court		
	CA	10 / 22 / 16	17HMD04110	Orange	Harbor Justice Center Newport Beach		

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?.....	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

David Bacani  
Original Signature, no copies or stamps accepted.

9 / 14 / 16  
Date

Board Use Only Date Processed: \_\_\_\_\_

Amount: 40.00



## Background Profile

Report Date:	07/18/2019
Report No.:	4702798
Applicant:	Bacani , David Anthony Atanacio

Client Account Manager:	Student	Client ID:	5569
Prepared For:	Roseman University of Health Sciences Pharmacy	Attention:	To Be, Determined
	11 Sunset Way		
	Henderson, NV 89014		
Department Code:			
Comments:	A SSN Death Index search was performed against the SSA Death Master File with the provided SSN, and NO date of death information was located.		

Pursuant to California Civil Code 1786.29 the following disclaimer is made. The accuracy or truthfulness of this report cannot be guaranteed as to the subject of the investigation, only that it was accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the subject of this report. The Subject of this report may review all files, in relation to this report, maintained by PreCheck, Inc. with a proper request and identification. Nuestros archivos se pueden revisar sin ningun cargo a usted, en persona, o por correo certificado o por teléfono con la identificación adecuada.

## VITAL INFORMATION

Applicant:	Bacani , David Anthony Atanacio	Address:	Pinto Circle
Alias Name(s):	Bacani, David Anthony Bacani, David Atanacio		Walnut CA 91789
		Social Security No:	xxx-xx-
		Date of Birth:	
		Sex:	
		Driver's License State:	CA
		Driver's License No:	
		Applied For:	

## SUMMARY

Public Records	Record Found
SanctionCheck	COMPLETE SEE ATTACHED
Positive Identification	VERIFIED



## Background Profile

Report Date:	07/18/2019
Report No.:	4702798
Applicant:	Bacani , David Anthony Atanacio

## PUBLIC RECORDS

Jurisdictions/Registries Searched	Results	Degree
ORANGE, CA	RECORD	Misdemeanor
SEX OFFENDER, US	CLEAR	
LOS ANGELES, CA	CLEAR	

County Searched:	ORANGE, CA	SSN on Record:	xxx-xx-N/A
Name on Record:	Bacani, David Anthony	DOB on Record:	
Degree:	Misdemeanor	File Date:	04/19/2017
Case No:	17HM04110	Disposition Date:	09/06/2017
Charge:	Reckless Driving		
Disposition:	Guilty		
Sentence:	See Below		
Fine and Court Costs:	\$265		
Comments:	Superior Court of Orange County Harbor - Newport Beach Facility		

Sentence:  
 3 Years Probation, Pay Fines, 20 Days Community Service, 1 Year License Suspension  
 09/06/2017 - Probation Start Date, Still Active, Ends 09/05/2020

## SANCTIONCHECK

Status: COMPLETE - NO MATCHES FOUND

## NO SANCTIONS OR MATCHES FOUND

The applicant's name(s) was screened against the lists of federal and state agencies with sanction authority and did not produce a match with a sanctioned/excluded individual. The name and any potential matches are all carefully reviewed, and best efforts are made to confirm matches using all available personal identifiers.

Please note that a lack of identifiers on either the sanction record or provided by your applicant may result in PreCheck reporting "No Sanctions or Matches Found."

For details of the sanction lists searched, go to our website at: [www.PreCheck.com/SanctionCheck](http://www.PreCheck.com/SanctionCheck)



**13B**

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Austin Middle: Ross Last: Bladen

Home Address: Boulder Hwy Apt #: 2055

City: Henderson State: NV Zip Code: 89122

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: St. George, UT Sex: ☒ M ☐ F

E-mail Address: \_\_\_\_\_

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGE certificate to this application. You also need to complete the pharmacy school information.

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

				Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..				<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & <b>provide an explanation &amp; documentation</b> : <u>I recieved a ticket for minor alcohol consumption when I was 19 years old</u>					
Board Administrative Action:		State	Date:	Case #:	
			<u>/ /</u>		
Criminal Action:	State	Date:	Case #:	County	Court
<u>Minor</u>	<u>UT</u>	<u>05/01/2016</u>	<u>161700857</u>	<u>Washington</u>	<u>washington County Justice Court</u>

*Alcohol Consumption*

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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.

Austin Bladen  
Original Signature, no copies or stamps accepted.

8-18-2019  
Date

Board Use Only Date Processed: \_\_\_\_\_ Amount: 40.00



## Background Profile

Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

Client Account Manager:	Student	Client ID:	5569
Prepared For:	Roseman University of Health Sciences Pharmacy	Attention:	To Be, Determined
	11 Sunset Way		
	Henderson, NV 89014		
Department Code:			
Comments:	A SSN Death Index search was performed against the SSA Death Master File with the provided SSN, and NO date of death information was located.		

## VITAL INFORMATION

Applicant:	Bladen , Austin Ross	Address:	E 500 S
Alias Name(s):			Saint George UT 84770
		Social Security No:	xxx-xx-!
		Date of Birth:	
		Sex:	
		Driver's License State:	UT
		Driver's License No:	
		Applied For:	

## SUMMARY

Public Records	 <b>Record Found</b>
SanctionCheck	<b>COMPLETE/SEE ATTACHED</b>
Positive Identification	<b>VERIFIED</b>



## Background Profile

Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

## PUBLIC RECORDS

Jurisdictions/Registries Searched	Results	Degree
**STATEWIDE** , UT	RECORD	Misdemeanor
SEX OFFENDER, US	CLEAR	

County Searched:	**STATEWIDE** , UT	SSN on Record:	xxx-xx-N/A
Name on Record:	Bladen, Austin Ross	DOB on Record:	(
Degree:	Misdemeanor	File Date:	05/03/2016
Case No:	161700857	Disposition Date:	09/08/2016
Charge:	See Below		
Disposition:	Plea in Abeyance		
Sentence:	12 Months Probation		
Fine and Court Costs:	\$580.00		
Comments:	Washington County Justice Court		

Degree: Class B Misdemeanor

## Offense:

Unlawful For Minor To Consume An Alcoholic Product

09/18/2017 Case is Dismissed without Prejudice

Address on record also appears on Positive ID:

825 E Vermillion

St George, UT 84790

Plea in Abeyance - Common to UT; an order by a court, upon motion of the prosecution and the defendant, accepts a plea of guilty or of no contest from the defendant, but does not enter judgment of conviction or impose a sentence upon the defendant at that time. The defendant is ordered to comply with specific conditions as set forth in a plea in abeyance agreement.

Dismissed without Prejudice (Non-Conviction) - A judge's decision to end the case which permits the complainant or prosecutor to renew the case at a later time.

## SANCTIONCHECK

Status: COMPLETE/SEE ATTACHED



## Background Profile

Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

**SANCTIONCHECK HISTORY  
CONT'D.****NO SANCTIONS OR MATCHES FOUND**

The applicant's name(s) was screened against the lists of federal and state agencies with sanction authority and did not produce a match with a sanctioned/excluded individual. The name and any potential matches are all carefully reviewed, and best efforts are made to confirm matches using all available personal identifiers.

Please note that a lack of identifiers on either the sanction record or provided by your applicant may result in PreCheck reporting "No Sanctions or Matches Found."

For details of the sanction lists searched, go to our website at: [www.PreCheck.com/SanctionCheck](http://www.PreCheck.com/SanctionCheck)



Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

## DISCLAIMERS

This report is provided for your exclusive use in strict confidence. Information contained herein should not be the sole determining factor in evaluating the individual. Human error in compiling this information is possible.

If you hire this individual, we recommend as a quality control measure that you positively identify the applicant by comparing the background report with the following identifiers:

- Social Security Number (SSN)
- State Identification or Driver's License
- Date of Birth (DOB)

If a discrepancy exists regarding the First, Middle, or Last Name, SSN, or DOB, please contact your Client Account Manager immediately to initiate further investigation.

### Adverse Action

Adverse action is required under the Fair Credit Reporting Act (FCRA) when a decision, based in whole or part from information contained in a Consumer Report, is used to deny employment or promotion, terminate, reassign, or make any other employment decision that adversely affects the individual.

Before you take the adverse action, you must give the individual a pre-adverse action disclosure that includes a copy of the individual's consumer report and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act"--- a document prescribed by the Federal Trade Commission.

When you take the adverse action, you must give the individual notice either orally, in writing, or electronically that the action is being taken. This notice must include:

- the name, address, and phone number of the Consumer Reporting Agency(CRA) that supplied the report;
- a statement that the CRA that supplied the report did not make the decision to take the adverse action and cannot give specific reasons for it; and
- a notice of the individual's right to dispute the accuracy or completeness of any information the agency furnished, and his or her right to an additional free consumer report from the agency upon request within 60 days.

### Public Records

Public records searches consist primarily of criminal history record searches but may also include various misconduct registry searches. Registry searches are labeled accordingly. PreCheck conducts criminal history record searches as far back as county and state level indices allow. The majority of indices provide records from the previous 7 years; a limited number of indices allow searches as far back as 10-20 years.

### Positive Identification

PreCheck conducts a search of consumer databases to substantiate the individual's usage of SSN, addresses, and potential aliases. The Social Security Administration (SSA) restricts SSN verification to employers. To verify, contact the SSA at 1-800-772-1213 and provide your Company's Employer Identification Number, the Individual's name, date of birth, and SSN.

END OF REPORT

**13C**



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

**INTERN PHARMACIST APPLICATION**

**Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)**

Complete Name (no abbreviations):

First: Madison Phuong Middle: Jennifer Last: Phuong

Home Address: 5 Boulder Hwy Apt #: 2002

City: Las Vegas State: NV Zip Code: 89122

Telephone: 702-388-3838 Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Harker City, CA Sex: ☐ M ☒ F (Required, no exceptions)

E-mail Address: jennifer.phuong@rosemann.edu

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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

					Yes	No	
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...</b>						<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....						<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..						<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....						<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:							
Board Administrative Action:	State	Date:	Case #:				
		/ /					
Criminal Action:	State	Date:	Case #:	County	Court		
	CA	12/01/2015	RH1513357/ RH1515626	Riverside	Riverside Superior 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.

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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. [Signature]

Date 8/20/2019

Board Use Only Date Processed: \_\_\_\_\_ Amount: \_\_\_\_\_



Madison Phuong

#### Explanation of Conviction

On the date of June 6, 2015 (case #RIM1513357), I was caught driving under the influence. Two months later, on the date of August 23, 2015 (case #RIM1515626), the same thing happened. I am not proud of this period in my life. This explanation is not meant to excuse my mistakes, but to describe what lead to these events, what I have learned, and what I have done since then that has changed and treated my life.

Due to growing issues with my family and consecutive deaths, I was at the lowest point in my life and was going through a phase that I thought I would never escape. I would always go out to party to fill the void I constantly felt. It was during this time that my DUI's took place. While I deeply regret this part of my life, I am extremely thankful it took place because I would probably still be that same person partying away my problems.

I have completed my 18 month program while attending as a full time student at the University of California Riverside and working a part time job to make it through. I am off probation and was able to meet the Judge's standards of rehabilitation and, in turn, received expungement from my cases. After what seemed like a life time, I can now confidently say I have put this part of my life behind me. I know what it's like to be at your lowest and the strength you must have to get out and move forward. This mistake has molded me into who I am today, and I am satisfied with the person I've become. I am my best self.

If documentation (court mandates and proof of expungement) is needed, I can provide them. Please don't hesitate to contact me for any further questions.

Madison Phuong | Class of 2022  
Roseman University of Health Sciences  
College of Pharmacy | Henderson, NV

**13D**

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

**INTERN PHARMACIST APPLICATION**

**Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)**

Complete Name (no abbreviations):

First: Analeah Middle: Antiporda Last: Presbitero

Home Address: Dalfsen Ave. Apt #: \_\_\_\_\_

City: Carson State: CA Zip Code: 90746

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Harbor City, CA Sex: ☐ M ☒ F  
(Required, no exceptions)

E-mail Address: \_\_\_\_\_

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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

	Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
	<u>CA</u>	<u>07/10/2019</u>	<u>CI 2018 84053</u>

Criminal Action:	State	Date:	Case #:	County	Court
	<u>CA</u>	<u>08/13/2019</u>	<u>9MN02867</u>	<u>Los Angeles</u>	<u>Metropolitan Courthouse</u>

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted. \_\_\_\_\_

Date \_\_\_\_\_

Board Use Only Date Processed: \_\_\_\_\_ Amount: 40.00

On April 21, 2019, I was arrested for driving under the influence of alcohol. Though I do not feel that I have a substance abuse problem, this incident led me to believe that I should examine the role that alcohol plays in my life. I began to attend Alcoholics Anonymous meetings weekly for a period of approximately four months. On August 13, 2019, I was convicted in court, fined, and was placed on a 36-month probation. Alongside, I was required to attend a 3-month alcohol program and 10 additional Alcoholic Anonymous classes. As a result of my arrest in April, on July 10, 2019, I received a citation from the CA Board of Pharmacy in which I was fined. I have completed all the requirements sentenced by the Los Angeles Superior Court and the Pharmacy Board. Together with the Alcoholics Anonymous and alcohol education classes, I have learned a great deal about myself and my relationship with alcohol. I will continue to carry out my probation for its remaining term. Attached are documents including a Certified Minute Order for my court case (Case #9MN02867) and proof of payment to the Pharmacy Board (Case #CI201884053).

CASE NO. 9MN02867  
DEF NO. 01

PAGE NO. 2  
DATE PRINTED 08/16/19

COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;  
THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR Nolo Contendere, INCLUDING  
THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL  
EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE  
SAME OR SIMILAR OFFENSES;  
THE EFFECTS OF PROBATION;  
IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE  
OFFENSE FOR WHICH YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF  
DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF  
NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.  
COUNSEL FOR THE DEFENDANT JOINS IN THE WAIVERS AND CONCURS IN THE PLEA.  
COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND EXPLICITLY  
MADE;  
THE DEFENDANT WITH THE COURTS APPROVAL, PLEADS Nolo Contendere TO COUNT 02 A  
VIOLATION OF SECTION 23152(B) VC. THE COURT FINDS THE DEFENDANT GUILTY.  
COUNT (02) : DISPOSITION: CONVICTED  
DEFENDANT IS ADVISED OF HIS RIGHT TO A SPEEDY TRIAL AND WAIVES STATUTORY TIME  
FOR TRIAL.

COURT FINDS THAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT  
ACCEPTS PLEA.

NEXT SCHEDULED EVENT:

SENTENCING

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE  
WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING  
JUDGMENT:

AS TO COUNT (02):

IMPOSITION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON SUMMARY PROBATION

FOR A PERIOD OF 036 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:

PAY A FINE OF \$500.00

PLUS A STATE PENALTY FUND ASSESSMENT OF \$1,450.00

LESS CREDIT OF \$500.00

PLUS \$1.00 NIGHT COURT.

PLUS \$40.00 COURT OPERATIONS ASSESSMENT (PURSUANT TO 1465.8(A)(1) P.C.)

\$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)

\$50.00 ALCOHOL ABUSE/PREVENTION ASSESSMENT (23645 V.C.)

\$100.00 ALCOHOL AND DRUG PROBLEM ASSESSMENT (23649 V.C.)

\$33.00 LABORATORY SERVICE FUND(PURSUANT TO 1463.14(B) P.C.)

OR SERVE 4 DAYS IN LOS ANGELES COUNTY JAIL

DEFENDANT TO PAY FINE TO THE COURT CLERK

IN LIEU OF FINE, DEFENDANT MAY:

PERFORM 4 DAYS OF COMMUNITY LABOR

DEFENDANT TO PAY COURT COST OF \$44 .

THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE, A  
3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING  
PROGRAM

DEFENDANT SHALL PAY A RESTITUTION FINE IN THE AMOUNT OF \$150.00 TO THE COURT

TOTAL DUE: \$2,398.00

IN ADDITION:

-DEFENDANT IS ORDERED TO PAY A PROBATION REVOCATION RESTITUTION

FINE PURSUANT TO PENAL CODE SECTION 1202.44, IN THE AMOUNT OF

\$ 150 THIS FINE SHALL BECOME EFFECTIVE UPON THE REVOCATION OF

PROBATION.

-ENROLL WITHIN 21 DAYS IN AN AB-541 PROGRAM.

CASE NO. 9MN02867  
DEF NO. 01

PAGE NO. 3  
DATE PRINTED 08/16/19

- ATTEND 10 ALCOHOLICS ANONYMOUS MEETINGS IN ADDITION TO THOSE REQUIRED AS PART OF THE ALCOHOL EDUCATION PROGRAM.
- DO NOT DRIVE ANY VEHICLE WITH ANY MEASURABLE AMOUNT OF ALCOHOL OR DRUGS IN YOUR BLOOD OR REFUSE TO TAKE AND COMPLETE ANY BLOOD ALCOHOL OR DRUG CHEMICAL TEST, ANY FIELD SOBRIETY TEST, AND ANY PRELIMINARY ALCOHOL SCREENING TEST, WHEN REQUESTED BY ANY PEACE OFFICER.
- DO NOT DRIVE A MOTOR VEHICLE WITHOUT A VALID DRIVER'S LICENSE IN YOUR POSSESSION OR WITHOUT LIABILITY INSURANCE IN AT LEAST THE MINIMUM AMOUNTS REQUIRED BY LAW.
- COMPLY WITH THE SUPPLEMENTAL TERMS OF PROBATION - IGNITION INTERLOCK DEVICE REGARDING INSTALLATION OF AN IGNITION INTERLOCK.
- OBEY ALL LAWS AND ORDERS OF THE COURT.
- DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.
- THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

ANY MANDATORY AND NON-PUNITIVE FEES OR ASSESSMENTS ORDERED IN THIS CASE ARE NOT CONDITIONS OF PROBATION

COURT COST:\$30 INSTFEE, \$10 CITEPROC, \$4MENAIR/MEDAIRTS.

ADDITIONAL OPTION IN LIEU OF FINE 47 HOURS COMMUNITY SERVICE.

IGNITION INTERLOCK PER DMV.

DATA ENTRY BY K.D CROSBY ON 8-15-19

COUNT (02): DISPOSITION: CONVICTED

REMAINING COUNTS DISMISSED:

COUNT (01): DISMISSED DUE TO PLEA NEGOTIATION  
BLOOD ALCOHOL CONTENT TEST SHOWED BAC OF .16 PERCENT.  
ABSTRACT ISSUED ON 08/13/19 FOR COUNT 02

DMV JUDGMENT CODE QWGC

NEXT SCHEDULED EVENT:

02/11/20 830 AM PROOF OF MISCELLANEOUS ITEM DIST METROPOLITAN COURTHOUSE  
DEPT CLK

CUSTODY STATUS: ON PROBATION

ON 08/15/19 AT 900 AM IN METROPOLITAN COURTHOUSE DEPT CLK

CASE CALLED FOR PROOF OF COMPLETION/FINE

PARTIES: NONE (JUDGE) NONE (CLERK)

NONE (REP) NONE (DDA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

PAYMENT IN THE AMOUNT OF \$418.00 PAID ON 08/15/19 RECEIPT # LAM653004007

PROOF OF THE AB541 ALCOHOL PROGRAM WAS RECEIVED. FEES PAID IN

FULL. PROOF OF AA'S ARE RECEIVED.

NEXT SCHEDULED EVENT:

PROBATION IN EFFECT

08/16/19

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ELECTRONIC DOCKET  
ON FILE IN THIS OFFICE AS OF THE ABOVE DATE.

CASE NO. 9MN02867  
DEF NO. 01

PAGE NO. 4  
DATE PRINTED 08/16/19

SHERRI R. CARTER , EXECUTIVE OFFICER/CLERK OF SUPERIOR COURT, COUNTY OF LOS  
ANGELES, STATE OF CALIFORNIA

BY *[Signature]*, DEPUTY





**California State Board of Pharmacy**  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833  
Phone: (916) 518-3100 Fax: (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



July 31, 2019

ANALEAH ANTIPORDA PRESBITERO  
JALFSEN AVE  
CARSON, CA 90746

**RE: CI 2018 84053**  
**ANALEAH ANTIPORDA PRESBITERO**  
**TCH 169483**

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Citation and Fine Analyst, Joshua Monforte at (916) 518-3014.

Sincerely

A handwritten signature in black ink, appearing to read 'J. Monforte', written over a horizontal line.

Joshua Monforte  
Citation and Fine Analyst  
Board of Pharmacy



**BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**CITATION AND FINE**

COPY

<b>Citation Number</b>	<b>Name, License No</b>
CI 2018 84053	ANALEAH ANTIPORDA PRESBITERO , TCH 169483

**JURISDICTION:** Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMT OF FINE</b>
Bus. & Prof. Code § 4301 subd. (h)	Unprofessional Conduct – The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself...	\$750.00

**CONDUCT:**

Business and Professions Code Section 4301(h) authorizes the Board to take action against a licensee for their use of any dangerous drug or alcoholic beverage to the extent or in a manner as to be dangerous or injurious to oneself or others. Specifically, on April 21, 2019, TCH Presbitero was arrested for driving under the influence of alcohol. TCH Presbitero's chemical breath test resulted in alcohol concentrations of 0.181% and 0.168%.

**CITATION ISSUED ON: July 10, 2019**

**TOTAL AMOUNT OF FINE(S): \$750.00**

**PAYMENT OF FINE(S) DUE BY: August 09, 2019**

**13E**

**NEVADA STATE BOARD OF PHARMACY**  
 895 Damonte Ranch Pkwy #206 – Reno, NV 89521

**INTERN PHARMACIST APPLICATION**

**Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)**

Complete Name (no abbreviations):

First: Jaimie Middle: Liliane Last: Tran  
 Home Address: Hollywell Street Apt #: \_\_\_\_\_  
 City: Las Vegas State: NV Zip Code: 89135  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Vietnam Sex: ☐ M ☒ F  
 E-mail Address: \_\_\_\_\_

Pharmacy School: Roseman University of Health Sciences College of Pharmacy Attached  
 Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGE certificate to this application. You also need to complete the pharmacy school information.

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

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

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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. Jaimie Tran Date 08/19/19

Board Use Only Date Processed: \_\_\_\_\_ Amount: 40.00

*arrested but charges were dropped and the case was dismissed.*

## Charge

### Charges

MARSON, JAIMIE LILIAN

	Description	Statute	Level	Date
1	Recklessly Endangering Another Person	163.195	Misdemeanor Class A	12/21/2000
2	Harassment	166.065(3)	Misdemeanor Class B	12/21/2000

## Disposition Events

03/07/2001 Disposition▼

### Judicial Officer

Selander, Robert R.

1	Recklessly Endangering Another Person	Dismissed
2	Harassment	Dismissed

**14**

**14A**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Miss Middle: Kevana Last: Dailey  
 Home Address: N Secatur Blvd. Apt#: 2140  
 City: Las Vegas State: NV Zip Code: 89130  
 Telephone: 3 Social Security Number: 1  
 Date of Birth:                      Place of Birth: Nevada Sex: ☐ M or ☒ F  
 E-mail Address:                     

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

**I am requesting registration at the following pharmacy:**

Pharmacy: CARDINAL HEALTH Store #: 7190  
 Address: 5795 SARVILLE SUITE 100  
 City: LAS VEGAS State: NV Zip Code: 89118  
 Signature of Managing Pharmacist: [Signature] Lic #: 19589 Date: 7/18/19

(Without the signature of the managing pharmacist, the application will be returned.)

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)

	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"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #: County Court
		/ /	

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked <b>YES</b> to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

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. I understand that Nevada law requires a licensed PTT 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: Miss Dailey Date: 7-17-19

**Board Use Only** Date Processed:                      Amount: 40.00

In November of 2006 when I had just turned 19, I had a verbal argument with my girlfriend; she locked me out of the house and took the keys she got in the car and set the keys on her lap and was about to drive off. Before she could drive off I walked up to the car, reached my arm in and attempted to grab the keys off of her lap when I attempted to do so she rolled my arm up in the car window. I was shouting at her to roll the window down. She wouldn't. I started snatching my arm trying to free it from the window and the glass broke, I grabbed the keys and walked away. A year later in December of 2007 shortly after I arrived home from work I got a knock on the door, it was the Marshals with a warrant for my arrest. I was completely shocked when they informed me it was for vehicle tampering and domestic violence, the incident that happened a year prior. I was arrested and booked into North Las Vegas Detention Center I went to court and was released pending completion of community service and anger management classes. At the time I agreed to these terms I was pregnant. I had full intentions of cooperating but due to complications during pregnancy and the birth of my child I was no longer able to fulfill those obligations. Because I didn't comply with the courts they issued a Bench Warrant for my arrest. I was arrested again in September of 2008 on the same charges and was released from court with a second chance warning. At this time I did complete all scheduled anger management classes but I was struggling to complete my community service hours. I made the horrible decision of just forgetting about it which lead to another Bench warrant and arrest in February of 2010. At this time I spent 45 days in North Las Vegas Detention Center and was released with time served, all charges were closed out at that time.

I take complete and full responsibility of my initial actions in November 2006. I was young and naïve. I displayed an unreasonable lack of judgement and bad character. I also take full responsibility of my irresponsibility by not completing my court obligations. I've been dealing with the negative impact this bad decision has had on my life for the past 12 years and I'm truly apologetic. I've done nothing but grow and learn from this experience.

In August of 2010 I was pulled over for a routine traffic stop while driving my aunt's car. During that traffic stop I was informed that my driver's license was suspended due to letting my previous case go into warrant status. I was also cited because my aunt didn't have valid proof of insurance in her vehicle. I was given a date to appear in court. When I went to this court appearance I was given the opportunity to present valid proof of insurance and my reinstated driver's license. This experience was also due to lack of responsibility on my behalf, I do recognize this and except full responsibility.

In November 2011 I was at a friend's grandmother's house when my friend, four of her cousins, and myself decided to leave the house and walk to the gas station. Upon entering the gas station I proceeded to the drink cooler and grabbed a Gatorade while doing so I heard one of my friend's cousins arguing with the clerk and I saw them trying to stop her and walking her out of the store. I then walked to the counter paid for my drink and left the store. By that time everyone I came with was out of the store so we proceeded to walk back. As we started walking back my friend's cousin who had, had the altercation with the clerk turned around and went back into the gas station, we all heard yelling and a loud crash but continued walking. In the process of us walking we were stopped by North Las Vegas police. At that time we were informed that the clerk called them because my friend's cousin went back in the store and threatened the clerk and knocked down several shelves of merchandise. All six of us



were arrested at that time. I was booked in North Las Vegas Detention Center on a public nuisance charged. I spent three days in jail awaiting a court appearance. When I went to court on this charge I was released with credit time served and the case was closed.

In March of 2014 I went to Walmart with a friend. I entered into Walmart with her under the impression she was going to buy the item she needed, instead she tried to walk out of the store without paying for that item. We were both stopped by security and pulled into an office. At that time they trespassed both of us from the store for 24 hours, took our picture, and cited us with a six hundred dollar fine. I do regret continuing to walk out of the store with her even after I understood her intentions, it was a horrible decision on my part.

In August of 2014 I again entered Walmart with a group of friends we were goofing around in the store and we ended up daring each other to run out of the store with an item. We all did so. We were all caught and arrested on Petty Larceny charges. I was booked into North Las Vegas Detention Center to await a court appearance, at the time of the court appearance I was released with the obligation of paying a fine of 350.00 to Walmart. Once that fine was paid the case was closed.

I do completely understand that I put myself in a lot of bad situations that could have been avoided. I also understand that my immaturity is no valid excuse but I would like you to take it into consideration upon your review. I have grown so much in my personal life and career path. I have learned tremendously from these experiences and have done my best to implement more positive characteristic traits in myself and others therefor making better judgement calls. I do hope you can see the effort I've put forth and consider going forward with my application.

Thank You,

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:** DAILEY, MISS KEVANA KEVANA  
**Date of Birth:**  
**Case Number:** CR009863-07  
**Offense Date:** 11/27/2006

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
TAMPER/INJURE VEHICLE	TAMPER/INJURE VEHICLE	01/02/2008	PLED NOLO
BATTERY DOMESTIC VIOLENCE NO PRIORS	BATTERY DOMESTIC VIOLENCE NO PRIORS	01/02/2008	PLED NOLO

Prepared By:



*[Signature]* 7-10-18  
Court Clerk Date

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:**

DAILEY, MISS KEVANA KEVANA

**Date of Birth:**

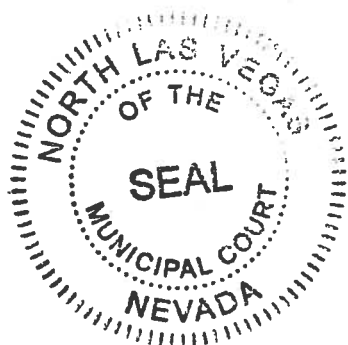
**Case Number:**

TR020979-07

**Offense Date:**

11/06/2007

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
DRIVING WITHOUT VALID LICENSE	DRIVING WITHOUT VALID LICENSE	01/02/2008	DISMISSED



Prepared By:

*[Signature]* 7-10-18  
Court Clerk Date

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:**

DAILEY, MISS KEVANA KEVANA

**Date of Birth:**

**Case Number:**

CR008304-10

**Offense Date:**

04/21/2010

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
DRIVING ON A CANCELLED, REVOKED, OR SUSPENDED D/L	DRIVING ON A CANCELLED, REVOKED, OR SUSPENDED D/L	09/01/2010	PLED GUILTY
NO PROOF OF INSURANCE	NO PROOF OF INSURANCE	09/01/2010	PLED GUILTY
FAILURE TO APPEAR	FAILURE TO APPEAR	09/01/2010	PLED GUILTY



Prepared By:

*[Signature]*

Court Clerk

7-10-18  
Date

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:** DAILEY, MISS KEVANA KEVANA  
**Date of Birth:**  
**Case Number:** CR008731-11  
**Offense Date:** 11/26/2011

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
PUBLIC NUISANCE AGAINST CITY	PUBLIC NUISANCE AGAINST CITY	11/30/2011	PLED NOLO

Prepared By:



*HP*

Court Clerk

7-10-18

Date

# City of North Las Vegas Municipal Court

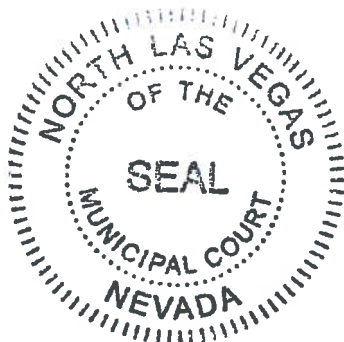
2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:** DAILEY, MISS KEVANA KEVANA  
**Date of Birth:**  
**Case Number:** CR000525-14  
**Offense Date:** 02/01/2014

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
PETIT LARCENY	PETIT LARCENY	03/18/2014	PLED NOLO



Prepared By:

Court Clerk

7-10-18

Date

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:**

DAILEY, MISS KEVANA KEVANA

**Date of Birth:**

**Case Number:**

TR005777-14

**Offense Date:**

03/27/2014

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
DRIVER FTO TRAFFIC CTRL LIGHTS/ARROWS	DRIVER FTO TRAFFIC CTRL LIGHTS/ARROWS	03/31/2014	PLED NOLO

Prepared By:



*[Signature]*  
Court Clerk

*7-16-18*  
Date

**14B**



**NEVADA STATE BOARD OF PHARMACY**  
**985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521**  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Joseph Middle: Dakota Last: Repetti  
 Home Address: 1 Nesting Pine Pl. Apt#: \_\_\_\_\_  
 City: Las Vegas State: NV Zip Code: 89143  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Las Vegas, NV Sex: ☒ M or ☐ F  
 E-mail Address: \_\_\_\_\_

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

**I am requesting registration at the following pharmacy:**

Pharmacy: Walgreens Store #: 12539  
 Address: 6825 N. Durango dr.  
 City: Las Vegas State: NV Zip Code: 89149  
 Signature of Managing Pharmacist: [Signature] Lic #: 18813 Date: 5-21-19

**(Without the signature of the managing pharmacist, the application will be returned.)**

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)**

- |   | 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"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in any state? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. 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"/> |
| 5. 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 (3-5) above, include the following information & provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
	<u>NV</u>	<u>1/1</u>	

Criminal Action:	State	Date:	Case #:	County	Court
<u>Petition</u>	<u>NV</u>	<u>2010-2013</u>	<u>N/A</u>	<u>Clark</u>	<u>Las Vegas, NV Courts</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- 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?..... Yes ☐ No ☐

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

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed:

Amount:

40.00

5/28/19

**14C**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Michelle Middle: Marie Last: Shadley  
 Home Address: Lower Rhines Rd / PO Box Apt#: \_\_\_\_\_  
 City: Tonopah State: NV Zip Code: 89049  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: PORTLAND OREGON Sex: ☐ M or ☒ F  
 E-mail Address: \_\_\_\_\_

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

**I am requesting registration at the following pharmacy:**

Pharmacy: Raley's Pharmacy Store #: 120  
 Address: 1201 S. Main St.  
 City: Tonopah State: NV Zip Code: 89049  
 Signature of Managing Pharmacist: [Signature] Lic #: 19151 Date: 5/22/19

**(Without the signature of the managing pharmacist, the application will be returned.)**

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)**

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
	<u>OR</u>	<u>8 / 12004</u>	<u>040951050</u>
			County
			<u>Multnomah</u>
			Court
			<u>Circuit Court</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- 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?** Yes ☒ No ☐

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

Original Signature, no copies or stamps accepted

Date

**Board Use Only** Date Processed:

Amount:

40.00

6/24/2019

## Pharmaceutical Technician in Training Application

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

Download application and mail to the address on the top of the application with the required fee of \$40.00. The fee is payable by money order only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to: ***Nevada State Board of Pharmacy***

**Before calling with questions, please read all information carefully.**

The pharmacy, where you will be employed as a pharmaceutical technician in training, must be in Nevada.

**You can obtain hours from more than one pharmacy but you need to be registered at each pharmacy. Every location requires the application and the \$40.00 fee. The hours must be completed within 2 years from the date the application was received.**

If you change pharmacy locations (even within the same chain) you must submit a new application and fee. The license is only valid at the pharmacy listed on the certificate of registration.

All pharmaceutical technician in training registrations expire October 31, of the even numbered years. It is your responsibility to keep us up to date with your mailing address.

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

\*\*\* Do not use this application if you will be working in a dispensing physician's office. The correct application is available on the website under the practitioners tab. The correct application is called "Dispensing Technician Trainee" application. \*\*

☒ STATE OF OREGON☒ JUDGMENT☐ Other

Plaintiff

v.

Defendant

☐ AMENDED JUDGMENTCASE NO. 0409-51050Date Of Proceeding 11-3-04

Address/City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Defense Attorney: Newton Bar No. \_\_\_\_\_ Reporter FTLDistrict Attorney: \_\_\_\_\_ Bar No. \_\_\_\_\_ Cassette No. CTACUSTODY STATUS: ☐ In Custody ☐ Out of Custody ☐ Security Release JUDGMENT OF ACQUITTAL COUNTS: \_\_\_\_\_☐ Defendant is unrepresented and knowingly waived counsel. ☐ Defendant waived two calendar-day delay before sentencing.IT IS ADJUDGED THAT DEFENDANT HAS BEEN CONVICTED BY: ☐ PG ☐ PNC ☐ JT ☐ CT

Length of Trial Proceeding \_\_\_\_\_

OF THE FOLLOWING OFFENSES: (1) Th-2 (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

(5) \_\_\_\_\_

☐ The Defendant is indigent for purposes of court appointed counsel in this case.☐ The court appointed counsel in this case☐ Defendant is unrepresented by counsel and knowingly waived any right to an attorney after having been informed of that right.

SENTENCE (unless indicated, all elements of the sentence will be applied to the first listed convicted offense)\*:

The TSI dates and times, and the dates of service of a sentence to jail, including work release, unless the sentence commences immediately, will be set by the Sheriff.

DEFENDANT SUCCESSFULLY COMPLETED COMMUNITY COURT.

☐ CASE DISMISSED.☒ SENTENCE OF DISCHARGE-WAIVING FEES AND ASSESSMENTS.

\*All financial obligations in the money judgment are a condition of probation PROBATION JUDGE \_\_\_\_\_

All other counts in this case are dismissed by motion of the District Attorney in the interest of justice.

MONEY JUDGMENT (unless indicated, all financial obligations will be applied to the first listed convicted offense)\*\*  
IT IS ADJUDGED THAT DEFENDANT PAY THE FOLLOWING OBLIGATIONS, WHICH SHALL BE A MONEY JUDGMENT.  
JUDGMENT CREDITOR: STATE OF OREGON JUDGMENT DEBTOR: DEFENDANT

\*\*Addendum To Money Judgment (Form #06-60) must accompany this Judgment if restitution or a compensatory fine is ordered and the Addendum is incorporated and made a part of the money judgment in support of that financial obligation. If the Addendum is not attached, no restitution or compensatory fine obligation is imposed. All statutory assessments and fees applicable to each conviction are imposed and are to be added by the Clerk of the Court as a money judgment unless waived on this judgment.

TERM OF PAYMENTS: The amount of the money judgment is: ☐ to be paid in full by \_\_\_\_\_; ☐ to be paid in installments of \$ \_\_\_\_\_ per month, beginning on \_\_\_\_\_ and due each month thereafter on that date until satisfied.

DATE SIGNED

JUDGE'S SIGNATURE

Name of Judge typed or printed



**IN THE CIRCUIT COURT FOR THE STATE OF OREGON  
FOR MULTNOMAH COUNTY**

STATE OF OREGON

Plaintiff

Case No 040951050

DA No \_\_\_\_\_

Defendant

**NOTICE AND ADVICE OF RIGHT TO APPEAL**

As required by ORS 137.020 (5), the trial court is advising you of your right to appeal this court's judgment and of the procedure for protecting such right.

**RIGHT TO APPEAL**

Your right to appeal is limited as follows.

- 1 If you entered a plea of guilty or no contest to any felony offense committed before November 1, 1989, or to any misdemeanor offense, then you may appeal the judgment only if you make a colorable claim showing that the disposition exceeds the maximum allowed by law or is unconstitutionally cruel and unusual. ORS 138.050. If you entered a plea of guilty or no contest to any felony offense committed on or after November 1, 1989, then you may appeal the judgment only upon showing a colorable claim of error in the proceeding. ORS 138.222.
- 2 If you were sentenced on a revocation of a probation or sentence suspension, or were resentenced after an order by an appellate court or a post conviction court, then you may appeal the judgment only upon showing a colorable claim of error in the proceeding. ORS 138.053 and 138.222.
- 3 If you were found guilty after a jury trial, a trial to the judge, or a stipulated facts trial, you may appeal legal errors in the decisions, orders and proceedings of the court.

A colorable showing or claim is one that is apparently valid or plausible.

**PROCEDURES FOR PROTECTING YOUR RIGHT TO APPEAL**

The Oregon Revised Statutes and Oregon Rules of Appellate Procedure control your appeal. You could lose your right to appeal by not following them. These authorities and forms for appeals may be accessed at <http://www.ojd.state.or.us/>.

Within 30 DAYS from the entry date of this court's judgment in the court register, you must:

1. Prepare a written signed Notice of Appeal.
2. Serve copies of your Notice of Appeal on all Parties, including the District Attorney. You must also serve the clerk of the trial court. If you want the Court of Appeals to consider a transcript, you must serve the office of the trial court administrator, "Attention: Transcript Coordinator." Even if an audio or video record was made of the proceeding, rather than a stenographic record, serve the transcript coordinator.
3. File the signed original Notice of Appeal and proofs of each proof of service listed in No. 2 above, with the Court of Appeals, State Court Administrator, Records Section, 1163 State Street, Salem, Oregon 97310. You may wish to contact the Court of Appeals to determine the current filing fee for the type of offense you are appealing. The phone number is (503) 988-5555.

If you are without funds for an attorney and transcript on appeal, you may ask the trial court to appoint a lawyer to represent you and to provide a transcript for the purposes of appeal. The court will decide whether you qualify for this help. To request the court to review your eligibility for an appointed attorney to handle your appeal, contact the Indigent Defense Section of the Office of the Trial Court Administrator in Room 236 of the Multnomah County Courthouse. The phone number is (503) 988-3987. If you qualify, an attorney will be appointed.

While your case is on appeal, the trial court, if you ask, may release you from jail or stay your financial obligations. Signature acknowledges receipt of form:

M. Shadley 9-13-04  
Defendant Date Defendant's Attorney

13 Sept 2004  
Date

STATE OF OREGON

Plaintiff

v

Case No 0409-51050

COMMUNITY COURT ORDER

Date of Hearing: 9-29-04

Shadley, michelle  
Defendant

District Attorney Robbins

Bar No. \_\_\_\_\_

Reporter FTR

Defense Attorney Jones

Bar No \_\_\_\_\_

Tape # CTA

Charge(s) Th-2

1 Defendant to complete 24 hours of Community Service by \_\_\_\_\_

2 Write a 0 page essay on "How I got into trouble and how I'll avoid it in the future"

3 Other requirements: \_\_\_\_\_

If the above requirements are completed, this case will be:

~~DISMISSED~~ X SENTENCE OF DISCHARGE

You must complete the above noted requirements or you will be sentenced in absentia

X 5 Days Jail for each count

\_\_\_\_\_ A fine up to the maximum, plus all statutory fees and assessments

**YOU MUST APPEAR FOR FINAL DISPOSITION !**

NEXT COURT DATE: 10-11-3 -04 at 10AM in JCL NE

\_\_\_\_\_ Additional Sanction

Defendant to complete an additional \_\_\_\_\_ hours of Community Service by \_\_\_\_\_

9-29-04

Date Signed

JUDGE

EVANS

Name of Judge (Typed or Printed)

Circuit Court  
Multnomah County, Oregon

FILED  
SEP 29 2004

ENTERED  
SEP 29 2004  
IN REGISTER BY LEH

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

STATE OF OREGON,

Plaintiff,

v.

Michelle Shadley

Defendant.

No. 040951050

CONSENT TO SENTENCING IN  
ABSENTIA

Defendant hereby agrees that the court may enter the conviction and sentence agreed upon in the plea petition in the absence of the defendant if the defendant fails to appear for sentencing and/or has failed to complete any of the other obligations ordered by the court.

DATE: 13 Sept 2004

M. Shadley  
Defendant

[Signature]  
Attorney for Defendant

ENTERED  
SEP 29 2004  
IN REGISTER BY LEH

Circuit Court,  
Multnomah County, Oregon

SEP 29 2004

FILED



know that the sentence is \_\_\_\_\_ the Court to decide. The District Attorney may provide reports or other information if requested by the Court. I understand that the District Attorney will make the following recommendation to the Court about my sentence or about other pending charges. This recommendation is ( ) is not ( ) made pursuant to ORS 135.432 (2):

Given Co AS A 2E And complete 24 hrs As  
if successful Return Discharge But failure to  
complete means 5 days jail - no credit

15-A. I plead Guilty because, in Multnomah County, Oregon, I did the following: on 8/14/04

Took merchandise from Target w/o paying

15-B. I plead No Contest because I understand that a jury or judge could find me guilty of the charge(s), so I prefer to accept the plea offer (defendant's initials: \_\_\_\_\_)

16. I declare that no government agents have made any threats or promises to me to make me enter this plea other than the District Attorney's recommendation set forth in Paragraph 14, except: NONE

17. I understand that if a sentence of probation is imposed that I will be required to comply with the general conditions of probation and any special conditions imposed by the court.

18. I understand if my sentence includes a period of supervised probation, and I am accused of violating the terms of the probation, I may have an opportunity to waive my rights to a hearing before a judge by accepting the sanction offered by the probation officer. The severity of the sanction would depend upon the nature of my violation. I would know what the sanction would be before agreeing to it. Even if I agree to the sanction, the judge or prosecutor has the option to schedule a hearing on the alleged violation. I also understand I would have the right to a hearing before a judge to determine if I had violated my probation and, if so, what sanction, if any, might be imposed.

19. I understand that I will be required to provide a blood or buccal sample if convicted of a felony, murder, aggravated murder, or certain misdemeanors.

20. I am signing this plea petition and entering this plea voluntarily, intelligently, and knowingly.

Sept 13. 2004

(Date)

M. Stedley

(Defendant's Signature)

### CERTIFICATE OF COUNSEL

I am the lawyer for the defendant and I certify:

1. I have read and explained fully to the defendant the allegations contained in the accusatory instrument(s). I believe defendant understands the charges and all possible defenses to them. I have explained alternatives and trial strategies to defendant.
2. I have explained to the defendant the maximum and minimum penalties that could be imposed for each charge and for all charges together and provided a copy of the general conditions of probation if a probation sentence is to be imposed.
3. The plea(s) offered by defendant is (are) justified by my understanding of the facts related to me.
4. To the best of my knowledge and belief, the declarations made by defendant in the foregoing petition are true and accurate.
5. To the best of my knowledge, defendant's decision to enter this plea is made voluntarily, intelligently, and knowingly. I recommend that the Court accept the plea.

I have signed this certificate in the presence of the defendant and after full discussion of its contents with the defendant.

13 Sept 2004

(Date)

[Signature]

(Lawyer's Signature)

04147

(Bar No.)

Case No. \_\_\_\_\_

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR MULTNOMAH COUNTY

STATE OF OREGON,

Plaintiff,

c 040951052

DA No. \_\_\_\_\_

Citation No. \_\_\_\_\_

v

PETITION TO PLEAD GUILTY / NO CONTEST  
AND WAIVER OF JURY TRIAL

Defendant,

The defendant represents to the Court.

1. My full true name is Michelle M. Shadley  
but I also am known as NONE

2. I am 29 years of age. I have gone to school through Diploma  
My physical and mental health are satisfactory. I am not under the influence of any drugs or intoxicants, except NONE

3. I understand my right to hire or have the Court appoint a lawyer to help me

(a) I am represented by: SCOTT SPINSEN / HEATHER JONES  
(b) I choose to give up my right to a lawyer; I will represent myself \_\_\_\_\_ (defendant's initials)

4. I have told my lawyer all the facts I know about the charge(s) against me. My lawyer has advised me of the nature of the charge(s), the defenses, if any, that I have in this case. I am satisfied with the advice and help I have received from my lawyer.

5. I understand that I have the following rights: (1) the right to jury trial; (2) the right to see, hear and cross-examine or question all witnesses who testify against me at trial; (3) the right to remain silent about all facts of the case, (4) the right to subpoena witnesses and evidence in my favor, (5) the right to have my lawyer assist me at trial, (6) the right to testify at trial, (7) the right to have the jury told, if I decide not to testify at trial, that they cannot hold that decision against me; and (8) the right to require the prosecutor to prove my guilt beyond a reasonable doubt.

6. I understand that I give up all of the rights listed in paragraph 5 when I plead either "Guilty" or "No Contest". I understand that I give up: (1) any defenses I may have to the charge(s); (2) objections to evidence; and (3) challenges to the accusatory instrument. I understand the right to appeal my conviction is limited and I may appeal only if I can make a colorable showing of error in the disposition of my case or a colorable claim of error in the proceeding.

7. I want to plead Guilty / No Contest to the charge(s) of  theft 1st

8. I know that a No Contest Plea will result in a Guilty finding regarding the charge(s) listed in Paragraph 7

9. I know that when I plead "Guilty" or "No Contest" to the charge(s) in paragraph 7, the maximum possible sentence is 1 year(s) in (prison) (jail), and a fine with assessments totaling \$ 6,250, including mandatory fine of \$ \_\_\_\_\_. I also know that the Court can impose a minimum sentence of \_\_\_\_\_.

Further I know that these maximum and minimum sentences can be added to sentences in these other cases: \_\_\_\_\_

Finally, I know that my driver's license (can) (will) (cannot) be suspended for \_\_\_\_\_

10. I understand that I might ( ) will not ( ) be sentenced as a dangerous offender, which would increase each maximum sentence to 30 years, with a 15 year minimum.

11. I have been told that if my crime involved my use or threatened use of a firearm I (can) (will) receive a mandatory minimum sentence without parole or work release for a period of \_\_\_\_\_.

12. I know that if I am not a United States citizen, my plea may result in my deportation from the USA, or denial of naturalization, or exclusion from future admission to the United States.

13. I know that this plea can affect probation or parole and any hearing I may have regarding probation or parole. If probation or parole is revoked, I know that the rest of the sentence in each of those cases could be imposed and executed, and could be added to any sentence in this case.

RECEIVED  
SEP 29 2004  
Circuit Court  
Multnomah County, Oregon

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

687

STATE OF OREGON

vs

Shadley, Michelle

Defendant

Attorney for State

Bertholf

Attorney for Defendant

Stinson

- ) ☒ LIMITED JUDGMENT (predisposition) (JGLN)  
 ) ☐ AMENDED LIMITED JUDGMENT FOR LIMITED JUDGMENT ENTERED (JGAM)  
 ) ☐ CORRECTED LIMITED JUDGMENT FOR LIMITED JUDGMENT ENTERED (JGCM)  
 ) ☐ SUPPLEMENTAL JUDGMENT (probation violation) (JGSK)  
 ) ☐ AMENDED SUPPLEMENTAL JUDGMENT FOR SUPPLEMENTAL JUDGMENT ENTERED (JGAM)  
 ) ☐ CORRECTED SUPPLEMENTAL JUDGMENT FOR SUPPLEMENTAL JUDGMENT ENTERED (JGCK)  
 ) Case No. 0409-51050

This Judgment is entered solely to resolve issues under ORS 151.487 regarding payment of an application fee and/or contribution amount in connection with defendant/applicant's request for court-appointed counsel. It does not dispose of any charges or other issues in the case. This Judgment is subject to review by the trial-level court at any time as provided in ORS 151.487(5).

For purposes of ORS 137.071:

- ☐ Defendant/Applicant was determined to be financially eligible for appointed counsel and counsel was appointed as identified above.  
☐ Defendant/Applicant was determined to be financially ineligible for appointed counsel and counsel was not appointed.

Civil collection efforts may be taken if you fail to make the payment(s) as ordered. This may include referral to the Department of Revenue and/or a private collection agency.

Pursuant to ORS 151.487, defendant/applicant is hereby ordered to pay the following monetary amounts:

**MONEY AWARD**

Judgment Creditor: State of Oregon  
 Judgment Debtor: Michelle Shadley

Application Fee (IDAA): \$ 20  
 Contribution Amount (IDCC): \$ 20

Total Amount of Money Award \$ 20

SEP 10 2004

Circuit Court

Multnomah County, OR

ENTERED

SEP 10 2004

IN REGISTER BY [Signature]

**Payment Schedule:** Payment of the amounts stated in this Money Award shall be made as follows:

- ☒ Amount ordered shall be paid in full by 9-29-04  
☐ Payment shall be made in monthly payments of \$ \_\_\_\_\_ beginning on \_\_\_\_\_ and each month thereafter until paid in full.

Payable to: STATE COURT ACCOUNTING

ORS 1.202 authorizes additional costs to be added to this Money Award without further notice or order of the court if your account is assigned for collection or requires payments to be scheduled.

Date

9-8-04

Reporter

[Signature]  
 Circuit Court Judge (or delegate)

Print, Type or Stamp Name of Judge (or delegate)

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR MULTNOMAH COUNTY

REGON

688

CASE # 0409-51050

LIMITED/SUPPLEMENTAL JUDGMENT FOR PAYMENT OF AN APPLICATION FEE/CONTRIBUTION AMOUNT (ACP)  
NOTICE OF RIGHT TO SEEK REVIEW BY THE TRIAL COURT AND ADVICE OF RIGHT TO APPEAL

Under ORS 137.020(5), we are advising you of your right to appeal and of the procedure for protecting your right to appeal a Limited Supplemental Judgment for ACP.

RIGHT TO SEEK TRIAL-LEVEL REVIEW

Under ORS 151.487(5), you may ask for an immediate review of any ACP amount ordered to be paid by submitting a written request for reconsideration by the local trial court. This request may be submitted at any time while your case is pending at the trial court level.

RIGHT TO APPEAL

Under ORS 19.205(1), you also have a right to appeal to the Court of Appeals a Limited or Supplemental Judgment entered pursuant to ORS 151.487 ordering you to pay an ACP amount in connection with your request for court-appointed counsel. Your attorney, if any, may assist you in submitting this request.

PROCEDURES FOR PROTECTING YOUR RIGHT TO APPEAL TO THE COURT OF APPEALS

The Oregon Revised Statutes and Oregon Rules of Appellate Procedure control appeals to the Court of Appeals in Salem. You could lose your right to appeal by not following them. The Oregon Rules of Appellate Procedure and forms for appeal may be accessed at <http://www.oid.state.or.us>.

If you are represented by a court-appointed lawyer in the trial court, and eligible for representation by an appointed lawyer on appeal, your court-appointed lawyer is required to determine if you wish to appeal and, if you wish to appeal, to transmit to the office of public defense services the information necessary to file the appeal. You can ask your court-appointed lawyer for additional information regarding a potential appeal.

Within 30 days from the entry date of this court's judgment in the court register, you or an attorney on your behalf must:

1. Prepare a written and signed notice of appeal.
2. Serve copies of the notice of appeal on all parties, including the district attorney and the trial court administrator. If you want the transcript of oral proceedings to be part of the record on appeal, a copy of the notice of appeal must be served on the office of the trial court administrator, "Attention: Transcript Coordinator." Even if a transcript or video record was made of the oral proceedings, rather than a stenographic record, serve the transcript coordinator with a copy of the notice of appeal.
3. File the original, signed notice of appeal and proof of service for the service listed in No. 2 above with the State Court Administrator, Appellate Court Records Section, 1163 State Street, Salem, Oregon 97301-2563.

There is no filing fee for appeals in cases that are subject to ACP.

If you are without funds for a lawyer and/or transcript on appeal, you may ask the trial court to appoint a lawyer to represent you and to provide a transcript for the purposes of appeal. The court will decide whether you qualify for this help. You may request the court to review your eligibility for an appointed lawyer to handle your appeal. If you qualify, the trial court will appoint a lawyer to represent you on appeal.

While your case is on appeal, the trial court, if you ask, may stay your financial obligations. The Court of Appeals, if you ask, may stay your financial obligations pending appeal.

Filing for an appeal to the Court of Appeals will not stay or otherwise delay your underlying trial-level case.

Defendant's/Applicant's signature indicates receipt of form

*M. Shadley*

Date

9-8-04

NORA - Notice Advice Appeal Rights

IN THE COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

Case Number(s): (circle, or otherwise mark, the case number of the most serious charge or type)

## VERIFICATION RECOMMENDATION RE:

REQUEST FOR COURT-APPOINTED COUNSEL;  
ORDER APPOINTING OR DENYING COUNSEL  
AND ORDERING PAYMENT

Charges:

Case Name:

## VERIFICATION RECOMMENDATION RE: FINANCIAL ELIGIBILITY

(To be completed by Verification Specialist)

Based on the Affidavit of Eligibility and Request for Court-Appointed Counsel, I recommend that the applicant is:

- ☒ FINANCIALLY ELIGIBLE for court-appointed counsel  
☐ NOT FINANCIALLY ELIGIBLE for court-appointed counsel  
☐ NO RECOMMENDATION (judge to review affidavit)

Following a review of the applicant's affidavit, I recommend the \$20 APPLICATION FEE be:

- ☐ WAIVED  
☒ ORDERED, due immediately or due on \_\_\_\_\_

I recommend a CONTRIBUTION AMOUNT be: (Maximum Contribution Amount from schedule \_\_\_\_\_)

- ☒ WAIVED  
☐ ORDERED in the amount of \$ \_\_\_\_\_ due immediately or due on \_\_\_\_\_

Date

Verification Specialist

## ORDER APPOINTING OR DENYING COUNSEL AND ORDERING PAYMENT

(To be completed by Judge)

The court orders the applicant's REQUEST FOR COURT-APPOINTED COUNSEL be:

- ☒ APPROVED  
☐ DENIED

(Name of Court-Appointed Counsel)

is hereby appointed by the court, contingent upon further verification.

The court orders the \$20 APPLICATION FEE be:

- ☐ WAIVED  
☒ ORDERED in the amount shown on the attached Limited/Supplemental Judgment of the court.

The court orders the CONTRIBUTION AMOUNT be:

- ☐ WAIVED  
☐ ORDERED in the amount shown on the attached Limited/Supplemental Judgment of the court.

Date

Judge

Judge's O.S.B. Number

Print, Type or Stamp Name of Judge

ORAC - Counsel Appointed    ORDY - Counsel Denied

Verification Recommendation; Order Appointing or Denying Counsel

Evt \_\_\_\_\_

IDEF210 (7/04)

Distribution

Original - Court File

Copies - Verification, Applicant, Data-Entry, Defense Counsel

FILED  
 SEP - 8 2004  
 Multnomah County, Oregon  
 Circuit Court, Clerk



2030984-1

COURT#

04-09-51050

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:							
ID TYPE OEO	ID NO ---	STATE OR	TEL. NO.				
NAME: LAST Shadley, Michelle		FIRST M	MIDDLE INITIAL				
ADDRESS N Swift Way #124			LIC CLASS	<input type="checkbox"/> Employed to Drive			
CITY Portland	STATE OR	ZIP CODE 97203	DEF IS	<input type="checkbox"/> Passenger			
SEX F	POB W	DATE OF BIRTH	HEIGHT 5'7	WEIGHT 130	HAIR Blnd	EYES Blv	
AT THE FOLLOWING TIME & PLACE IN THE ABOVE MENTIONED STATE & COUNTY:							
OFFENSE DATE ON OR ABOUT	MONTH August	DAY 14th	YEAR 2004	TIME 1630	<input type="checkbox"/> AM <input type="checkbox"/> PM		
AT OR NEAR LOCATION 1401 N Hayden Is D					<input type="checkbox"/> Premises Open To Public <input type="checkbox"/> Hwy		
INVOLVING THE FOLLOWING:							
TYPE	REGIS VIN / ID NO.	STATE	<input type="checkbox"/> Accident <input type="checkbox"/> Injury				
			<input type="checkbox"/> Property Damage <input type="checkbox"/> Endanger Others				
VEHICLE Year, Make, Model, Style, Color OR Other Describe			<input type="checkbox"/> Driver Not Reg Owner <input type="checkbox"/> Haz Material				
			<input type="checkbox"/> Commercial Vehicle				
OTHER							
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):							
1. VIOLATED (Cite ORS/ORD Rule)	DESCRIBE		Alleged Spd	Designated Spd	<input type="checkbox"/> VBR	1. Base Fine	
164.045	Theft II				<input type="checkbox"/> Posted Limit	CM	
<input checked="" type="checkbox"/> Intentional <input checked="" type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Psch Sch Zn <input type="checkbox"/> Hwy Wk Zn			<input type="checkbox"/> Radar <input type="checkbox"/> Pace			<input type="checkbox"/> Laser	
2. VIOLATED (Cite ORS/ORD Rule)			DESCRIBE		2. Base Fine		
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Psch Sch Zn <input type="checkbox"/> Hwy Wk Zn							
3. VIOLATED (Cite ORS/ORD Rule)			DESCRIBE		3. Base Fine		
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Psch Sch Zn <input type="checkbox"/> Hwy Wk Zn							
OTHER/EXPLAIN:							
CIRCUIT 1A-107							

I CERTIFY UNDER ORS 153.045 AND 153.990 AND UNDER OTHER APPLICABLE LAW AND UNDER PENALTIES FOR FALSE SWEARING DO SWEAR AFFIRM THAT I HAVE SUFFICIENT GROUNDS TO AND DO BELIEVE THAT THE ABOVE-MENTIONED DEFENDANT PERSON COMMITTED THE ABOVE OFFENSE(S) AND HAVE SERVED THE DEFENDANT PERSON WITH THIS COMPLAINT

DATE ISSUED: 08/14/04  
 1ST OFFICER SIGNATURE: [Signature]  
 PRINT NAME: Blundt  
 OFFICER PRECINCT: 32398/46

AGENCY ID: ☒ PPD ☐ POP ☐ MCSO ☐ GREPO ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

DATE ISSUED: \_\_\_\_\_  
 Arresting Person or 2nd Clerk (if necessary) SIGNATURE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 OFFICER PRECINCT: \_\_\_\_\_  
 AGENCY ID: ☐ PPD ☐ POP ☐ MCSO ☐ GREPO ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

### YOUR CIRCUIT COURT APPEARANCE DATE, TIME & LOCATION ARE:

MONTH / DAY / YEAR	TIME	LOCATION	PHONE
08 14 04	8:30 a.m.	1. Circuit Court Room 106 1021 SW Fourth Ave. Portland, OR	503 986-3233
		2. Circuit Court Gresham 150 W Powell Gresham OR	503 988-3199
		3. Justice Center Court #3 1120 SW 3rd Ave. Portland, OR	503 988-1235

ID A 11

COUNT #

INVOLVING THE FOLLOWING:

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

**FILED**

CIRCUIT COURT

History Report Done ☐

OP 1464  
DATE ISSUED

1ST OFFICER SIGNATURE

PRINT NAME \_\_\_\_\_

OFFICIAL RECORDING

☒ PPD ☐ POP ☐ MCSD ☐ GREPD ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

DATE ISSUED

Arresting Person or 2nd Ofc (if necessary) SIGNATURE

PRINT NAME

DFC ID/PRECINCT

☐ PPD ☐ POP ☐ MCSO ☒ GREPD ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

**YOUR CIRCUIT COURT APPEARANCE DATE, TIME & LOCATION ARE:**

Verified Correct Copy of Original 6/27/20

ARRAIGNED	CHARGE	VIOL.	161.568 OR	692
SECURITY RELEASE AT: \$		RECEIPT NO.:		
COURT/JURY TRIAL		( <input type="checkbox"/> WAIVED )		
CRIMINAL RIGHTS GIVEN				
ATTORNEY:		OSB#	( <input type="checkbox"/> WAIVED )	
WARRANT ORDERED:		ISSUED:		
DIVERSION AGREEMENT				
CONTINUED TO:		REASON:		
TO:		REASON:		
ORS 135.355 CONDITIONAL PLEA				
THE ATTACHED ADDITIONS TO THIS RECORD ARE INCORPORATED BY REFERENCE, SEE PAGE(S):				
FILED BY: _____				

### JUDGMENT OF THE COURT

OFFENSE	RESPONSE/PLEA	CHANGE PLEA	FINDING	DETERMINATION	OFFENSE CITE	TYPE	CLASS
1	G NG NC FTA		G NG	C / DISM		V M	A B C D OTH
2	G NG NC FTA		G NG	C / DISM		V M	A B C D OTH
3	G NG NC FTA		G NG	C / DISM		V M	A B C D OTH

DISPOSITION: ☐ 161.535 Deferred Sentence ☐ PS ☐ W / Prob Sub \_\_\_\_\_ (Time) Conv Spd \_\_\_\_\_

PROBATION OFFICER: \_\_\_\_\_

FILED BY: \_\_\_\_\_

MONEY JUDGMENT	OFFENSE 1		OFFENSE 2		OFFENSE 3	
MONEY OBLIGATION	IMPOSED	SUSPENDED	IMPOSED	SUSPENDED	IMPOSED	SUSPENDED
FINE						
PS						
137.309 ASSESSMENT						
UNITARY ASSESSMENT						
RESTITUTION						
TOTALS						

TOTAL AMOUNT TO PAY THAT IS NOT SUSPENDED (FROM OFFENSES 1, 2 AND 3) \$ \_\_\_\_\_

TERMS OF PAYMENT: \_\_\_\_\_

☐ All monies, including suspended monies, become due immediately under ORS 153.090(4) if non-suspended monies not paid in accordance with terms of payment.

The attached additions to this MONEY judgment are incorporated by reference, see page(s):

FILED BY: \_\_\_\_\_

61 6 15 51 507 70



Verified Correct Copy of Original 6/27/2019

EMERGENCY

CIRCUIT COURT

MP 18 500

EMERGENCY

Defendant Finger Print:

☐ R ☐ L  
☐ T ☐ 2  
☐ 3 ☐ 4  
☐ 5

Defendant Finger Print:

☐ R ☐ L  
☐ T ☐ 2  
☐ 3 ☐ 4  
☐ 5

## RELEVANT CONDITIONS:

## BAD ROAD SURFACE:

☐ Wet ☐ Snow ☐ Ice

## LIMITED VISIBILITY:

☐ Night ☐ Rain ☐ Snow ☐ Fog

OTHER:

## TRAFFIC:

☐ Light ☐ Medium ☐ Heavy

## AT INTERSECTION:

☐ Controlled ☐ Uncont. ☐ Drwy/Alley

## AREA:

☐ Business ☐ School ☐ Residential

I swear/affirm to the above-stated facts.

SI 6 IV SI 9IV 70

DATE

OFFICER'S SIGNATURE

ID NO

Subscribed and sworn to before me this

day of

**15**

**15A**

Y

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

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Deborah Middle: Anne Last: Furlong  
Home Address: N Thornydale Rd. Apt #: \_\_\_\_\_  
City: Tucson State: AZ Zip Code: 85742  
Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: Berwyn IL 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: \_\_\_\_\_

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)

- |  | 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="radio"/>            | <input checked="" type="radio"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....   | <input checked="" type="radio"/> | <input type="radio"/>            |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....?  | <input checked="" type="radio"/> | <input type="radio"/>            |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....?  | <input checked="" type="radio"/> | <input type="radio"/>            |

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
	<u>AZ</u>	<u>7/17/2003</u> <u>2/20/2006</u>	<u>TR03-034380</u> <u>CR04-413971</u>
		County	Court
		<u>Pima</u>	<u>Justice</u>

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?.....? Yes ☐ No ☒ 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. I understand that Nevada law requires a licensed PT 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.

Deborah Furlong Original Signature, no copies or stamps accepted Date 08/12/2019

Board Use Only: Date Processed: \_\_\_\_\_ Amount: 40.00

On July 17, 2003 I was arrested for a DUI. Driving under the influence was not something I made a habit of. I have never driven under the influence again, nor will I. I attended the required courses and paid all fines. I have attached documents and judgment for the incident. Pima County, AZ

TR03-034380

On February 20, 2006 I was arrested on a warrant for a check I wrote in 2003 that did not clear. I attended classes and paid all fines. I have attached the documents. Pima County, AZ

CR04-413971

Thank you,  
Debbi Furlong



**ARIZONA STATE BOARD OF PHARMACY**  
**P.O. Box 18520**  
**Phoenix, AZ 85005**  
<http://www.azpharmacy.gov>

**602-771-ASBP (2727)**  
**FAX: 602-771-2749**

## Pharmacy Technician

**LICENSE NO**  
**T037435**

**EXPIRES**  
**10/31/2019**

Receipt Date: 10/17/2017  
 Receipt Number: 201716489  
 Receipt Amount \$: 72.00

Issued to : Deborah Anne Furlong  
 3810 W. SWEET PLACE  
 TUCSON, AZ 85745-8831

Deborah Anne Furlong  
 3810 W. SWEET PLACE  
 TUCSON, AZ 85745-8831

**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 : Deborah Anne Furlong  
 LICENSE NUMBER : T037435  
 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. R4-23-601 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.

# PHARMACY TECHNICIAN CERTIFICATION BOARD

*certifies that*

**deborah anne furlong**

has met all requirements for the certification and merits the designation of

**Certified Pharmacy Technician (CPHT)**

Certification Number	Initial Certification Date	Application Deadline	Expiration Date
<b>10051148</b>	<b>May 22, 2014</b>	<b>May 01, 2020</b>	<b>May 31, 2020</b>



A black ink signature of the President of the Certification Council, written over a horizontal line.

President, Certification Council

A black ink signature of the Executive Director &amp; CEO, written over a horizontal line.

Executive Director & CEO



STATE OF ARIZONA  vs. <u>Yantz, Deborah</u>	<b>CONDITIONS OF UNSUPERVISED PROBATION AND ORDER</b>	CASE NO.  <u>TR03-034380</u>
--	---	------------------------------------

**IT IS ORDERED:**

You are placed on unsupervised probation for a term of 12 months.

You must contact **COPE Outpatient Services** within 5 days of today's court appearance to schedule an alcohol evaluation.

**COPE Behavioral Services, Inc.**

101 South Stone Avenue

Tucson, Arizona 85701

(520) 884-0707

**If you fail to contact COPE within 5 days from today's date,  
a warrant may issue for your arrest and result in the revocation of probation.**

- ☒ Pay a \$50 evaluation fee directly to COPE prior to the actual evaluation.
- ☒ Report to an alcohol education and/or treatment program as directed by COPE.
- ☒ Pay a fine of \$ 455.
- ☐ Perform \_\_\_\_\_ hours of community service by \_\_\_\_\_.
- ☒ Be confined in the Pima County Jail for 5 days and to comply with jail rules and regulations during confinement.
- ☒ Attend the MADD/Victim Impact Panel by 1/31/04.
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Dependent upon your diagnosis, you will participate in either Level 1 or Level 2 treatment.**

- ♦ Level 1 treatment must be completed within 4 months of your assessment date.
- ♦ Level 2 treatment must be completed within 2 months of your assessment date.

9/24/03  
Date

[Signature]  
Judge

For screening center/court use only: Blood Alcohol Level .18.

I understand that a violation of the conditions above could result in the revocation of my probation and possible sentence up to the maximum permitted.

Debbi A. Yantz  
Defendant's signature

Debbi A. Yantz  
Defendant's printed name and date of birth

9/24/03  
Date

2801 W Woodview Crest Tucson AZ 85742  
Current address

219 3057  
Telephone number



<b>STATE OF ARIZONA</b> <b>VS</b> <u>Yontz, Deborah</u>	<b>CLERK CERTIFICATION AND FINGERPRINT FORM</b>	<b>CASE NO.</b> <u>TR03-034380</u>
---	---	---------------------------------------

DEFENDANT'S FULL NAME: Deborah Yontz DOB:    '   '

COUNSEL OF DEFENDANT: Sarah Molzow ☐ COUNSEL WAIVED

DEFENDANT WAS CONVICTED OF:

☐ THEFT (13-1802 MI)  
☐ SHOPLIFTING (13-1805)  
☒ DUI (28-1381)  
☐ EXTREME DUI (28-1382)

☐ CHECK BOX IF THERE WAS FINDING BY THE JUDGE THAT THE OFFENSE WAS OF A DANGEROUS OR REPETITIVE NATURE PURSUANT TO §13-604.


FINDING OF GUILT BY:

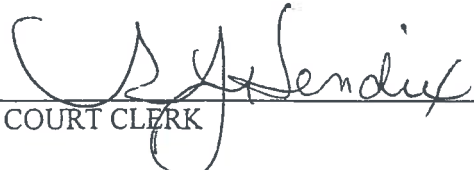
☐ COURT TRIAL  
☐ JURY TRIAL  
☒ PLEA OF GUILTY  
☐ PLEA OF NO CONTEST

A. IF COURT TRIAL, THE DEFENDANT KNOWINGLY, VOLUNTARILY AND INTELLIGENTLY WAIVED THEIR RIGHT TO A JURY TRIAL.

B. IF PLEA OF GUILTY OR NO CONTEST, A "GUILTY/NO CONTEST PLEA PROCEEDING" FORM WAS COMPLETED BY THE DEFENDANT.

CERTIFICATION: AT THE TIME OF SENTENCING, AND IN OPEN COURT, THE DEFENDANT'S FINGERPRINT (RIGHT THUMB PREFERABLY) WAS AFFIXED TO THIS DOCUMENT.



  
 COURT CLERK

9-24-03  
 DATE

PIMA COUNTY ATTORNEY'S  
BAD CHECK PROGRAM  
32 NORTH STONE AVENUE, 2ND FLOOR  
TUCSON, AZ 85701  
(520) 740-4100

**PLEA OFFER/PLEA AGREEMENT**

STATE V. Deborah Yoniz

J. P. NO. CR 01-413711

DATE 8/2/06

YOU ARE CHARGED WITH 1 COUNT(S), A CLASS 1 MISDEMEANOR, FOR WHICH THE MAXIMUM POSSIBLE PENALTY PER COUNT IS: 6 month(s) jail, \$ 2,500.00 fine plus an 80% surcharge, 3 years probation

THE STATE OF ARIZONA, THROUGH BARBARA LAWALL, PIMA COUNTY ATTORNEY, AND HER DEPUTY AND THE DEFENDANT AGREE TO THE FOLLOWING SENTENCE IN THE ABOVE-ENTITLED CASE : THE DEFENDANT SHALL PLEAD GUILTY TO 1 COUNTS OF A.R.S. 13-1807, ISSUING A BAD CHECK(S).

In exchange for defendant's plea of guilty, the parties agree to the following:

- ( X ) \$ 51.50 Restitution to victim(s) \$ 0 Victim Fee (ARS 44-6852)
- ( ) \_\_\_\_\_ Months in Pima County jail; \_\_\_\_\_ Months suspended upon completion of the Bad Check Program.
- ( ) \_\_\_\_\_ Months of unsupervised/supervised probation.
- ( X ) \$ 50.00 Bad Check Program Fee (ARS 13-1809) \$ 4 Bad Check School Fee (ARS-13-1810)
- ( X ) \$ 20.00 Pay court fees to THE PIMA COUNTY JUSTICE COURT [local Deferred Prosecution fee]
- ( X ) \$ 192.00 fine per check, payable to the Clerk of the Justice Court. Total fine amount is \$ 192.00, plus \$20.00 time payment fee [JCEF]. THIS FINE IS SUSPENDED IF you complete the Bad Check Program within 10 months.
- ( ) THE STATE will dismiss: \_\_\_\_\_
- ( X ) Defendant waives the right to a jury/bench trial
- ( X ) **DEFENDANT ACKNOWLEDGES THAT:** A Restitution Lien may also be filed against you at the discretion of the Pima County Attorney. If you fail to complete the BAD CHECK PROGRAM within 10 months a Failure to Comply Warrant will be issued by the Court for your arrest and/or a wage garnishment may be issued. The garnishment can be terminated only by court order.

Defendant agrees that he/she committed the crime(s) which he/she is pleading guilty to, and agrees to the above plea offer.

X Deborah Yoniz  
DEFENDANT'S SIGNATURE

X \_\_\_\_\_  
DEFENDANT'S ATTORNEY

I affirm that reasonable efforts have been made to confer with the victim(s), where required, and reasonable efforts have been made to give the victim(s) notice of this plea, the right to be present, and an opportunity to be heard.

X Barbara Lawall  
DEPUTY COUNTY ATTORNEY

**ORDER OF JUDGMENT AND SENTENCE**

Defendant pleads guilty pursuant to the above plea agreement, the court finds the plea to be knowingly, intelligently and voluntarily entered and the terms of this plea shall be the judgment and sentence of this court.

IT IS ORDERED that the terms above, and any additional orders below, shall be the judgment and sentence of this court.

\_\_\_\_\_ and that: bond in the amount of \$ \_\_\_\_\_ Is hereby ( ) exonerated ( ) converted to Bad Check Program

DATE  
MISDPLEA.FRM  
August 31, 2005  
CA790

White - Court File

Canary - Defendant

Pink - County Attorney

Gold - Bad Check

JUSTICE OF THE PEACE

**15B**

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

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Danny Middle: Horacio Last: Ramos  
 Home Address: 2 Guthrie Ave Apt #:      
 City: Los Angeles State: CA Zip Code: 90034  
 Telephone:     Social Security Number:      
 Date of Birth:     Place of Birth: Los Angeles 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: FCN 45834

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)

		Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....?</b>			
		<input checked="" type="radio"/>	<input type="radio"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....		<input checked="" type="radio"/>	<input type="radio"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....		<input checked="" type="radio"/>	<input type="radio"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input checked="" type="radio"/>	<input type="radio"/>
If you marked <b>YES</b> to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:			
Board Administrative Action:	State	Date:	Case #:
	CA	7/5/2015	AC201300492300
Criminal Action:	State	Date:	Case #:
	CA	1/28/2013	Los Angeles
			Inglewood Court House
In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications			
		Yes	No
Are you the subject of a court order for the support of a child?.....?		<input checked="" type="radio"/>	<input type="radio"/>
If you marked <b>YES</b> to the question, above are you in compliance with the court order?.....?		<input checked="" type="radio"/>	<input type="radio"/>

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

[Signature]  
 Original Signature, no copies or stamps accepted

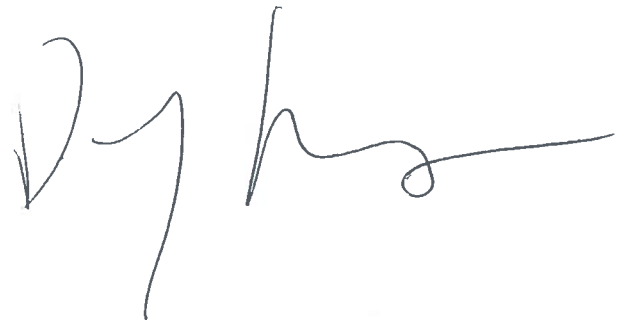
9/3/19  
 Date

Board Use Only: Date Processed: <u>   </u>	Amount: <u>40.00</u>
--	----------------------

to whom it May Concern,

on or about 1/28/13 I was on freeway with a flat tire and was about to change when Highway patrol pulled behind me and smelled alcohol did some

routing test got charged for DUI no drugs were ~~invoted~~ involved. On April 2015 went in front of board due to trying to take away my license the outcome was license on probation for 5 years as of July 6, 2015 with terms and conditions which I have been in compliance with the board of Pharmacy in California up to this date. I Love what I do as a pharmacy tech. Thank you.

A handwritten signature in black ink, appearing to be 'Dyko' or similar, with a long horizontal stroke extending to the right.



## BOARD OF PHARMACY

### LICENSING DETAILS FOR: TCH 45834

**NAME:** RAMOS, DANNY HORACIO

**LICENSE TYPE:** PHARMACY TECHNICIAN

**LICENSE STATUS:** PROBATION OR PRACTICE  
RESTRICTION ?

**SECONDARY STATUS:** PROBATION ?

#### ADDRESS

5UTHRIE AVE  
LOS ANGELES CA 90034  
LOS ANGELES COUNTY

#### ISSUANCE DATE

JANUARY 17, 2003

#### EXPIRATION DATE

NOVEMBER 30, 2020

#### CURRENT DATE / TIME

AUGUST 31, 2019  
12:34:34 PM

**16**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**TECHNICIAN DISPENSING IN TRAINING APPLICATION**

**Registration Fee: \$40.00 - (non-refundable, cashier's check or money order only, no checks)**

First: Cassandra Middle: m. Last: Sheffey  
 Home Address: Mountain Vista Street Apt #: 5  
 City: Las Vegas State: NV Zip Code: 89121  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Clark County, NV Sex: M ☒ or F ☐  
 E-mail Address: \_\_\_\_\_

**I am requesting registration at the following dispensing practitioner's office:**

Dispensing Practitioner: Xiantu Wu  
 Practice Name: Healthcare Partners of Nevada  
 Address: 8285 W. Erby Avenue  
 City: Las Vegas State: NV Zip Code: 89113  
 Signature of Dispensing Practitioner: \_\_\_\_\_

(Without the signature of the dispensing practitioner, the application will be returned.)

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)

- 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?.....  
 3. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....  
 4. Been the subject of an administrative action whether completed or pending in any state?.....  
 5. 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 (3-5) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
	NV	6/14/2017	CR004548-17
			County Court
			Clark County Court
			North Las Vegas Municipal

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of the application.

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?.. Yes ☐ No ☒ H/A  
 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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Cassandra M. Sheffey August 26, 2019  
 Original Signature, no copies or stamps accepted Date

**Board Use Only**

Received: \_\_\_\_\_ Amount: \$40.00 Entity # \_\_\_\_\_



## Renewal Application Pharmaceutical Technician

Application Fee : \$40.00  
Convenience Fee : \$2.00  
License Number : PT04553  
License Type : Pharmaceutical Technician  
New Expiration Date : 10/31/2020

### Personal Information

First Name : CASSANDRA  
Middle (initial only) : MARIE  
Last Name : SHEFFEY  
License # : PT04553

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

#### Home Address :

Military Address : ☐

Street : Flat State Drive

Country : United States ▼

City : Killeen

State : Texas ▼

Zip : 76542

Home Phone :

Cell Phone :

Email Address :

Fax : (XXX) XXX-XXXX

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

### Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name of Business License :

Business License # :

### Child Support Information - Check appropriate answer

- ☒ I am NOT SUBJECT to a court order for the support of a child.
- ☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or 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.
- ☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

### Military Service Information

Have you ever served in the military : ☒ Yes ☐ No

[Add Military Service Information](#)

Date From	Date To	Branch	Actions
08/30/1988	10/30/1990	Army/Army Reserve	<input type="checkbox"/> <input type="checkbox"/>

### Legal Information

710

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

### Acknowledgement and Declaration

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all 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. I understand that Nevada law requires a license PT 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 enforcement agency.

Signature : Cassandra Sheffey

Date Of Application : 09/28/2018

Please type only the First and Last Name that are listed at the top of the page.

### Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	\$40.00
	Convenience Fee	\$2.00
	Total :	\$42.00

Save for Later

Save and Proceed to Payment

### Fee and Payment

Payment Method : Credit / Debit Card ▼

Application Fees : 40

Convenience Fee : 2

Reference Number : 61312629115

InvoiceDate : 09/28/2018

Paid

Pay & Submit

2017  
DUI

**17**

APPLICATION BY RECIPROCATATION AS A PHARMACIST

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

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

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

Complete Name (no abbreviations):

First: Sheila Middle: Damaris Last: Colón

Mailing Address: N. Albion St.

City: Denver State: CO Zip Code: 80220

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Ponce, Puerto Rico

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

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

State: CA - RPH62205 Date of Issuance: 2/11/09

College of Pharmacy Information

Graduation Date: 04/27/08  
(mm/dd/yy)

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

Name of Pharmacy School: Florida A+M University

Location of School: Tallahassee, FL.

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

**Board Use Only**

Processed: AUG 13 2019 Amount: 330.00 Entity #: \_\_\_\_\_

Email \_\_\_\_\_ MPJE \_\_\_\_\_

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>FL</u>	<u>PS53262</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>CO</u>	<u>PHA.00022620</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
_____		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

\*\*Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: N/A

Military Occupation/Specialty: N/A

Dates of Service: N/A

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

						Yes	No	
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....							<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....							<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?.....							<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....							<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: <u>Please see provided documents for 2 citations: 1. CI 2016 72525 +</u>								
Board Administrative Action:		State	Date:	Case #:				
<u>Board of Pharmacy</u>		<u>CA</u>	<u>10/24/16</u>	<u>CASE #1: CI 2016 72525</u>				
		<u>CA</u>	<u>12/13/18</u>	<u>CASE #2: CI 2013 80874</u>				
Criminal Action:	State	Date:	Case #:	County	Court			
		<u>/ /</u>						

### FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

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

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

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

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

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



Original Signature, no copies or stamps accepted

7/18/19

Date

**California State Board of Pharmacy**

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

December 21, 2016

SHEILA DAMARIS COLON  
N. VERDUGO ROAD  
GLENDALE, CA 91208

**RE: CI 2016 72525**  
**SHEILA DAMARIS COLON**  
**RPH 62205**

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Enforcement Analyst, Ericka Busby at (916) 574-7731.

Sincerely

A handwritten signature in cursive script, reading "Virginia Herold".

Virginia Herold  
Executive Officer  
Board of Pharmacy

**BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

## CITATION AND FINE

<b>Citation Number</b> CI 2016 72525	<b>Name, License No.</b> SHEILA DAMARIS COLON, RPH 62205
---	---

<b>JURISDICTION: Bus. &amp; Prof. Code § 4314; CCR, title 16, § 1775; Bus. &amp; Prof. Code § 4113 subd. (c)</b>		
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>	<b>AMOUNT OF FINE</b>
CCR, Title 16, § 1751.7 subd. (c)	Batch produced sterile injectable drug products compounded from one or more non-sterile ingredients shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens	\$1,000.00
Health & Safety Code § 111250/Health & Safety Code § 111295	Any drug or device is adulterated if it consists, in whole or in part, of any filthy, putrid, or decomposed substance/It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated	\$1,000.00

### CONDUCT:

California Code of Regulation Section 1751.7(c):

PIC Colon at Anatomy Pharmacy, located at 1544 Purdue Ave, Los Angeles, CA 90025, was not compliant. Specifically, on 04/26/2016, at least the following batch-produced sterile injectable products compounded from one or more non-sterile ingredients had no documented testing for sterility and pyrogens and were dispensed, not quarantined until the end product testing confirmed sterility and acceptable levels of pyrogens:

<b>Compounded Sterile Injectable Product</b>	<b>Lot Number</b>
Energy Cocktail Injection Exp: 05/2016	2025
Super B Complex Injection Exp: 09/2016	2011
Super Shot Injection Exp: 04/2016	2020

These are violations of Pharmacy Law.



California Health & Safety Code 111250 as related to California Health & Safety Code Section 111295:

PIC Colon at Anatomy Pharmacy, located at 1544 Purdue Ave, Los Angeles, CA 90025, was not compliant. Specifically, during the pharmacy inspection on 04/26/2016, the following adulterated drugs were found to be offered for sale, held or sold at Anatomy;

- Oxytocin Injection 10 iu/ml Lot #2001 which expired on 01/2016 held and offered for sale.
- Compounding using expired ingredients adulterating all compounds, all offered for sale, held or sold at Anatomy.

<b>CSP name and expiration dated listed on the bottle</b>	<b>Lot Number</b>	<b>Compounding Record (CR) Review / Dispensing Records</b>
Alprostadil Injection 60mcg/ml Exp: 08/2016 (found inside the refrigerator)	2013	-Active ingredients listed in CR (mannitol) expired on 06/2014. -Active ingredient listed in CR (bacteriostatic water) expired on 03/2016.
Methylcobalamine (vitamin B12) Injection 1000 mcg/ml Exp: 09/2016	2006	-Active ingredient listed in CR (pyridoxin) expired on 04/2016. -Active ingredient listed in CR (bacteriostatic water) expired on 03/2016.
Super Shot Injection 30 ml Exp: 08/2016	2000	-Active ingredient listed in CR (choline chloride) expired on 03/11/2016. -Active ingredient listed in CR (dexpantenol) expired on 02/28/2016. -Active ingredient listed in CR (bacteriostatic water) expired on 02/01/2016. -Active ingredient listed in CR (thiamine) expired on 03/30/2015. -Active ingredient listed in CR (l-carnitine) expired 05/31/2016.

These are violations of Pharmacy Law.

**CITATION ISSUED ON: October 24, 2016**

**TOTAL AMOUNT OF FINE(S): \$2,000.00**

**PAYMENT OF FINE(S) DUE BY: November 23, 2016**

**California State Board of Pharmacy**

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

**December 13, 2018**

**DATED MATERIAL ENCLOSED**

SHEILA DAMARIS COLON  
N. ALBION ST.#443  
DENVER, CO 80220

**RE: CI 2018 80874  
SHEILA DAMAP'S COLON  
RPH 62205**

As a result of the explanation and information you provided at the office conference, the amount of the fines assessed in Citation and Fine, CI 2018 80874 have been reduced.

The modified Citation is attached and is hereby issued pursuant to California Code of Regulations, title 16, section 1775.4, subdivision (d).

**No fine has been assessed with this citation and no proof of abatement has been ordered.**

If the Board does not receive a written request to appeal this citation within 30 days of the issue date, you will be deemed to have waived your right to appeal this citation. The Citation shall then become the final order of the Board. Please be advised that if not appealed this citation will become a part of the board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Jennifer Sevilla at (916) 574-7925.

Sincerely

A handwritten signature in cursive script, reading "Virginia Herold".

Virginia Herold  
Executive Officer  
Board of Pharmacy

Attachments

**BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

## MODIFIED CITATION

<b>Citation Number</b> CI 2018 80874	<b>Name, License No.</b> SHEILA DAMARIS COLON, RPH 62205
---	---

<b>JURISDICTION:</b> Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)	
<b>VIOLATION CODE SECTION</b>	<b>OFFENSE</b>
Bus. & Prof. Code § 4059.5 subd. (a)	Dangerous drugs and devices may only be ordered by... and shall be delivered to licensed premises and signed for and received by a pharmacist...

**CONDUCT:**

Business and Professions Code 4059.5(a) states dangerous drugs or dangerous devices may only be ordered by an entity licensed by the board and shall be delivered to the licensed premises and signed for and received by a pharmacist. Specifically, from 6/24/16 to 7/13/16 while Sheila Colon (RPH 62205) was the pharmacist-in-charge, [www.precisionmeds.com](http://www.precisionmeds.com) (PHY 54403) located at 638 E. Colorado Blvd. #202, Pasadena, CA 91101, purchased dangerous drugs from drug wholesaler Capital Wholesale Drug (OSD 4902) located at 873 Williams Ave., Columbus, OH, 43212. However, the investigation revealed the dangerous drug deliveries were not signed for or received by a pharmacist. This was a violation of Business and Professions Code 4059.5(a).

Date	Invoice#	Drug	Quantity	Received By
6/24/16	541482	Lipitor 80mg	1	Paul Durelli (non-RPH)
7/13/16	545388	Viagra 100mg	1	Joe Reno (non-RPH)

**CITATION ISSUED ON: December 13, 2018**

**18**

**19**



300 N. LaSalle Street  
Suite 4000  
Chicago, Illinois 60654-3406  
312.715.5000  
Fax 312.715.5155  
[www.quarles.com](http://www.quarles.com)

Writer's Direct Dial: 312-715-5139  
E-Mail: [Edward.Rickert@quarles.com](mailto:Edward.Rickert@quarles.com)

Attorneys at Law in  
Chicago  
Indianapolis  
Madison  
Milwaukee  
Naples  
Phoenix  
Scottsdale  
Tampa  
Tucson  
Washington, D.C.

September 6, 2019

**Via Electronic Mail and Overnight Delivery**

Mr. David Wuest  
Executive Secretary  
Nevada Board of Pharmacy  
985 Damonte Ranch Pkwy, Ste 206  
Reno, NV, 89521

Re: MedAvail Technologies, Inc. and CareMore Health  
Joint Petition for Rulemaking

Dear Mr. Wuest:

I am following up on recent discussions between you and Seema Siddiqui of MedAvail Technologies, Inc. ("MedAvail"), and my follow up discussions with you and Paul Edwards, regarding the potential deployment of automated dispensing systems to bring pharmacy services to patients at the point of care in clinics and other locations where health care services are provided. Based on those discussions, we recognize that existing regulations that address automated dispensing systems are somewhat limited, and restrict deployment to within a licensed pharmacy (NV ADC 639.718), or a hospital emergency department (NV ADC 639.720). For that reason, we are submitting this Petition for Rulemaking, to create a new regulation that would extend the reach of this technology to clinic settings. We are requesting that this Petition be placed on the agenda at the Board's next meeting October 9 and 10.

Joining MedAvail as co-petitioner is CareMore Health ("CareMore"). CareMore operates medical clinics in 9 states spanning both coasts, as well as the District of Columbia, and serves over 150,000 patients. It has two clinics in Nevada, one located at 2601 North Tenaya Way, and the second at 3041 East Flamingo Road, both in Las Vegas. CareMore's approach to care is somewhat unique in the industry, in that its clinical programs and services utilize clinicians and non-clinicians who are aligned and coordinated as a team, as opposed to the traditional

Mr. David Wueust  
 Page 2  
 September 6, 2019

healthcare model that is often fragmented and inefficient. The focus of CareMore's approach to patient care is to provide its patients with one-stop Care Centers that are designed to give additional attention to chronic conditions, general health, and prevention. Case Management teams coordinate care across all parties including providers, hospitals, long-term care, and specialists, taking ownership at the point of admission, ensuring that patients receive a high standard of care and that conditions are properly managed.

CareMore recognizes the key role of pharmacy in the provision of comprehensive patient care, and in order to achieve its goal of providing all-inclusive patient care services at a single location, CareMore has partnered with MedAvail to leverage MedAvail's automated pharmacy system technology to provide pharmacy services at the point of care. Presently, CareMore clinics utilize automated dispensing and pharmacist counseling services at clinics located in Arizona, and have plans to partner in other states, including California, where patient accessible automated pharmacy services have been approved by state pharmacy regulators and legislators.

MedAvail is a technology provider that also operates licensed pharmacies and employs pharmacists and technicians to provide pharmacy care at locations where a full brick and mortar pharmacy, or even a telepharmacy staffed by technicians, would not be feasible or economically viable. MedAvail has leveraged its automated dispensing technology in partnerships with clinics and practitioners across the country to bring pharmacy services at the point of care.<sup>1</sup> Other independent and chain pharmacies have also partnered with MedAvail and other technology companies that have similar technology to increase access to pharmacy services. These partnerships offer the benefit of allowing patients to access pharmacy services at the point of care.

### **Rulemaking Proposal**

The Board of Pharmacy has broad authority to adopt regulations pertaining to the practice of pharmacy in the state. Specifically, the Board may adopt regulations addressing dispensing of prescription drugs, including the use of computerized mechanical equipment for the filling of prescriptions, and to authorize the Executive Secretary of the Board to issue certificates, licenses and permits required to engage in the practice of pharmacy. NV ST § 639.070. By statute, the Board also has broad authority to address remote pharmacy practice, including the authority to authorize registered pharmacists to engage in the practice of pharmacy electronically, including,

---

<sup>1</sup> A description of the MedAvail MedCenter automated pharmacy technology is enclosed as Exhibit A to this Petition. In addition, a video showing the robust, patient safety focused technology in action is available for review at <https://www.bing.com/videos/search?q=youtube+medavail&view=detail&mid=484CF82D6F42F714DF1E484CF82D6F42F714DF1E&FORM=VIRE>. We look forward to presenting this video to the full board, and responding to questions about the technology, at the October meeting.

Mr. David Wueust  
Page 3  
September 6, 2019

without limitation, through telehealth, from within or outside this State. NV ST § 639.0727. Finally, by statute, any act which is required to be performed by a pharmacist may be performed with the use of computerized mechanical equipment in accordance with the regulations adopted by the Board. NV ST § 639.2655.

Members of the public are permitted to petition the Board to adopt regulations. NV ADC § 639.140. MedAvail and CareMore believe that a regulation that will allow Nevada pharmacies to provide remote pharmacy services, including the dispensing of prescription drugs, through the use of sophisticated telecommunications technology, will improve patient care. The Board has already recognized that mechanical dispensing systems can be used to safely dispense prescription drugs to patient in pharmacies, and in hospital emergency departments. *See*, NV ADC §§ 439.718, 439.720. Petitioners seek the adoption of a new regulation that will allow the use of those devices in clinics and other settings to dispense both new and refill prescriptions.

There are numerous studies and anecdotal reports that confirm the significant public health and safety benefits associated with increasing access to pharmacy services.<sup>2</sup> These studies and reports show that even in urban settings, where retail pharmacy services are presumably readily available, providing pharmacy services at the point of care can increase first fill rates. There is also no doubt that involving pharmacists in patient care from time that drug therapy is first initiated, to collaborate with prescribers and provide counseling at the point of care, can improve adherence and compliance. Leveraging technology to improve access fits squarely within the Board's mandate to promote, preserve and protect public health, safety and welfare will be substantially furthered by the granting of the Petition and adopting regulations is request.

As required by NV ADC § 639.140, a copy the proposed regulation is enclosed with this Petition. The proposed new regulation, NV ADC § 639.721, identifies the new locations where

---

<sup>2</sup> *See, e.g.,* Saunders, Patient Compliance in Filling Prescriptions After Discharge from the Emergency Department, *Am. J. of Emergency Medicine*, Vol. 5, No. 4 (July 1987) (Twenty percent of ED patients at Vanderbilt University Hospital ED did not fill prescriptions, with no distinction between Medicaid versus self-insured); Ginde, et al., The Effect of ED Prescription Dispensing on Patient Compliance, *Am. J. of Emergency Medicine*, Vol. 21, No. 4 (July 2003) (Study conducted at Barnes Jewish Hospital in St. Louis, finding that dispensing azithromycin in the ED significantly increases likelihood that patient will obtain the medication, with just 74% of patients given a prescription actually filling the prescriptions); Kripalani, et al., Medication Use Among Inner-City Patients After Hospital Discharge: Patient-Reported Barriers and Solutions, *Mayo Clin Proc.* 2008;83(5):529-535 (Transportation, cost, and wait times at the pharmacy cited as main barriers); Kajioka EHN et al., *Annals of Emergency Medicine*, October, 2003, p. S2; presented at the American College of Emergency Medicine Research Forum, October 12-13, 2003; Boston, Massachusetts (following discharge from the ED, 63% of patients failed to have their prescriptions filled at all, and of those who did have the prescription filled, 17% failed to have the prescription filled that day); Hohl, et al, Adherence To Emergency Department Discharge Prescriptions, *J of Canadian Assoc. Emer. Physicians*, March 2009; 11 (2) (higher risk of a revisit to an ED or clinic in non-adherent patients); Fischer, et al, Primary Medication Non-Adherence: Analysis of 195,930 Electronic Prescriptions, *J Gen Intern Med* 25(4):284-90 (2010) (72% fill rate for new prescriptions).



Mr. David Wueust  
Page 4  
September 6, 2019

mechanical devices can be used to furnish prescriptions drugs directly to patients. *See*, Exhibit B In addition, NV ADC § 639.715 presently provides that "[n]o drug, controlled substance, medicine, chemical or poison . . . may be sold or offered for sale or dispensed by means of any mechanical device except as otherwise provided in NAC 639.718 and 639.720." Petitioners request that the Board amend this regulation to add the new section 639.721 as allowing the furnishing of prescription drugs via mechanical devices in other patient care settings. *See*, Exhibit C.

Representatives from MedAvail and CareMore will be present at the next Board meeting to present this Petition, and to answer any questions concerning any aspect of this request. On behalf of Petitioners, I thank you for your attention to this matter, and look forward to seeing you next month.

Respectfully submitted,



---

Edward D. Rickert  
On Behalf of MedAvail Technologies, Inc. and  
CareMore Health

Enclosures

cc: Paul Edwards  
Seema Siddiqui, MedAvail Technologies, Inc.  
Syed Sumair Akhtar, MD, MHCDS, CareMore Health

QB\59328170.1

## **EXHIBIT A**

### **Description of MedAvail MedCenter**

Although the proposed regulation will allow for the deployment of any type of mechanical system that complies with the patient safety and security requirements of the regulation, Petitioners believe that it will be helpful for the Board to understand how MedAvail's MedCenter operates. MedAvail has successfully deployed the MedCenter in numerous locations in several states, and sets standards for safety and security that the Board should be mindful of as it proceeds with rulemaking in Nevada.

### **Description of MedCenter Technology**

The MedAvail MedCenter is a patient-facing, automated solution that allows patients to access pharmacist counseling and support combined with prescription dispensing at the point of prescribing. The system is placed at the point of care such as in a pharmacy, health clinic, or emergency room, to allow the patient to connect with a pharmacist via a live, 2-way audio and video connection. The prescription submitted by the patient (or e-prescribed to the pharmacy), prescription label, and the identity of the prescribed medication is verified, processed and dispensed to the patient under the complete control of the pharmacist located at either the Automated or Remote Pharmacy locations. Records are maintained by the pharmacy that operates the MedCenter, in that pharmacy's pharmacy operating system. No records or data persist outside of the pharmacy's own systems. Those records clearly identify the pharmacies and pharmacists assisting in the dispensing process. Before finalizing the release of the prescribed medication, each medication package is verified by a pharmacist thereby maintaining the pharmacist's judgment and accountability throughout the dispensing process. The system tracks and records all verification and dispensing for auditing purposes.

Medications stocked in the MedCenter are provided in unit-of-use containers, sourced either from an FDA registered repackager, manufacturer, or registered wholesaler, or in some instances, will be pre-packaged by the pharmacy that is responsible for operating the system. In addition, each container of medication placed in the MedCenter is labeled with a separately created bar code, which identifies not just the lot number of the medication, but also the expiration date of the repackaged or prepackaged medication. Medications nearing the expiration date can therefore be proactively identified and removed from the dispenser by pharmacy staff. This added step ensures that no outdated medication will ever be dispensed from the dispenser. The bar coding technology can also identify medications that may be subject to a manufacturer's recall, so that the medications can be removed from the MedCenter and segregated for return or destruction, subject to the terms of the recall.

All medications are stocked in the MedCenter by pharmacists or pharmacy technicians that have tightly controlled and limited access to the MedCenter. When stocking the device, the user has no access to the main drug vault. Rather, the medications are placed in a bay that closes and securely locks before any medication is placed in the drug vault through the use of sophisticated automation. If prescriptions are presented to the MedCenter for filling, the paper copy of prescriptions that has been scanned and processed through the MedCenter is stored in a secure location for later retrieval by the technician.

The MedCenter is designed to permit the pharmacist to cancel the dispensing process at any time, and when an order is cancelled, any medications that are in process for dispensing can be moved to a holding bin if for whatever reason the pharmacist elects not to dispense an in-process prescription (including medicine that has already been labeled). As such, an additional task and responsibility of the technician will be to retrieve any medications from this bin, accounting for and reconciling them with inventory records, and then either restocking the items into the MedCenter (where possible) or returning these items to the repackager, wholesaler, or retail pharmacy.

### **Description of System Security**

In developing the MedCenter technology hardware and software, patient safety and security of drug inventory have been of paramount importance to MedAvail. As was discussed with Board staff at a past meeting with MedAvail representatives, the MedCenter design ensures the greatest degree of patient safety and drug inventory security. For instance, the MedCenter weighs approximately 1,800 pounds fully stocked, is constructed with 10 gauge reinforced steel and secured to the concrete floor of each deployment site. All points of access (be it for consumables replenishment, maintenance and repair, or drug inventory management) are alarmed and monitored. Access to the various areas of the vault and door are controlled with a roles-based access system – each authorized user receives both a PIN number and a magnetic card, both of which are required in order for such user to gain access to the appropriate area of the MedCenter. This system ensures, for instance, that only a pharmacist or technician can ever access the drug inventory or paper prescription vault, while permitting other users (such as the on-site retail staff) to maintain consumables (printer paper, label rolls, etc.) without accessing restricted areas.

In addition, the MedCenter is designed to monitor internal and ambient temperature, and is capable of maintaining the internal temperature at approximately 5 degrees Fahrenheit above ambient temperature. In the event that the internal temperature in the MedCenter rises above a level that is safe for drug storage, the MedCenter will alert the pharmacist so that appropriate responses can be taken.

A key safety component of the MedCenter is the secure bar-coding technology and pharmacist involvement in the dispense process. All prescription document scans are reviewed and entered into the pharmacy management system by a pharmacist or technician. This allows drug utilization review (“DUR”) and interaction checks to be maintained. The MedCenter robotics retrieve each package (by verifying its bar-code) and in turn label the package. High resolution images of each medication package are verified and approved by the pharmacist before authorization of the dispense to the patient. In this way, the pharmacist’s judgment and accountability remain key safeguards during each dispense.

Finally, concerning safety and security of patient data, the MedCenter does not persist or maintain any HIPAA or other patient data following a dispense – all such information is safely housed within the Pharmacy Management System of the operating pharmacy. MedAvail, as the vendor of the technology, has no access to any patient data. All transmission of such information occurs via 128 bit encryption.

MedAvail and CareMore believe that board staff and task force that will be reviewing this petition would benefit from a video demonstration of the MedCenter, to allow them to see first-hand the robust, patient safety focused technology in action. We will therefore provide the following URL link to a video of the technology for your review:

<https://www.bing.com/videos/search?q=youtube+medavail&view=detail&mid=484CF82D6F42F714DF1E484CF82D6F42F714DF1E&FORM=VIRE>.

## **EXHIBIT B**

### **Proposed New Regulation NAC 639.721**

NAC 639.721. Use by pharmacy to furnish prescription drugs to patients through the use of automated pharmacy system technology. (NRS 639.070, 639.2655)

1. Except as otherwise provided in this section, a pharmacy may use automated pharmacy system technology to furnish a prescription drug to a patient through a device that is licensed by the board as an extension of the pharmacy that operates the system. The technology and device must conform to all of the following provisions:

(a) The device must contain only prescription drugs:

(1) For which counseling is not required pursuant to NAC 639.707, unless the device utilizes real-time audio and video technology that links the patient to a Nevada licensed pharmacist who has access to the patient's profile information for purposes of providing patient counseling; and

(2) For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.

(b) The device must not contain any controlled substances unless the system is authorized by the federal Drug Enforcement Administration to dispense such substances.

(c) The device must be designed to ensure that the device:

(1) Utilizes user based access technology that limits access:

(I) For stocking, cleaning, maintenance or any other purpose, only by a pharmacist, a member of the staff of the pharmacy, or when deployed in a clinic or other practitioner location, by a person authorized by the pharmacist-in-charge at the pharmacy that operates the device to access the device, through technology that (i) identifies the person who gains access to the device, and (ii) limits that access to areas of the device that are necessary for performance of the specific function that person is tasked to perform; and

(II) Is secure from unauthorized access to and removal of prescription drugs from the device.

(2) Records the name of each person at the pharmacy who authorizes access to the device.

(3) Cannot be used by a patient unless the patient previously has indicated to the pharmacy that the patient desires that his or her prescription drugs be furnished by the mechanical device.

(4) Provides a method to identify the patient and furnishes a prescription drug only to the patient or to an authorized agent of the patient.

(5) Can furnish one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the device.

(6) Records the date and time that the patient removes the prescription drugs from the device.

(7) Informs a patient:

(I) That a prescription drug is not available to be furnished by the device if the pharmacist is unable to counsel the patient regarding the prescription drug.

(II) If the patient is using the device at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy, or through the use of a real-time audio and video link with a Nevada licensed pharmacist who has access to all pertinent patient information necessary to perform counseling.

(III) If the patient is using the device at the time that the pharmacy responsible for operating the device is closed, that the patient may discuss questions and concerns regarding the prescription, and prescriptions may be reviewed and dispensed by, a Nevada licensed pharmacist who has access to all pertinent patient information necessary to perform dispensing and counseling.

2. A pharmacy shall not use an automated pharmacy system or device to furnish a prescription drug to a patient until the Board has issued to the pharmacy a license for the device. The device license shall:

(a) Identify the type of device that will be used;

(b) Identify the location of the device; and

(c) Identify the pharmacy and pharmacist in charge that is responsible for operation of the device. The device shall be considered to be an extension of the pharmacy that has been issued the license, and that pharmacy shall be responsible for all requirements set forth under Nevada law for the dispensing of prescription drugs.

3. The Board may prohibit a pharmacy from using an automated pharmacy system and device to furnish a prescription drug to a patient if the Board determines that the device or the pharmacy's use of the device does not comply with this section.

4. The provisions of this section do not prohibit the use of the automated pharmacy system and device to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the is otherwise authorized to use the device pursuant to this section.

## EXHIBIT C

### Proposed Amendment to NAC 639.715

Additions are denoted by double underscoring, and deletions by ~~striketrough~~.

NAC 639.715. Mechanical devices: Restrictions on use. (NRS 639.070, 639.2655)

No drug, controlled substance, medicine, chemical or poison, as those terms are defined in chapters 453, 454 and 639 of NRS, may be sold or offered for sale or dispensed by means of any mechanical device except as otherwise provided in NAC 639.718, ~~and 639.720,~~ and 639.721.

**20**



**21**

## **EXECUTIVE SECRETARY REPORT – October 9th, 2019**

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - Nevada Physician Society – Dave
  - Nevada Physician Society – Darla
  - FDA Compounding Meeting – Joe and Yenh
  - Open Beds Meeting – Darla and Yenh
- **REPORT TO BOARD**
  - Licensing software update
- **BOARD RELATED NEWS**
  - NABP District Meeting – Boise
  - Student Megan Flandro
- **ACTIVITIES REPORT**
  - PMP Integration
  - Renewals

## 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 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18	06/15/18	06/26/18
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
639.220 Schedule of Fees								
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18 12/05/18		
639.250 – Technician Ratio (Non-dispensing)	09/05/18 10/11/18 12/05/18	01/30/19	R002-19	07/15/19	08/01/19	09/05/19		
453.550 – Schedule V – Adding New Substance (Cannabidiol)	12/05/18	12/26/18	R198-18	12/26/18	01/31/19	03/07/19	03/15/19	06/26/19
453.520 – Schedule II – Dronabinol Oral Solution	01/17/19	01/30/19	R001-19	07/24/19	08/01/19	09/05/19		
639.NEW – FQHC Off-Site Dispensing	01/17/19	02/19/19	R004-19	08/02/19				
639.250 – Technician Ratio (Dispensing)	03/07/19 04/11/19 06/06/19 07/18/19 09/05/19	09/05/19: Board motioned not to adopt amendments.						
639.NEW – Costs for Inspections	04/11/19	04/15/19	R005-19	07/24/19	08/01/19	09/05/19		
639.NEW – Transfer of new prescriptions.	06/06/19	06/11/19	R008-19					
453.NEW PMP Regulations	07/18/19	07/19/19	R035-19					
639.NEW & 453.190 – Payment of Fees	07/18/19	07/19/19	R033-19					
639.220 – Schedule of Fees	07/18/19	07/19/19	R034-19	08/02/19	08/03/19	09/05/19	09/06/19	

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
639.240-242-7425 – Applicant with Criminal Conviction	09/05/19	09/12/19	R072-19					
639.NEW – Managing Pharmacist CE Requirement	09/05/19							
639.NEW – NPDB Reporting	09/05/19	09/12/19	R070-19					
453.NEW – Inactive Status	09/05/19	09/12/19	R071-19					
453.510 – Schedule I	09/05/19	09/12/19	R073-19					
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19							

**22**

**22(1)**

**22(2)**

## Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

October 10, 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: NRS 453.221; NRS 639.070; NRS 639.180

**Section. 1. Chapter 639 of NAC is hereby amended by adding thereto the following provisions:**

*1. Upon being convicted of any crime by any court of competent jurisdiction, other than a misdemeanor traffic violation not involving the use of alcohol or a controlled substance, the holder of any certificate, license or permit issued by the Board shall report the conviction to the Executive Secretary of the Board within 30 days and provide any documentation of the conviction requested by the Executive Secretary.*

*2. The holder of any certificate, license or permit issued by the Board shall report any pending or completed administrative action against the holder by any professional licensing board or agency of this state or another state to the Executive Secretary of the Board within 30 days of commencement of the administrative action and provide any documentation of the administrative action requested by the Executive Secretary.*

*3. The Executive Secretary of the Board on behalf of the Board may require the holder of any certificate, license or permit issued by the Board who reports a conviction pursuant to subsection 1 or an administrative action pursuant to subsection 2 to appear personally before the Board prior to the renewal of the certificate, license or permit.*

*4. For purposes of this section, in addition to a final judgment of conviction, a "conviction" shall include a plea of guilty or nolo contendere, a plea under North Carolina v. Alford, 400 U.S. 25 (1970), or a guilty verdict following either a bench or a jury trial, regardless of whether a sentence is suspended or deferred or whether a final judgment of conviction has been entered, and regardless of any pending appeals.*



**23**

**24**